Small Heath Park Housing Co-operative

Registered Office: 15 Rochdale Walk
Small Heath
Birmingham
B10 0DF

Application No ☐

Application Form For Housing

PRIVATE AND CONFIDENTIAL

SECTION A. Personal Details

Please enter in block capitals or a tick where appropriate. It is important that you complete this form as clearly and as fully as you can. If you have difficulty in filling out this form please request help from the above office.

Full name of Applicant

Title (tick) | Mr | Mrs | Miss | Ms |

Surname _____
First Name(s) _____
Date Of Birth _____
Address _____

Telephone No _____
National Insurance No _____

Joint Applicant/Partner

Title (tick) | Mr | Mrs | Miss | Ms |

Surname _____
First Name(s) _____
Date Of Birth _____
Address _____

Telephone No _____
National Insurance No _____

1a) **Status?** Married Divorced Separated Single Other **(circle as appropriate)**

2) Should you require correspondence to be sent to an alternative address please enter the address below

_____
_____
_____
_____
_____

3) How long have you worked in Birmingham? _____
How long have you lived in Birmingham? _____

4) Small Heath Park Housing Co-op has an equal opportunities policy. Help us make sure all applicants are treated fairly regardless of their nationality, sex, colour or religious belief. Please indicate below by ticking one of the boxes.

Asian	☐	European	☐
Caribbean	☐	Irish	☐
African	☐	Other	☐
South-East Asian	☐	Question Refused	☐
British	☐		

5) Please provide details of all or any other person(s) that WILL reside with you at the new address?

Surname	Forename	Sex	Age	Relationship to Applicant

6) Please give details of any pets?_____

7) Please give details of any disabilities, illness or other health difficulties which affect your family which are relevant to your application?

_____

_____

_____

8) Would any special facilities be required for a handicapped/disabled person?

YES NO (delete as applicable)

If YES please give details

_____

_____

_____

_____

9) Please give details of any/all persons living at your present address, but will NOT be moving with you

Surname	Forename	Sex	Relationship to Applicant

10) Please list all previous addresses in the last 5 years

Address	Length Of Stay	Owner/Tenant/Lodger Etc

11) Please state which type of accommodation you require? (tick the appropriate box)

A) One Bedroomed Flat ☐

B) Two Bedroomed Bungalow* ☐

*These properties are only allocated to elderly or specialist needs

C) Two Bedroomed House ☐

D) Three Bedroomed House ☐

SECTION B

1) Occupation _____

Employers Name & Address _____

_____

_____

Would you be prepared to discuss your income if you were granted an interview?

YES / NO (delete as appropriate)

2) Please tick the appropriate box to indicate your employment status?

Employed	Retired	Unemployed	Student	Other
☐	☐	☐	☐	☐

Other please specify? _____

* Please note that you will be required to provide proof of your household's income, ie: Copies of wage slips, benefit books, etc

3) Are you a ? (please tick relevant answer)

A) Tenant of private landlord	☐	F) Staying with relatives	☐
B) Council tenant	☐	G) Living with parents	☐
C) Tenant of Housing Association	☐	H) Living in a hostel	☐
D) Staying with friends	☐	I) Owner Occupier	☐
E) Homeless	☐	J) Living in lodgings	☐
		K) Other	☐

K) Other please specify _____

4) If you are a tenant please state the name and address of your current landlord or agent?

_____

_____

_____

5) Current rent/mortgage payment Weekly _____ Monthly _____

* Please note you will be required to provide evidence of payments, ie: Rent book, etc

6) Are you registered on any Council Housing waiting lists? Date of registration and name of Council?

_____

_____

_____

7) Why do you wish to leave your current accommodation?

_____

_____

_____

8) Please state the condition of your present accommodation? Ie: Dampness, heating, state of repair, etc

_____

_____

_____

9) Do you/your family have sole use of the following facilities or are they shared with members of another family? Tick boxes as appropriate)

	Have Sole Use Of	Shared With Others	Do Not Have
Kitchen			
Shower or bath with hot and cold water			
Wash basin with hot and cold water			
Toilet			
Bedroom			
Living Room			

10) Please state the number of bedrooms in your present accommodation ☐

11) Are you related to any member of this Co-operative (SHPHCo-op)? If so please state their name and address

12) Please explain why you would like to become a member of this co-operative

13) Are you or have you been a member of a club or society? (Eg: Tenants or Residents organisation, Community group, Church) If so please give details of position/responsibilities held?

14) Is there anything else you would like to add in support of your application?

14a) Hobbies/Pastimes

15) Applicants should indicate what/which skills they feel they can/could contribute to assist with the organisation and the management of the co-operative

For example: (Please tick where appropriate)

A) Booking	☐	F) Clerical / Filing	☐
B) Chair Meeting	☐	G) Interviewing	☐
C) Take Minutes	☐	H) Landscaping	☐
D) Property Repairs	☐	I) Others	☐

16) Do you have links in the community for the area in which you wish to live? (Please Tick)

To take up or continue employment/training in the locality	☐
To receive support from family/friends/agencies in the area	☐
A member of the family attends a local school	☐
To provide support to family in the locality	☐
Already live in the area	☐
Other local connection	☐

Please give details of any local connections you have in the area

_____

_____

_____

_____

_____

DECLARATION

1) I understand that the completion and signing of this form does not mean I/We will be offered housing

2) I/We agree to be interviewed by a sub-committee of the Co-operative

3) I/We understand that I do not have to accept housing which is offered to me

4) As far as I/We know the information on this form is true and I will inform the Co-operative of any changes

5) I/We understand that the Co-operative has the right to regain possession of any housing obtained if I/We have given any false information

6) I/We understand that all information I/We provide is covered by the Data Protection Act 1984

Signed: _____ Date _____
(Main Applicant)

Signed: _____ Date _____
(Joint Applicant)

THE RECEIPT OF THIS APPLICATION WILL NOT BE ACKNOWLEDGED