

# Housing Application

**Please return form to:**

Ashfield Homes Limited,  
Broadway,  
Brook Street,  
Sutton in Ashfield  
Notts., NG17 1AL

**To ask about your application**

**please contact us at:**  
Hucknall 0115 956 8713  
Kirkby in Ashfield 01623 608932  
Sutton in Ashfield 01623 608950

www.ashfieldhomes.co.uk



**Ashfield**

**For office use only**

Date Received

Reg no.

Date Input

New

Review

Repoint

**1. Your Application**

Please complete this form in full and return to the address above. If you need help filling in this form then please contact us. If the form is not fully filled in then it will be returned to you to complete.

Please tick the boxes that apply to you...

Is this a new application?

or a change in circumstances?

If you are homeless, or likely to become homeless in the next 28 days then please tick here

Your details will be passed to Ashfield District Council's homelessness section for further help and advice.

**2. Your Details**

**APPLICANT**

**JOINT APPLICANT**

Mr / Mrs / Miss / Ms

Mr / Mrs / Miss / Ms

**Surname**

**First names**

Previous surname/  
Maiden name

**Date of Birth**

**Address**

Post Code

National Insurance no.

Are you a citizen of the U.K.?

Telephone Numbers:

Postal address:  
(if different from above)

Form fields for Applicant: Surname, First names, Previous surname/Maiden name, Date of Birth (3 boxes), Address (4 lines), Post Code (5 boxes).

Form fields for Joint Applicant: Surname, First names, Previous surname/Maiden name, Date of Birth (3 boxes), Address (4 lines), Post Code (5 boxes).

National Insurance no. (9 boxes)

National Insurance no. (9 boxes)

Are you a citizen of the U.K.? Yes  No

Are you a citizen of the U.K.? Yes  No

Home

Mobile

Work

Other

Email address

Postal address (if different from above)

### 3. Your Family or Household

Please only give details of people to be rehoused with you.

Title	First Names	Surname	Male/ Female	Date of Birth	Relationship to you

If any woman included in Section 2 or 3 is expecting a baby, please fill in the boxes below and provide proof of pregnancy:

Name of pregnant woman  Approx date of birth of child

### 4. Other Household Details

Please give details of all people living with you now, but who will not want to be rehoused with you.

Title	First Names	Surname	Male/ Female	Date of Birth	Relationship to you

### 5. Pets

Do you have any pets?

Please state the type of animal and how many of each.

## 6. Your Present Home

Please tick the boxes that apply to you...

### Type of property you now live in:

House

Flat

Hostel

Bungalow

Maisonette

Bed & Breakfast

Bedsit/Studio flat

Caravan/Mobile home

Other

(please give details below)

### If you live in a flat or bedsit, please state which floor it is on:

Ground floor

First Floor

Second Floor

Third Floor (or more)

### Type of tenancy: PLEASE TICK **ONE** BOX ONLY

Living with friends or relatives

In lodgings

Living in a hostel

Accommodation that comes with my job

Assured Shorthold private tenant

Armed Forces

Other type of private tenant

Housing Association Tenant

Owner/buying

Council Tenant

Other (please give details)

Please give name of Landlord

### Size of property:

How many living rooms are there in your present home?

How many bedrooms are there in your present home?

### Facilities:

Which of these do you have in your present accommodation?

Upstairs bath/shower

Downstairs bath/shower

Upstairs toilet

Downstairs toilet

Hot water supply

Central heating

### Sleeping arrangements:

Write the names of the people who sleep in each bedroom or living room.  
Please include **all** the people who live in this accommodation.

Bedroom 1

Bedroom 2

Bedroom 3

Bedroom 4

Living Room 1

Living Room 2

## 7. Rehousing Choices

Your choice of property type, number of bedrooms and heating type can be made by ticking the boxes below.

The areas that you would like to be rehoused in can be chosen by filling in the attached 'Area and Property Guide.' You can choose as many areas as you like but you should only select those which you would accept if an offer of accommodation could be made to you.

### General Areas requested:

Kirkby       Sutton       Hucknall       Selston & Rural

**NOTE:** It is still important that you return the area guides

### Number of bedrooms:

Please tick the number of bedrooms you would like (you can make more than one choice):

One       Two       Three       Four

### Choice of heating:

Please tick the types of heating that you would accept...

Gas   
Electric   
Solid fuel   
District Heating\*

\* heating supplied from a central boiler and heating charged as part of the rent

### Types of Property:

Please tick the types of property you would like (you can make more than one choice):

House	<input type="checkbox"/>	Bungalow	<input type="checkbox"/>	Maisonette	<input type="checkbox"/>
Ground floor flat	<input type="checkbox"/>	First floor flat	<input type="checkbox"/>	Second floor flat	<input type="checkbox"/>
Ground floor self-contained studio	<input type="checkbox"/>	First floor self-contained studio	<input type="checkbox"/>	Second floor self-contained studio	<input type="checkbox"/>

### Other rehousing choices:

Please tick any of the following boxes that you would like to choose:

● **Are you a Council/Housing Association tenant interested in a mutual exchange?** Please tick one or both boxes:

▲ I wish to join the **Ashfield SWAPPA Home Scheme** \*

▲ I wish to join the **National HOMESWAP register** \*

(for moves throughout the UK). Please state preferred areas

**Town**

**County**

To join either scheme, please tell us:

- The **Rent** on your current home  £  per week/month

- **Features** of your current home e.g. garden, parking space, disabled adaptations

\* Details from Section 2 & 7 of this form will be placed on the Ashfield Homes/Homeswap website/s and made available at our housing offices. Lists of potential swaps will be posted to you once you are registered.

● **Would you be interested in renting a Housing Association Home?**

We are sometimes asked to nominate applicants from our Housing Register to be considered for Housing Association properties.

● **Would you be interested in Low Cost Home Ownership?**

We will be able to send you details of any schemes that become available.

● **I do not want to be housed yet, but wish to be Housed in the future**

(eg when you retire), then please tick here...

If you tick this box, we will not make any offers of accommodation until you contact us again at a future date.

## 8. Savings

Please complete this section.

### Applicant:

Amount of savings to nearest £1,000

### Partner or joint applicant:

Amount of savings to nearest £1,000

## 9. Other reasons for moving

Please continue on a separate sheet if necessary.

Please give details of any other reasons you have for wanting to move in the space below.


## 10. Health and Disability

If you or a member of your household has a medical condition or disability that is affected in some way by the property in which you live in at present, then

please let us know in this section. Please give as much detail as you can, as this will help us to give your application the correct points. If you have any documents to support the details you give then please attach these to this form.

Name of the person/s who has/have a medical condition/disability

Please explain what your medical condition is:

  
  

Do you, as a result of your condition, have any difficulty with the following?  
(please tick boxes that apply)

Using the stairs

Using the bathroom

Using the toilet

Getting in/out of the property

Other

(please give details below)

If you have ticked any of the boxes above please explain how often these difficulties occur?  
(For example, you need to use the stairs twice each day or you cannot use the stairs at all)

  
  
  

If you feel you are in URGENT need of housing on medical grounds then please explain why, below:

  
  
  

Please give details of any other way in which your present property affects your medical condition or disability:

## 11. Your Former Homes

Please give details of all the addresses where you and your partner have lived in the past 10 years, starting with your current address.

Address	From	To	owned/rented/shared(including landlord's name)

Have you or anyone wishing to be rehoused with you ever been evicted from any rented property?

Yes  No  If you answered yes then please give details :

Do you or your partner/joint applicant owe any rent or other debt to any landlords?

Yes  No  If you answered yes then please give details:

Have you (or your partner) ever been a tenant of Ashfield District Council

OR any other Council or Housing Association?

Yes

No

## 12. Connection to Ashfield

Please tick the boxes that apply

Do you work in the Ashfield area?

Yes

No

Do you have relatives in the Ashfield area?

Yes

No

If you answered **yes** to either question then please give details eg. Work place/Relatives address and their relation to you.

  

## 13. Unspent Convictions

For the safety of our tenants we ask all applicants about any unspent convictions. An unspent conviction will not necessarily prevent you from being housed by us. Any

information you give will be treated in confidence. Please note the declaration that you are asked to sign at the end of this form. Under the Rehabilitation of Offenders Act 1974, if someone has been convicted of an offence and is not convicted again during a specified rehabilitation period their conviction becomes 'spent'. If you need advice as to whether a conviction is spent you should consult a solicitor.

### "Have you ever been convicted of any criminal offence?"

Please tick 'yes' and give details only if you have been convicted of offences that are not spent.

Yes

No

If you have answered **yes** then please give details below:

