

# housing register application



## Checklist

Before submitting this application form please check you have completed the sections listed below in full. **Failing to complete all the sections listed may mean a delay in registering your application.**

Please tick ✓

	You	Joint Applicant
Your name and address		
National Insurance Number		
Household members		
Past addresses for the last seven years - including previous landlord details in full		
Details of your present home		
Diversity monitoring questionnaire		
Signed the application		

## Proof of Identification

**As a minimum requirement, you and any joint applicants are required to provide the following forms of identification that show;**

Proof of your current address		
National Insurance Number		
Proof of local connection		
An up to date landlord reference (please use our landlord reference form unless you are a current St. Leger Homes tenant)		
Proof of Child Benefit / Child Tax Credit (if applicable)		

**Your application will not be registered if you do not provide this information within 28 days of you application.**

**IMPORTANT:** Where we ask for a local connection.

A local connection is 3 years and over and is living in Doncaster, Employment in Doncaster or Direct family in Doncaster (Direct family members are spouses, civil partners, parents, grandparents, sons, daughters, brothers or sisters).

**If returning this form by post, please make sure you use the correct postage.**

St. Leger Homes of Doncaster, St. Leger Court, White Rose Way, Doncaster DN4 5ND  
[www.doncasterhomechoice.co.uk](http://www.doncasterhomechoice.co.uk)

Date received

Application number

### A. New registration form or change of circumstances

Is this a new registration or are you telling us about a change in your circumstances?

new registration

change of circumstances

### B. Your own details

1. Surname  2. First Name

3. Title (eg Mr/Mrs/Miss/Ms/Other)  4. Date of Birth

5. Have you been known by any other name? If so, what was that name?

6. Are you Male  Transgender to Female   
(please tick) Female  Transgender to Male

7. National Insurance No.  Nationality

8. Address   
Post Code  9. Telephone number(s) and email address where we can contact you.

10. What is your local connection to Doncaster?  
Living in Doncaster Date  Direct family in Doncaster Date   
Employment in Doncaster Date  None

### C. Your joint applicant's details - a joint applicant will share the rights and responsibilities of a tenancy.

1. Surname  2. First Name

3. Title (eg Mr/Mrs/Miss/Ms/Other)  4. Date of Birth

5. Have you been known by any other name? If so, what was that name?

6. Are you Male  Transgender to Female   
(please tick) Female  Transgender to Male

7. National Insurance No.  Nationality

8. Address   
Post Code  9. Telephone number(s) and email address where we can contact you.

10. What is the relationship of the joint applicant to you? (eg Partner, friend)

11. What is your local connection to Doncaster?  
Living in Doncaster Date  Direct family in Doncaster Date   
Employment in Doncaster Date  None

12. Do you wish someone to act on your behalf, eg Social Worker, Support Agency, family member?

Name	Address
Contact Details	Authorised to contact Yes <input type="checkbox"/> No <input type="checkbox"/>

13. Are you related to an Elected Member or an Employee of the Council or St. Leger Homes of Doncaster? Yes  No

If yes, please provide details

## D. Your household members

1. Please use the boxes below to tell us about all the people who **WILL** be moving with you. (Please provide proof of Child Benefit or Child Tax Credits for all resident children who are to move with you).

Surname Name	First Name	Date of Birth	Male <input type="checkbox"/>
			Female <input type="checkbox"/>
Relationship to you (eg mother, husband, none)?			
Surname Name	First Name	Date of Birth	Male <input type="checkbox"/>
			Female <input type="checkbox"/>
Relationship to you (eg mother, husband, none)?			
Surname Name	First Name	Date of Birth	Male <input type="checkbox"/>
			Female <input type="checkbox"/>
Relationship to you (eg mother, husband, none)?			
Surname Name	First Name	Date of Birth	Male <input type="checkbox"/>
			Female <input type="checkbox"/>
Relationship to you (eg mother, husband, none)?			

2. Please use the boxes below to tell us about all the people who will **NOT** be moving with you.

Surname Name	First Name	Date of Birth	Male <input type="checkbox"/>
			Female <input type="checkbox"/>
Relationship to you (eg mother, husband, none)?			
Surname Name	First Name	Date of Birth	Male <input type="checkbox"/>
			Female <input type="checkbox"/>
Relationship to you (eg mother, husband, none)?			
Surname Name	First Name	Date of Birth	Male <input type="checkbox"/>
			Female <input type="checkbox"/>
Relationship to you (eg mother, husband, none)?			

If you have more names to include, please use another sheet of paper. If you are applying because you are overcrowded you need to provide proof of residency for **ALL** household members.

3. Are you or any of the people who want to move with you pregnant? Yes  No

If yes, give their name and enclose a photocopy of the expected date of delivery certificate.

Name  Expected date of birth

4. If you or the joint applicant are between the ages of 16 and 17 years, please confirm the following:

	You	Joint applicant
Do you have a current social worker? If yes, please give details.		
Do you know an adult who will be able to act as a guarantor for you? If yes, please give details.		

5. Please give details below of persons who do not live with you at present but wish to reside with you in the future, this includes where you have child access and they reside as a main or principal home with another parent/guardian. Please state the reason why you are living apart and where.

Surname	First Name	Date of Birth	Male <input type="checkbox"/>
			Female <input type="checkbox"/>
Relationship to you (eg mother, son, none)?			
Parent/Guardian			
Address and reason			
Surname	First Name	Date of Birth	Male <input type="checkbox"/>
			Female <input type="checkbox"/>
Relationship to you (eg mother, son, none)?			
Parent/Guardian			
Address and reason			

6. Do you and household members have the permanent right of residence in the United Kingdom? Yes  No

7. Are there any limitations or conditions on yours or any of your household members stay in the United Kingdom? E.g. Subject to immigration control or another person from abroad Yes  No

If yes, please provide all relevant copies of documentation with this application.

8. Please give details of addresses that you and your joint applicant have lived at over the past seven years. **You will need to provide a landlord reference covering your tenancy/tenancies for the last two years. There is a landlord reference form to complete.**

Address	Dates	Landlord	Tenancy type (e.g. Private Tenant / Owner / Council Tenant / Prison / Hospital / Living with family/ friends)
You			
Joint Applicant			

9. Have you, or a member of your household had any criminal convictions?  
 Yes  No  If yes, give details

10. Have you, or a member of your household had any breaches of tenancy or anti social behaviour order against you?  
 Yes  No  If yes, give details

11. Are you or a household member receiving support or management from an agency?  
 Yes  No  If yes, give details

12. To the best of your knowledge, do you or any household members owe money to Doncaster Council or any other landlord?

Yes  No  If yes, please provide details.

## **E. Reason for rehousing**

1. Please read each reason listed below and tick the box or boxes which best describes why you want to be on the housing register.

- Overcrowded
  - Property subject to demolition as part of an approved programme
  - Relationship breakdown with partner
  - Victim of violence or harassment
  - Neighbour problems
  - Loss of tied accommodation
  - Building society/bank repossession
  - Sale of rented accommodation by landlord
  - Unable to leave hospital due to medical reasons
  - Asked to leave by family/friends
  - Expiry of notice / Tenancy coming to an end
  - Eviction
  - Want to be near education in Doncaster
  - Want to be near employment in Doncaster
  - Want to move to give/receive support due to vulnerability in Doncaster
  - Present accommodation no longer suitable due to disability or health issues
  - Require a senior citizen bungalow/sheltered accommodation
  - Supported by a Leaving Care Project or a Supporting People Project
  - No longer require adapted accommodation
  - Your home is in a poor state of repair or lacking facilities
  - Financial difficulties
  - Approved foster carer requiring larger accommodation
  - Requires more bedrooms
  - Requires less bedrooms
  - Other
- Please give further details about your circumstances

An assessment will be carried out, including a review of any information provided by you.

2. Are you supported by a Leaving Care Project or a Supporting Housing Project? Yes  No

If yes, please give details of your case worker, organisation and address.

3. Are you a current or former member of The Armed Forces? Yes  No  Former
4. Are you a member of the armed forces or former service personnel within 5 years of discharge? Yes  No
5. Are you a bereaved spouse or civil partner of a member of The Armed Forces and having to leave Ministry of Defence accomodation? Yes  No
6. Are you a serving or former member of the Reserved Forces who need to move because of serious injury, medical condition or disability sustained as a result of service? Yes  No
7. Do you have alternate accomodation available? Yes  No

If yes to any of the above questions please provide a copy of your service record or other relevant proof.

### Ownership / Equity

8. Do you own any properties? Yes  No
- 8a. Do you have any financial interest in any property? Yes  No
- 8b. Have you transferred ownership of a property but have continuing rights to live there? Yes  No

If yes to any of the above questions please provide details of the property or properties and how much your financial interest is:

Note: Please note that you may not qualify to join the housing register if you own a home either in the UK or abroad.

9. Do you have a bank account? Yes  No

### Financial Assessment - Your Home

10. Do you have an income/savings, asset or savings (inc. properties) of £60,000 or more? Yes  No

### Savings

11. Total amount of your/joint savings? £

**If this information is not completed it may result in your application being placed into an incorrect band or may delay in an offer of accomodation.**



## F. What type of accommodation do you prefer?

This information will be used to inform housing need.

- How many bedrooms do you require?      one  two  three  four or more
- Please indicate the types of property you would be interested in. **Please number your choices 1, 2, 3, 4 etc clearly and in order of preference.** However, please note the type and size of accommodation you will be eligible for may depend upon the size of your family.  

House	<input type="checkbox"/>	Sheltered flat	<input type="checkbox"/>	Bungalow	<input type="checkbox"/>	Bed-sitter	<input type="checkbox"/>
Maisonette	<input type="checkbox"/>	Multi-storey flat	<input type="checkbox"/>	Ground floor flat	<input type="checkbox"/>		
- Would you prefer a garden?      Yes  No
- Do you require parking facilities?      Yes  No
- Do you have a preference of heating type?      Yes  No   
If yes      Electric  Gas  Solid fuel
- Would you consider housing association accommodation?      Yes  No
- Would you consider shared ownership?      Yes  No
- Are you interested in renting from an approved private landlord?      Yes  No
- If you are a Council tenant, do you want to opt out of the mutual exchange register? (please note if you do not answer this question, your property and contact details will be made available on the mutual exchange register)      Yes  No
- Do you own any dogs?      Yes  No   
If yes, please give details.

## G. Your present home

Answer these questions in order unless you tick a box that takes you on to another question.

- Which best describes where you live now? Tick one box only.  

Bed-sit	<input type="checkbox"/>	Bed and Breakfast	<input type="checkbox"/>	Flat/Maisonette	<input type="checkbox"/>	
House	<input type="checkbox"/>	Go to Q4	Bungalow	<input type="checkbox"/>	Caravan/Mobile home	<input type="checkbox"/>
Hostel	<input type="checkbox"/>	Sleeping rough	<input type="checkbox"/>			

Other, e.g. hospital, residential home or other circumstances. Please give details below.

2. Which floor (e.g. ground floor, first floor etc) is your home on?

3. Do you have access to a lift in your home? Yes  No

4. How many bedrooms are there in the property in which you live?

5. Which best describes you? I am a tenant   
I am a home owner   
I am living with family/friends   
Other, please give details below

6. Who is your landlord?  
Doncaster Council   
Another council  give details  
Housing Association (registered provider)  give details  
Your employer  give details  
Private landlord  give details  
Armed Forces  give details

Landlord's name and address

7. When did your tenancy start?

8. What sort of tenancy do you have?  
Secure (council)  Protected   
Assured Shorthold  Licence   
Tied to employment  Assured   
Introductory  Fixed term

If you do not understand any of these terms please ask at your local St. Leger office

9. If you must leave your present address, please indicate when and why you must leave?

10. Are you a Homeless Families applicant with Doncaster Council or another council?  
Yes  No

If yes, please confirm the name and telephone number of your caseworker.

11. Are you a current St. Leger Homes tenant suffering from harrassment, overcrowding or financial difficulties?  
Yes  No

12. If you are you a St. Leger Homes tenant what date did your tenancy start from?

## H. Medical

1. If you have any medical issues, please state in the space provided below including details of what is unsuitable about your current home.

You may need to complete a medical self assessment form if we need more information to assess your application further.

2. Have you ever applied to Doncaster Council or St. Leger Homes of Doncaster for adaptations or assistance?

Yes  No

3. Do you have any equipment or adaptations in your current home?

Yes  No

If yes please list, e.g. stair lift, step in shower tray, ramps.

4. Please let us know if any of the following are currently involved in your/their care.

Agency	Name	Address	Telephone number	Authorised to contact
Doctor				Yes <input type="checkbox"/> No <input type="checkbox"/>
Occupational Therapist				Yes <input type="checkbox"/> No <input type="checkbox"/>
Social Worker				Yes <input type="checkbox"/> No <input type="checkbox"/>
Home Care				Yes <input type="checkbox"/> No <input type="checkbox"/>
Other, e.g. District Nurse, Physiotherapist				Yes <input type="checkbox"/> No <input type="checkbox"/>

5. Are you housebound or unable to leave your home? Yes  No

# I. Diversity Monitoring

St. Leger Homes is committed to ensuring that none of our customers receive less favourable treatment or are disadvantaged on the grounds of disability, race, colour, nationality or ethnic origin, religious belief or any other unjustifiable cause not specified.

To help us achieve this please complete this section of the form. If you do not wish to complete this section please continue to complete the rest of the application.

## Ethnic origin

1.	How would you describe your ethnic group?	<b>You</b>	<b>Joint Applicant</b>
	<b>White</b>		
	British	<input type="checkbox"/>	<input type="checkbox"/>
	Irish	<input type="checkbox"/>	<input type="checkbox"/>
	Any other white background	<input type="checkbox"/>	<input type="checkbox"/>
	<b>Black</b>		
	Black or Caribbean	<input type="checkbox"/>	<input type="checkbox"/>
	Black African	<input type="checkbox"/>	<input type="checkbox"/>
	British any other black background	<input type="checkbox"/>	<input type="checkbox"/>
	<b>Mixed</b>		
	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"/>
	<b>Asian or Asian British</b>		
	Indian	<input type="checkbox"/>	<input type="checkbox"/>
	Pakistani	<input type="checkbox"/>	<input type="checkbox"/>
	Bangladeshi	<input type="checkbox"/>	<input type="checkbox"/>
	Any other Asian background	<input type="checkbox"/>	<input type="checkbox"/>
	<b>Chinese</b>		
	Chinese	<input type="checkbox"/>	<input type="checkbox"/>
	<b>Gypsy/Traveller</b>	<input type="checkbox"/>	<input type="checkbox"/>
	<b>Arab</b>	<input type="checkbox"/>	<input type="checkbox"/>
	<b>Any other ethnic group</b> (please state)		

## Disability

2. Do you consider yourself to have a disability?  
 Yes  No  If no, go to next question  
 If yes, do you consider yourself to be a person with: (please tick all that apply)

<b>You</b>		<b>Joint Applicant</b>	
Physical impairment	<input type="checkbox"/>	Physical impairment	<input type="checkbox"/>
Blind or Visual impairment	<input type="checkbox"/>	Blind or Visual impairment	<input type="checkbox"/>
Mental health problems	<input type="checkbox"/>	Mental health problems	<input type="checkbox"/>
Wheelchair user	<input type="checkbox"/>	Wheelchair user	<input type="checkbox"/>
Breathing problems	<input type="checkbox"/>	Breathing problems	<input type="checkbox"/>
Diabetes	<input type="checkbox"/>	Diabetes	<input type="checkbox"/>
Deaf or Hearing impairment	<input type="checkbox"/>	Deaf or Hearing impairment	<input type="checkbox"/>
Speech impairment	<input type="checkbox"/>	Speech impairment	<input type="checkbox"/>
Heart problems	<input type="checkbox"/>	Heart problems	<input type="checkbox"/>
Reading / Writing problems	<input type="checkbox"/>	Reading / Writing problems	<input type="checkbox"/>
Learning difficulties	<input type="checkbox"/>	Learning difficulties	<input type="checkbox"/>
Other long-term illness		Other long-term illness	

## Religion

3. Which of the following religions would you say you belong to? Please tick only one.

### You

Christian (including all Christian denominations)

Buddhist

Hindu

Muslim

Sikh

Jewish

None

Prefer not to say

Other

### Joint Applicant

Christian (including all Christian denominations)

Buddhist

Hindu

Muslim

Sikh

Jewish

None

Prefer not to say

Other

## Sexual orientation

4. This information is only used to monitor the take up of services. Please tick only one.

### You

Heterosexual

Lesbian

Gay

Bisexual

Prefer not to say

### Joint Applicant

Heterosexual

Lesbian

Gay

Bisexual

Prefer not to say

## Contact preference

5. How would you prefer us to contact you in the future? If you choose more than one, please number them in order of preference.

Telephone

Letter

In person at your own home

E-mail

SMS Text

Other (please state)

## Language preference

6. If you are unable to speak or read in English and it prevents you from accessing our services, which language do you need information translating to: (please tick only one)

### You

Arabic

Chinese

Farsi

Kurdish

Polish

Russian

Turkish

Urdu

### Joint Applicant

Arabic

Chinese

Farsi

Kurdish

Polish

Russian

Turkish

Urdu

Other (please state)

## Format preference

7. What format do you need to receive the information in? Please tick only one.

- Written  Braille  Large print   
Audio tape  Oral  British Sign Language   
Type Talk  Coloured Paper  Pink  Blue  Yellow  Green

Other (please state)

## Additional requirements for visits

8. Do you have any additional requirements for visits that we need to be aware of?

Yes  No  If no, please move to the next question. If yes, please tick all that apply.

Knock loudly

Wait for access

Use the back door  side door  front door

Other (please state)

Note: All representatives and agents of St. Leger Homes carry identification. Please ask to see it. Do not allow anybody in your home if they cannot produce identification.

## Special contact details for visits

9. Do you want us to contact a third person such as a carer before visiting?

Yes  No  If yes, please give us their contact details.

Name and Address

Telephone:

Mobile Telephone:

## J. Choice of Area

You need to give details of areas where you would prefer to live but under Choice Based Lettings, this will no longer be used to allocate you a council home as you will bid for available properties.

### ALL AREAS

- |   |   |   |                                      |
|---|---|---|--------------------------------------|
| <input type="checkbox"/> Adwick Le Street   | <input type="checkbox"/> Cadeby               | <input type="checkbox"/> Hatfield Woodhouse | <input type="checkbox"/> Rossington  |
| <input type="checkbox"/> Adwick Upon Dearne | <input type="checkbox"/> Campsall             | <input type="checkbox"/> Harlington         | <input type="checkbox"/> Scawsby     |
| <input type="checkbox"/> Arksey             | <input type="checkbox"/> Cantley              | <input type="checkbox"/> Hexthorpe          | <input type="checkbox"/> Scawthorpe  |
| <input type="checkbox"/> Armthorpe          | <input type="checkbox"/> Carcroft             | <input type="checkbox"/> Highfields         | <input type="checkbox"/> Skelbrooke  |
| <input type="checkbox"/> Askern             | <input type="checkbox"/> Clayton and Frickley | <input type="checkbox"/> High Melton        | <input type="checkbox"/> Skellow     |
| <input type="checkbox"/> Auckley            | <input type="checkbox"/> Clay Lane            | <input type="checkbox"/> Hyde Park          | <input type="checkbox"/> Sprotbrough |
| <input type="checkbox"/> Austerfield        | <input type="checkbox"/> Clifton              | <input type="checkbox"/> Intake             | <input type="checkbox"/> Stainforth  |
| <input type="checkbox"/> Balby              | <input type="checkbox"/> Conisbrough          | <input type="checkbox"/> Kirk Bramwith      | <input type="checkbox"/> Stainton    |
| <input type="checkbox"/> Barnby Dun         | <input type="checkbox"/> Cusworth             | <input type="checkbox"/> Kirk Sandall       | <input type="checkbox"/> Sykehouse   |
| <input type="checkbox"/> Barnburgh          | <input type="checkbox"/> Denaby Main          | <input type="checkbox"/> Loversall          | <input type="checkbox"/> Thorne      |
| <input type="checkbox"/> Bawtry             | <input type="checkbox"/> Dunscroft            | <input type="checkbox"/> Marr               | <input type="checkbox"/> Tickhill    |
| <input type="checkbox"/> Bentley            | <input type="checkbox"/> Dunsville            | <input type="checkbox"/> Mexborough         | <input type="checkbox"/> Toll Bar    |
| <input type="checkbox"/> Bessecarr          | <input type="checkbox"/> Edenthorpe           | <input type="checkbox"/> Micklebring        | <input type="checkbox"/> Town Centre |
| <input type="checkbox"/> Blaxton            | <input type="checkbox"/> Edlington            | <input type="checkbox"/> Moorends           | <input type="checkbox"/> Wadworth    |
| <input type="checkbox"/> Braithwell         | <input type="checkbox"/> Finningley           | <input type="checkbox"/> Moss               | <input type="checkbox"/> Warmsworth  |
| <input type="checkbox"/> Braithwaite        | <input type="checkbox"/> Fishlake             | <input type="checkbox"/> Norton             | <input type="checkbox"/> Wheatley    |
| <input type="checkbox"/> Branton            | <input type="checkbox"/> Hampole              | <input type="checkbox"/> Old Denaby         | <input type="checkbox"/> Woodlands   |
| <input type="checkbox"/> Burghwallis        | <input type="checkbox"/> Hatfield             | <input type="checkbox"/> Owston             |                                      |

## K. Other Relevant Information

Please tell us about any other information that may be relevant to your application.

## Important Notice

Anyone convicted of making false statement for the purposes of obtaining Council accommodation (fraud) could be liable to a fine and/or imprisonment. All changes in circumstances must be reported to your local St. Leger office. The registration of this application does not infer a guarantee that an offer of accommodation will be made.

### **Please read this statement below and sign the application:**

The information you provide is necessary for the assessment of your application for Council accommodation. In order to fully process your application, it may be disclosed to and additional information obtained from officers and members of the Council; St. Leger Homes of Doncaster; health authorities; police; probation service; MPs and other housing authorities including their Elected Members or Registered Social Landlords or private landlords. We may also contact other people or organisations for further information but your permission will be obtained first. Your information will be processed in accordance with the Data Protection Act 1998. If you have any queries regarding this matter please contact St. Leger Homes of Doncaster on 01302 862628.

**Applicant**                      Signed ..... Date .....

**Joint Applicant**              Signed ..... Date .....

**Please note that the Council advises applicants that the data held by the authority may be used for cross system and cross authority comparison for the prevention and detection of fraud.**

Please return this form to:

St. Leger Homes of Doncaster Ltd  
St. Leger Court  
White Rose Way  
Doncaster  
DN4 5ND

or hand it into your local St. Leger office:

Adwick - Adwick Town Hall, Windmill Balk Lane, Adwick, Doncaster DN6 7AN  
Bentley - Bentley Library, Chapel Street, Bentley, Doncaster, DN5 0DE  
Conisbrough - 62 Church Street, Conisbrough, Doncaster DN12 3JJ  
Doncaster - Civic Office, Waterdale, Doncaster, DN1 3BU  
Mexborough - Mexborough Library, John Street, Mexborough, S64 9HS  
Rossington - Holmes Carr Centre, Grange Lane, Rossington, DN11 0LP  
Sandbeck House, Grove Place, St. James Street, Doncaster DN1 3AS  
Stainforth - Emerson Avenue, Stainforth, Doncaster DN7 5QG  
Thorne - The Bridge Centre, Bridge Street, Thorne, Doncaster DN8 5QH

Available in other formats such as large print, Braille or audio tape on request