



**EQUAL OPPORTUNITIES MONITORING**

It is the Council's policy that all applicants for housing are treated equally and that discrimination on the grounds of race, colour, sex, religion or ethnic origin is both unfair and unacceptable. To ensure that the Council meets its stated aims, ethnic records are maintained. To assist in this monitoring exercise all applicants are requested to complete the questions below. If you do not want to answer this question, please tick the question refused box.

<b>APPLICANT</b>		<b>JOINT APPLICANT</b>	
<b><u>White</u></b>		<b><u>White</u></b>	
British	<input type="checkbox"/>	British	<input type="checkbox"/>
Irish	<input type="checkbox"/>	Irish	<input type="checkbox"/>
Other White	<input type="checkbox"/>	Other White	<input type="checkbox"/>
<b><u>Mixed</u></b>		<b><u>Mixed</u></b>	
White & Black Caribbean	<input type="checkbox"/>	White & Black Caribbean	<input type="checkbox"/>
White & Black African	<input type="checkbox"/>	White & Black African	<input type="checkbox"/>
White & Asian	<input type="checkbox"/>	White & Asian	<input type="checkbox"/>
Other	<input type="checkbox"/>	Other	<input type="checkbox"/>
<b><u>Asian or Asian British</u></b>		<b><u>Asian or Asian British</u></b>	
Indian	<input type="checkbox"/>	Indian	<input type="checkbox"/>
Pakistani	<input type="checkbox"/>	Pakistani	<input type="checkbox"/>
Bangladeshi	<input type="checkbox"/>	Bangladeshi	<input type="checkbox"/>
Other	<input type="checkbox"/>	Other	<input type="checkbox"/>
<b><u>Black or Black British</u></b>		<b><u>Black or Black British</u></b>	
Caribbean	<input type="checkbox"/>	Caribbean	<input type="checkbox"/>
African	<input type="checkbox"/>	African	<input type="checkbox"/>
Other	<input type="checkbox"/>	Other	<input type="checkbox"/>
<b><u>Chinese or Other Ethnic Groups</u></b>		<b><u>Chinese or Other Ethnic Groups</u></b>	
Chinese	<input type="checkbox"/>	Chinese	<input type="checkbox"/>
Afghan	<input type="checkbox"/>	Afghan	<input type="checkbox"/>
Kurdish	<input type="checkbox"/>	Kurdish	<input type="checkbox"/>
Roma	<input type="checkbox"/>	Roma	<input type="checkbox"/>
Other	<input type="checkbox"/>	Other	<input type="checkbox"/>
Refused	<input type="checkbox"/>	Refused	<input type="checkbox"/>

**SECTION 2: ELIGIBILITY**

<b>APPLICANT</b>	<b>JOINT APPLICANT</b>
Are you in receipt of benefits? Yes* <input type="checkbox"/> No <input type="checkbox"/>	Are you in receipt of benefits? Yes* <input type="checkbox"/> No <input type="checkbox"/>
If YES, please state which benefit(s) .....	If YES, please state which benefit(s) .....
Are you working? Yes <input type="checkbox"/> No <input type="checkbox"/>	Are you working? Yes <input type="checkbox"/> No <input type="checkbox"/>

- **PLEASE ENCLOSE A COPY OF THE BENEFITS YOU RECEIVE**

**IF YOU HAVE ALWAYS LIVED IN THE UK, GO TO SECTION 3**

The next set of questions asks about your residency in the U.K. We will require proof, which may include your Passport, National Insurance Number, Benefit Books, Wage Slips, or Home Office Documents confirming your status in the U.K. This information is requested as confirmation that the applicant/household has recourse to public funds (i.e. is eligible to claim benefits – income support, child benefit, job seekers allowance).

APPLICANT	JOINT APPLICANT
Do you have indefinite leave to remain in the UK? Yes <input type="checkbox"/> No <input type="checkbox"/>	Do you have indefinite leave to remain in the UK? Yes <input type="checkbox"/> No <input type="checkbox"/>
Do you have exceptional (extended) leave to remain in the UK? Yes <input type="checkbox"/> No <input type="checkbox"/>	Do you have exceptional (extended) leave to remain in the UK? Yes <input type="checkbox"/> No <input type="checkbox"/>
Have you been accepted as a refugee? Yes <input type="checkbox"/> No <input type="checkbox"/>	Have you been accepted as a refugee? Yes <input type="checkbox"/> No <input type="checkbox"/>
Are you a national of the European Union? Yes <input type="checkbox"/> No <input type="checkbox"/>	Are you a national of the European Union? Yes <input type="checkbox"/> No <input type="checkbox"/>

***If you have answered yes to any of the above, please provide a copy of your Passport with the immigration stamp or the Home Office decision letter and any other relevant proof.***

**Persons who do not reside in the U.K. will not be included in your application details.**

**SECTION 3: YOUR HOUSEHOLD**

ONLY LIST CHILDREN THAT LIVE WITH YOU. DO NOT INCLUDE CHILDREN YOU HAVE ACCESS TO. However, you may wish to provide residency details, eg. parental responsibility order, divorce papers, confirmation from solicitor, in order to apply for a property larger than your permanent household size. A single person with access to children can apply for a two bedroom upper floor flat if proof confirming the access is submitted. Persons should only be included if they live in the U.K.

Please give details of each person who lives with you now and who will continue to live with you when you are housed. You DO NOT need to supply details for yourself or your partner as they have already been stated.

First Names	Surname	Sex (M or F)	Relationship to you (such as son, niece)	Date of Birth

*We may ask for proof that the children included in your application live with you. You may be asked to provide benefit details, eg. Child Benefit, Family Credit, Income Support.*

Please give details of people not living with you now but who would live with you when you are rehoused.

First Names	Surname	Sex (M or F)	Relationship to you (such as son, niece)	Date of Birth

If you have listed anyone above as not living with you, please give their address and say why they do not live with you now.


**SECTION 4: YOUR PRESENT HOME**

	<b>APPLICANT</b>	<b>JOINT APPLICANT</b>
What date did you move into your current home?	/ /	/ /

Which of the following best describes your current housing circumstances?

Owner occupier	<input type="checkbox"/>	Tied Tenant	<input type="checkbox"/>
Private tenant	<input type="checkbox"/>	Residential Care	<input type="checkbox"/>
Living with parents / relatives	<input type="checkbox"/>	Supported Accommodation	<input type="checkbox"/>
Lodger	<input type="checkbox"/>	HM Forces	<input type="checkbox"/>
Hostel or Bed & Breakfast	<input type="checkbox"/>	NFA	<input type="checkbox"/>
Other	<input type="checkbox"/> <i>Please state</i> .....		

**CURRENT AND FORMER OWNER OCCUPIERS**

What is the value of your property?	£	.		
How much mortgage is outstanding?	£	.		
If you have mortgage arrears, please state how much.	£	.		
<b>Please provide written evidence of the above information.</b>				
<b>Have you ever previously owned a property?</b>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
If YES, please give the address and dates that you lived there:				
<b>Please provide written evidence of how much money (if any) you received after any mortgage was paid.</b>				

**HM FORCES APPLICANTS**

Are you currently a serving member of the HM Forces?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
If yes, please give date of joining:	/	/		
Anticipated date of discharge:	/	/		

**PRIVATE TENANTS AND LODGERS**

Please give the name and address of your landlord or person you lodge with:

Name:
Address:

Are you related to this person?      Yes       No

If YES, what is the relationship? .....

Have you been served with notice to leave your accommodation?      Yes       No

If YES, please give reason(s) and **provide a copy of the notice.**


SECTION 4: continued YOUR PRESENT HOME

Please tick the type of home you now live in:

House  Flat  Maisonette   
 Bedsit  Bungalow  Mobile home  Other (please state)  \_\_\_\_\_

If you live in a flat / maisonette / bedsit, what floor is it on?

Is there a lift? Yes  No

What accommodation do you have the use of:

How many bedrooms are there in total?	<input type="text"/>	
How many of these do you have exclusive use of?	<input type="text"/>	
Who occupies these bedrooms?		
	<b>Names (including yourself)</b>	<b>Relationship to you</b>
Bedroom 1	<input type="text"/>	<input type="text"/>
Bedroom 2	<input type="text"/>	<input type="text"/>
Bedroom 3	<input type="text"/>	<input type="text"/>
Bedroom 4	<input type="text"/>	<input type="text"/>

Please indicate whether or not you have the following amenities:

(Please note that 'shared' means shared with anyone who is not going to move with you)

Living room Yes  No  Use: Shared  Exclusive   
 Kitchen Yes  No  Use: Shared  Exclusive   
 Bathroom/Shower Yes  No  Use: Shared  Exclusive   
 Internal WC Yes  No  Use: Shared  Exclusive   
 External WC Yes  No  Use: Shared  Exclusive   
 Cooking facilities in living room Yes  No   
 Drying facilities Yes  No   
 Play area / garden for children Yes  No

Is the property self-contained with its own front door? Yes  No

How many steps are there to your front door?

How many stairs are there inside your property?

What type of heating does the property have?

Please give details of any unsuitability or disrepair in your property.

<input type="text"/>
<input type="text"/>
<input type="text"/>
<input type="text"/>
<input type="text"/>
<input type="text"/>

If you require any advice about disrepair, please contact an Environmental Health Officer on 01304 821199.



## SECTION 6: HOUSING REQUIREMENTS

The following is a list of the types of properties that are available. In general, families with dependant children will be given first consideration for houses. Families with older children will be considered for upper flats and maisonettes. Ground floor housing is usually allocated to people who cannot manage stairs. Elderly or disabled people will be considered for bungalows.

**It will assist your rehousing prospects if you are willing to consider more than one type of property.**

<u>PROPERTY TYPE</u>		<u>FLOOR LEVEL</u>	
Bedsit	<input type="checkbox"/>	Ground	<input type="checkbox"/>
Flat	<input type="checkbox"/>	First	<input type="checkbox"/>
House	<input type="checkbox"/>	Second	<input type="checkbox"/>
Maisonette	<input type="checkbox"/>	Third	<input type="checkbox"/>
Bungalow	<input type="checkbox"/>		

Sheltered Housing Schemes are linked to a 24 hour emergency response alarm system. Applicants are usually over the age of 60. Schemes consist of bedsits, flats and bungalows and some have shared facilities.

Do you wish to be considered for Sheltered Housing? Yes  No

If YES, would you consider sharing a: Bath/Shower room  WC  Both

## SECTION 7: AREAS OF CHOICE

Please tick the areas for which you wish to be considered.

<u>DOVER AREA</u>		<u>DEAL AREA</u>		<u>SANDWICH AREA</u>	
<b>Any of this group</b>	<input type="checkbox"/>	<b>Any of this group</b>	<input type="checkbox"/>	<b>Any of this group</b>	<input type="checkbox"/>
Alkham	<input type="checkbox"/>	Ashley	<input type="checkbox"/>	Ash	<input type="checkbox"/>
Capel-le-ferne	<input type="checkbox"/>	Kingsdown	<input type="checkbox"/>	Aylesham	<input type="checkbox"/>
Church Hougham	<input type="checkbox"/>	Northbourne	<input type="checkbox"/>	Eastry	<input type="checkbox"/>
Coldred	<input type="checkbox"/>	Ringwould	<input type="checkbox"/>	Goodnestone	<input type="checkbox"/>
Elvington	<input type="checkbox"/>	Ripple	<input type="checkbox"/>	Nonington	<input type="checkbox"/>
Eythorne	<input type="checkbox"/>	Sholden	<input type="checkbox"/>	Preston	<input type="checkbox"/>
Guston	<input type="checkbox"/>	Studdal	<input type="checkbox"/>	Staple	<input type="checkbox"/>
Langdon	<input type="checkbox"/>	Tilmanstone	<input type="checkbox"/>	Stourmouth	<input type="checkbox"/>
Shepherdswell	<input type="checkbox"/>			Wingham	<input type="checkbox"/>
St. Margarets-at-Cliffe	<input type="checkbox"/>			Woodnesborough	<input type="checkbox"/>
Temple Ewell	<input type="checkbox"/>			Worth	<input type="checkbox"/>
Whitfield	<input type="checkbox"/>				
<b>Any of this group</b>	<input type="checkbox"/>	<b>Any of this group</b>	<input type="checkbox"/>	Sandwich	<input type="checkbox"/>
Aycliffe	<input type="checkbox"/>	Middle Deal	<input type="checkbox"/>		
Buckland East	<input type="checkbox"/>	Mill Hill	<input type="checkbox"/>		
Buckland South	<input type="checkbox"/>	North End	<input type="checkbox"/>		
Buckland West	<input type="checkbox"/>	St. Richards Road	<input type="checkbox"/>		
Canadian Estate	<input type="checkbox"/>	Telegraph Road	<input type="checkbox"/>		
Green Lane Estate	<input type="checkbox"/>	Town Area	<input type="checkbox"/>		
Tower Hamlets	<input type="checkbox"/>	Walmer	<input type="checkbox"/>		
St. Radigunds	<input type="checkbox"/>				
Military Road	<input type="checkbox"/>				
Folkestone Road	<input type="checkbox"/>				
Maison Dieu	<input type="checkbox"/>				
Shooters Hill	<input type="checkbox"/>				
Stembrook	<input type="checkbox"/>				

Do you want to be nominated to a Housing Association? Yes  No

Are you interested in low cost home ownership/shared ownership schemes? Yes  No

If YES, you will be contacted with details of schemes as appropriate and your details may be passed to any Housing Associations.

Do you have any pets?      Yes         No         If YES, please give details.....

Do you have a local connection of at least 10 years with any of the villages within the Dover District?

Yes         No         If YES, please state address(es) and date(s)




The above map shows all the towns and villages with council accommodation within the Dover District.

- Map showing how Dover is divided into separate areas.
- Map showing how Deal is divided into separate areas.

**SECTION 8: HEALTH / SUPPORT NEEDS**

Please provide contact details of anyone who helps you or anyone that you wish to act on your behalf:

Name	
Organisation/ Relationship to you	
Address	
Post Code	
Telephone No.	
Email Address	

Does anyone in your household:

- Use a wheelchair indoors and outdoors all the time?
- Use a wheelchair some of the day, and cannot manage steps or stairs at all?
- Have restricted mobility, and can only manage 1 or 2 steps or stairs?

Do any of the following apply to you or someone in your household?

<input type="checkbox"/> Difficulty reading and writing	<input type="checkbox"/> Isolated – no support
<input type="checkbox"/> Permanent physical disability	<input type="checkbox"/> Learning disability
<input type="checkbox"/> Visual impairment	<input type="checkbox"/> Hearing impairment
<input type="checkbox"/> Mental health problems	<input type="checkbox"/> Age related mobility problems
<input type="checkbox"/> Young person leaving care	<input type="checkbox"/> Ex offender
<input type="checkbox"/> Age related mental health problems	<input type="checkbox"/> Issue with drug misuse
<input type="checkbox"/> May need help bidding and have no one to help	<input type="checkbox"/> Issue with alcohol
<input type="checkbox"/> Experiencing violence or harassment	<input type="checkbox"/> English is not my first language

Any other, please give details:

Who has these support needs? .....

***This information only applies to the people that are to be housed on this housing application***

**If any member of the household has an illness or disability, which is directly affected by your current housing, please ask the Council for a self-certification medical form.**

**SECTION 9: OFFENDING HISTORY**

*Any information supplied in this section will be treated in the strictest confidence, and will only be used when considering the kind of home which would be suitable for your needs.*

Do you or any member of your household have any criminal convictions NOT subject to the provisions of the Rehabilitation of Offenders Act 1974? Yes  No

**IF YES, PLEASE GIVE DETAILS OF THE OFFENCE:**


Has any member of your household been convicted under the Sex Offenders Act 1997 and placed on the Sex Offenders Register?

Yes  No  **IF YES, PLEASE GIVE DETAILS:**


Does any member of the household have a Probation Officer? Yes  No

**IF YES, PLEASE GIVE THE PROBATION OFFICER'S NAME AND DETAILS OF THE OFFENCE:**


**SECTION 10: OTHER INFORMATION**

Is any member of the household related to any employee or Councillor of Dover District Council?

Yes  No  If YES, please state name and relationship.


**Talking to you, listening to you:**

Which ways would you prefer us to contact you?

By letter  By telephone  By email

By personal visit (this would only be carried out in exceptional circumstances)

If we need to visit you are there any special requirements?

- No special requirements
- Please use the back door
- Beware of the dog
- Please knock loudly
- Please use the side door
- Please give me time to answer the door
- Please use the front door

Please give any other information that you think would help the Council in considering your application.


DATA PROTECTION ACT 1998

This Council complies with the requirements of the Data Protection Act 1998. The information you have given will be held on computer and manual records unless otherwise stated.

Data held by this authority will be used for cross system and cross authority comparison purposes for the prevention and detection of fraud.

It will only be disclosed outside the Authority if we are legally obliged to do so or if you are asking for an exchange or Housing Association tenancy. If you live outside the district we will need to confirm your circumstances with your present landlord.

Please note that the information will be passed to the Rents and Repairs Sections should you become a Council tenant.

IMPORTANT NOTICE

Please note that when making an application for housing it is a criminal offence if you knowingly or recklessly give false information or withhold information and also when applying as homeless fail to tell the Council as soon as possible of any changes in your circumstances which might affect your right to rehousing. In the event of you applying as homeless under the Act this form will be used to help with our enquiries.

If enquiries show that you have committed such an offence you can be prosecuted and, if you are found guilty, you may be fined up to £5,000 and evicted from any accommodation that may have been provided.

DECLARATION AND AUTHORITY TO SEEK INFORMATION

Please read carefully before signing.

I / We certify that the information given in this form is correct to the best of my / our knowledge.

I / We understand that a false statement made knowingly or recklessly may result in the loss of any tenancy that may have been granted to me / us by the Council or a Housing Association.

I / We undertake to notify the Council of any change in my / our circumstances as declared in this application.

I / We authorise the Council to make such enquiries as are reasonably necessary to confirm any details given.

I / We authorise any landlord named within this registration form to provide information about the conduct of my / our tenancy at my / our previous address(es).

Signature of Applicant:  Date:

Signature of Joint Applicant:  Date:

Please check that you have completed every question. If you have not done so, THE FORM WILL BE SENT BACK TO YOU.

Please return the form to:

Housing Needs Section  
Dover District Council  
White Cliffs Business Park  
Dover  
Kent CT16 3PQ

or hand it in at your Area Housing Office.

01 February 2010