



Housing Resource Centre
 Mahatma Gandhi House
 34 Wembley Hill Road
 Wembley
 Middlesex
 HA9 8AD

020 8937 2000
 Website: www.brent.gov.uk

HOUSING APPLICATION FORM

PRIVATE AND CONFIDENTIAL

GUJARATI

URDU

HINDI

PUNJABI

SOMALI

OTHER: PLEASE STATE _____

If you need the help of an interpreter to complete this form, please tick the box.



INVESTOR IN PEOPLE

FOR OFFICE USE ONLY	
Homeless Ref (A/B/C)	<input type="text"/>
Main App Surname	<input type="text"/>
Submitted by	<input type="text"/>
Document Code	File Section
	Code
	A 01



Certificate No: FS35137

PHOTOGRAPHS

Please affix two recent passport-sized photographs of you and the joint applicant (if relevant).

Applicant

Photograph

1

Name:

Photograph

2

Joint Applicant

Photograph

1

Name:

Photograph

2

PLEASE COMPLETE THIS FORM IN BLOCK CAPITALS, WRITING CLEARLY AND TICKING ANY BOXES THAT APPLY.

PLEASE NOTE THAT INCOMPLETE FORMS MAY DELAY YOUR APPLICATION.

SECTION A: ABOUT YOU

1: About you and the joint applicant:

	Applicant	Joint Applicant
Title	Mr <input type="checkbox"/> / Mrs <input type="checkbox"/> / Ms <input type="checkbox"/> / Miss <input type="checkbox"/>	Mr <input type="checkbox"/> / Mrs <input type="checkbox"/> / Ms <input type="checkbox"/> / Miss <input type="checkbox"/>
Sex (Male/Female)	Male <input type="checkbox"/> / Female <input type="checkbox"/>	Male <input type="checkbox"/> / Female <input type="checkbox"/>
Surname/Family Name		
Previous Surname		
First Name(s)		
Date Of Birth (Date/Month/Year)	/ /	/ /
Current Address		
	Postcode:	Postcode:
Date moved to address		
Telephone	Home:	Home:
	Work:	Work:
	Mobile:	Mobile:
E-mail		
National Insurance No		
Housing Benefit No		

2: What is the relationship between you and the joint applicant?

3: Have you or anyone on your application ever applied for Housing from Brent Council before?

YES

NO

If **YES** please give details below:

If **NO** please move onto section B →



Housing Registration Number (if known):

Homeless Reference Number (if known):

Date of application:

SECTION B: OTHER PERSONS TO BE INCLUDED ON YOUR APPLICATION

1: Please give details of all persons living in the UK that are to be included in your application:

	1	2	3
Surname/Family Name			
First Name			
Date Of Birth			
Sex (M/F)			
National Insurance Number			
Relationship to Main Applicant			

	4	5	6
Surname/Family Name			
First Name			
Date Of Birth			
Sex (M/F)			
National Insurance Number			
Relationship to Main Applicant			

2: Is anyone on your application NOT living with you?

YES

NO

If you have answered **YES**, please give details below:

First & Last Names	Current Address

Please explain why they are not living with you:

3: Is anyone on your application pregnant?

YES

NO

If you have answered **YES**, please give the name of the pregnant mother and the date when the baby is due

Name:

Baby Due: / /

2: If different from question 1, please list all addresses that ANYONE on YOUR application has lived at over the past 5 years (most recent first):

Type of Accomodation – Please Tick

NAME:	Council / Housing Association	Owner or Part Owner	Private or Rented	Friend or Relative	Other (please state)
ADDRESS (most recent or current)					
Postcode:					

Date moved in: / / **Date moved out:** / /

NAME:	Council / Housing Association	Owner or Part Owner	Private or Rented	Friend or Relative	Other (please state)
ADDRESS (most recent or current)					
Postcode:					

Date moved in: / / **Date moved out:** / /

NAME:	Council / Housing Association	Owner or Part Owner	Private or Rented	Friend or Relative	Other (please state)
ADDRESS (most recent or current)					
Postcode:					

Date moved in: / / **Date moved out:** / /

NAME:	Council / Housing Association	Owner or Part Owner	Private or Rented	Friend or Relative	Other (please state)
ADDRESS (most recent or current)					
Postcode:					

Date moved in: / / **Date moved out:** / /

SECTION D: YOUR INCOME & SAVINGS

1: Are you or anyone on your application in employment, including self employment?

YES

NO

If you have answered **YES**, please give details below:

Name of Person in Employment	Employers Name & Address	Gross Salary
	Employment start date: / /	Per Week: £ Per Month: £
Please tick <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/>		

Name of Person in Employment	Employers Name & Address	Gross Salary
	Employment start date: / /	Per Week: £ Per Month: £
Please tick <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/>		

Name of Person in Employment	Employers Name & Address	Gross Salary
	Employment start date: / /	Per Week: £ Per Month: £
Please tick <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/>		

2: Are you or anyone on your application in receipt of state Benefits, Grants or student loans?

YES

NO

If you have answered **YES**, please give details below:

Name of Person	Type received (for example: Income Support, Job Seekers Allowance)	Weekly amount	Length of time in receipt
		£	Years Months
		£	Years Months
		£	Years Months
		£	Years Months

3: Are you or anyone on your application retired?

YES

NO

If you have answered **YES**, please give details below:

Name of person retired	Benefits / Pensions received	Weekly Amount	Length of time retired
		£	Years Months
		£	Years Months

4: Do you or anyone on your application have any savings or investments?

YES NO

If you have answered **YES**, please give details below:

	Type of Savings/Investments		
Name of Person	<input type="text"/>	<input type="text"/>	Amount <input type="text"/>
Name of person	<input type="text"/>	<input type="text"/>	Amount <input type="text"/>
Name of Person	<input type="text"/>	<input type="text"/>	Amount <input type="text"/>
Name of Person	<input type="text"/>	<input type="text"/>	Amount <input type="text"/>

5: Have you or anyone on your application had an application for Benefits rejected by the Department of Social Security (DSS):

YES NO

If you have answered **YES**, please give details below:

SECTION E: YOUR CURRENT HOUSING SITUATION

1: Which of the following best describes your CURRENT housing situation?
(Tick ONE box only)

- | | |
|---|--|
| <input type="checkbox"/> Owner Occupier | <input type="checkbox"/> Short-Life Tenant (Temporary) |
| <input type="checkbox"/> Council Tenant | <input type="checkbox"/> Living with parents |
| <input type="checkbox"/> Renting from resident private landlord | <input type="checkbox"/> Living with Relatives |
| <input type="checkbox"/> Renting from non-resident private landlord | <input type="checkbox"/> Living with Friends |
| <input type="checkbox"/> Renting from a housing association | <input type="checkbox"/> Hospital or Institution |
| <input type="checkbox"/> Hotel / Hostel | <input type="checkbox"/> Roofless / No Fixed Abode (NFA) |

Other (Please describe):

**7: Please complete the following to show the rooms and facilities you have.
PLEASE TICK**

	Living/Dining Rooms		Kitchens		Bathrooms		Toilets	
	YES	NO	YES	NO	YES	NO	YES	NO
Do you and the other people on this application have exclusive use of:								

If you have answered YES to any of the above, please move onto Question 8 otherwise please complete the section below:

	Living/Dining Rooms		Kitchens		Bathrooms		Toilets	
	YES	NO	YES	NO	YES	NO	YES	NO
Do you share any of the rooms/facilities with other persons/families NOT included on this application?								

How many families or persons do you share the rooms or facilities with? Please state numbers.				
--	--	--	--	--

8: Is your current accommodation in poor condition? YES NO

If you have answered YES, you will receive a 'poor conditions' assessment form where you can provide further details.

SECTION G: HOMELESSNESS

IF THIS SECTION DOES NOT APPLY TO YOU, PLEASE GO TO SECTION H

1: If you are a tenant, please state your landlord's name, address and telephone number below:

Landlord's Name: Tel No:

Landlord's Address:

2: Have you been served with a legal notice to leave your current address?

YES NO

If you have answered YES, when does the legal notice expire?

/ /

3: Are you homeless or expecting to become homeless? YES NO

If you have answered NO, PLEASE GO TO SECTION H

4: Why are you homeless or expecting to become homeless?

5: When were you made homeless?

OR when do you expect to be made homeless?

6: Please give the name, address and telephone number of the person who is making you homeless:

Name:

Tel No:

Address:

Relationship to you:

7: If you have not named your landlord in Question 1, please give the name, address and telephone number of your last landlord:

Landlord's Name:

Tel No:

Landlord's Address:

8: Please list the names and addresses of any family members living in Brent **NOT** on your application:

Name	Current Address	Relationship to you	No of years in Brent

SECTION H: ACCOMMODATION HISTORY

1: Have you ever been a homeowner in the UK or ABROAD?

YES NO

Address:

Dates

From:	/ /
To:	/ /

2: Do you have a legal or financial interest in any property in the UK or ABROAD, which is worth more than £100,000?

YES NO

If you have answered **YES**, please provide details:

Property Address:

Nature of Interest:

3: Are you currently registered for housing with another Council?

If you have answered **YES**, please give details below:

YES NO

Name of Council:

Date applied:

4: Are you currently housed in temporary accommodation by another Council?

If you have answered **YES**, please give details below:

YES NO

Name of Council:

5: Have you ever been a tenant of another Council or Social landlord? (i.e. Housing Association / Housing Co-op?)

If you have answered **YES**, please give details below:

YES NO

Name of Council/Social Landlord:

Property Address:

Reason for Leaving:

6: Have you ever been excluded from appearing on another Council's Housing Register?

If you have answered **YES**, please give details below: YES NO

Name of Council:

Reason for exclusion:

7: Have you ever applied to a council for housing and been found to be INTENTIONALLY HOMELESS?

If you have answered **YES**, please give details below: YES NO

Name of Council:

Reason for being Intentionally homeless:

8: Have you ever been evicted?

If you have answered **YES**, please give details below: YES NO

Address:

Reason why evicted?

SECTION I: IMMIGRATION STATUS

1: Are YOU a citizen of the UK or a citizen of a country in the European Economic Area? YES NO

2: Are ALL the people on your application citizens of the UK or citizens of a country in the European Economic Area? YES NO

IF YOU HAVE ANSWERED YES TO QUESTION 1 AND 2, PLEASE GO TO SECTION J

IF YOU HAVE ANSWERED NO TO QUESTION 1 OR 2, PLEASE GO TO QUESTION 3

3: Has your asylum application been rejected?

YES

NO

If you have answered YES, please give details below:

Name of person refused	Date of 1 st entry to the UK	Home Office Reference Number	Home Office decision date
	/ /		
	/ /		
	/ /		
	/ /		

4: If you are awaiting a decision from the Home Office regarding your asylum application please give details below:

NOTE: Please provide documentary proof of your current immigration status and submit this with your application.

Name of person awaiting decision	Date of 1 st entry to the UK	Applied for Asylum at Port of entry?		Home Office Reference Number
		YES	NO	
	/ /			
	/ /			
	/ /			
	/ /			

5: If NONE OF THE ABOVE apply to YOU or ANYONE on your application, please give details regarding your CURRENT IMMIGRATION STATUS:

Name of person	Current Immigration Status	Date entered UK	Home Office Reference Number
		/ /	
		/ /	
		/ /	
		/ /	

IMPORTANT NOTE:

IT MAY BE NECESSARY FOR THE HOUSING RESOURCE CENTRE TO CONTACT THE HOME OFFICE TO CHECK THE INFORMATION YOU HAVE PROVIDED ON THIS FORM OR TO ASK FOR MORE INFORMATION ABOUT YOU OR ANY OTHER PERSON INCLUDED ON YOUR HOUSING APPLICATION.

SECTION J: MEDICAL

1: Do you or anyone on your application have any medical condition, mental illness or disability?

YES NO

If you have answered **YES**, please give details below:

Name of Person	Name of Doctor / Consultant	Address of Doctor / Consultant

PLEASE NOTE:

MEDICAL DETAILS ARE CONSIDERED BY THE COUNCIL'S INDEPENDENT MEDICAL ADVISOR. IF YOU ANSWERED YES IN THIS SECTION YOU WILL RECEIVE A MEDICAL ASSESSMENT FORM WHICH ASKS YOU FOR FURTHER DETAILS.

2: Do you or anyone on your application need any special facilities or adaptations in your accommodation?

YES NO

If you have answered YES, please give details:

SECTION K: SOCIAL SUPPORT & WELFARE

1: Have you or anyone on your application seen a Social Worker, Probation Officer or any support services in the last 12 months?

YES NO

If you have answered YES, please give details below:

Name of Person	Name of Support Service	Name of Officer & Position Held	Address & Phone Number

2: Do you or anyone on your application have any other welfare problems or disabilities which affect your need for accommodation?

YES NO

3: Do you or anyone on your application have any social problems which make it difficult to secure settled accommodation in the Private housing sector?

YES NO

IF YOU ANSWER YES FOR QUESTIONS 2 OR 3, YOU WILL RECEIVE A SOCIAL / WELFARE ASSESSMENT FORM WHICH ASKS YOU FOR MORE DETAILS.

SECTION L: EDUCATION

Are you or anyone on your application attending a school, college or University?

YES NO

If you have answered YES, please give details below:

Name of Person	Name & Address of School, College or University	Hours attended per week

SECTION M: OTHER TYPES OF HOUSING

Would you consider any of the following types of alternative housing?

Please TICK any of these that interest you:

- | | |
|---|---|
| <input type="checkbox"/> Housing Co-operative | <input type="checkbox"/> Shared Ownership |
| <input type="checkbox"/> Mobility Scheme | <input type="checkbox"/> Housing Association Property |
| <input type="checkbox"/> Private Rented Accommodation | <input type="checkbox"/> Home Ownership |
| <input type="checkbox"/> Sheltered Housing
(Accommodation designated for people over 60 years) | <input type="checkbox"/> Out of Borough Scheme |

IF YOU REQUIRE FURTHER INFORMATION ON ANY OF THESE TYPES OF HOUSING, PLEASE CONTACT THE HOUSING RESOURCE CENTRE

SECTION N: CHOICE OF AREA & OFFER POLICY

Do you or anyone on your application have any special or exceptional circumstances which mean you cannot live in a particular part of Brent?

YES NO

If you have answered YES, please state the part of Brent you **CANNOT** reside in and the reason why:

Area of Brent:

Reason why this area is not suitable:*

*The Allocation/Social Assessment Panel will consider exceptional cases. All relevant information will be taken into consideration.

The Council can only make a few offers of permanent housing to applicants each year. Many applicants will not be made any offers. This is because of the very limited amount of available housing stock. The Council operates a policy of **ONE REASONABLE OFFER ONLY** anywhere in the Borough. Should you refuse a reasonable offer of accommodation you will not be made another offer for at least 12 months.

SECTION O: CONNECTION WITH THIS COUNCIL

Are you or anyone on your application employed by Brent Council, including private contractors, or related to a Senior Officer / Councillor?

YES NO

If you have answered YES, please give details:

SECTION P: OTHER INFORMATION

The London Borough of Brent takes the safety to its staff, persons acting on behalf of the council and its residents very seriously.

Please answer the following questions if they apply to you or anyone on your application.

1: Please provide details and dates of any convictions against you or anyone on your application involving offences against the person, including offences of a sexual nature. (other than convictions which are spent under the Rehabilitation of Offenders Act 1974):

Date of Conviction:	<input type="text"/>	Nature of Conviction:	<input type="text"/>
Date of Conviction:	<input type="text"/>	Nature of Conviction:	<input type="text"/>
Date of Conviction:	<input type="text"/>	Nature of Conviction:	<input type="text"/>
Date of Conviction:	<input type="text"/>	Nature of Conviction:	<input type="text"/>

IMPORTANT NOTE:

If you do not give the information asked for here it may affect your application for housing. The council may contact the Police Authorities for verification of information.

2: Have you or anyone on your application ever been barred from any Housing or Public office?

YES NO

If you have answered YES, please give details below:

Name of office:	<input type="text"/>
Address of officer:	<input type="text"/>
	<input type="text"/>

Reason as to why barred:

SECTION Q: YOUR ETHNIC ORIGIN (optional)

People in Brent come from many different backgrounds. We believe everyone should be treated equally whatever their race or colour. Your answer to the following question will help us to ensure that the equal opportunities policy is working. The information will be treated in confidence and will not affect your application.

PLEASE NOTE: This is **NOT** a question about which country you were born in or your nationality, but about your ethnic origin.

Please **TICK** one box for you (the main applicant) and one box for the joint applicant (if applicable):

	YOU	JOINT APPLICANT
Asian or Asian British		
Indian	<input type="checkbox"/>	<input type="checkbox"/>
Pakistani	<input type="checkbox"/>	<input type="checkbox"/>
Bangladeshi	<input type="checkbox"/>	<input type="checkbox"/>
Chinese	<input type="checkbox"/>	<input type="checkbox"/>
Any other Asian background	<input type="checkbox"/>	<input type="checkbox"/>
<i>Other: please specify -</i>		
Black or Black British		
Caribbean	<input type="checkbox"/>	<input type="checkbox"/>
African	<input type="checkbox"/>	<input type="checkbox"/>
Any other Black background	<input type="checkbox"/>	<input type="checkbox"/>
<i>Other: please specify -</i>		
Mixed		
White and Black Caribbean	<input type="checkbox"/>	<input type="checkbox"/>
White and Black African	<input type="checkbox"/>	<input type="checkbox"/>
White and Asian	<input type="checkbox"/>	<input type="checkbox"/>
Any other mixed background	<input type="checkbox"/>	<input type="checkbox"/>
<i>Other: please specify -</i>		
White		
British	<input type="checkbox"/>	<input type="checkbox"/>
Irish	<input type="checkbox"/>	<input type="checkbox"/>
Any other white background	<input type="checkbox"/>	<input type="checkbox"/>
<i>Other: please specify -</i>		
Other		
Any other background	<input type="checkbox"/>	<input type="checkbox"/>
<i>Please specify -</i>		

SECTION R: ADDITIONAL INFORMATION

If you wish to provide any additional information or comments with your application, please use the space provided below:

SECTION S: YOUR DECLARATIONS

Please sign Part A and Part B of the declarations

Part A

I understand that if I am offered temporary or permanent accommodation by Brent Council, I will accept responsibility for any payments due.

Should I fail to comply with the above statement I understand that I risk losing my accommodation, and may not be provided with other accommodation.

APPLICANT:

Signed:

Name:

Date:

JOINT APPLICANT

Signed:

Name:

Date:

Part B

I understand and agree that I must notify Brent Council of any changes that affect the details I have given on this form.

If any details are found to be untrue or inaccurate Brent Council may defer, cancel or amend my application and may take legal action against me.

I certify that the information is correct to the best of my knowledge. I understand that knowingly making false statements could give the London Borough of Brent grounds to prosecute me.

APPLICANT:

Signed:

Name:

Date:

JOINT APPLICANT:

Signed:

Name:

Date:

Thank you for completing this form. Please ensure that all of the sections have been completed and return the form to:

Housing Resource Centre
Mahatma Gandhi House
34 Wembley Hill Road
Wembley
Middlesex
HA9 8AD

HOW TO CONTACT US

ALL ENQUIRIES

(020) 8937 2000

Lines are open
Monday to Friday – 9:00am to 5:00pm

You may also find information on our website:

<http://www.brent.gov.uk/housing>

OTHER INFORMATION:

The housing Resource Centre has published the following two information packs:

- Homelessness
- The Housing Register

If you require a copy of these information packs, please write to or visit the Housing Resource Centre at the above address or telephone on the above enquiries line.

Online versions of the information packs are also available and can be found on our website by following the links to “Guide to Homelessness” and “Guide to the Housing Register”.

THE RECEPTION OPENING TIMES ARE:		
	<u>FROM</u>	<u>TO</u>
Monday	9:00am	4:00pm
Tuesday	9:00am	4:00pm
Wednesday	Closed all day	
Thursday	9:00am	4:00pm
Friday	9:00am	12:00pm

THE DATA PROTECTION ACT (1998):

Under the terms of the Data Protection Act 1998 you have the right of access to your personal records held on computer and where appropriate to have them corrected or deleted. In order to protect public funds, we may use information provided on this form to prevent and detect fraud. We may also share this information with other organisations for the same purpose. We are registered with Data Protection Registrar and comply with the Data Protection principles to the personal data we hold.

THIS PAGE HAS BEEN LEFT BLANK INTENTIONALLY.

FOR OFFICE USE ONLY

ASSESSMENT OFFICER:

REASON FOR HOMELESSNESS:

- SYSTEMS SECTION -

DATA INPUT DATE

DATA INPUT BY

SIGNATURE

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