

ChoiceHomes

Housing Registration Form

Important Notes:

Please Read Before Completing the Registration Form

Please read the guidance notes headed: 'A Guide to Choice Homes' before you fill in the form. If when filling out the form you need more room please use additional paper.

Please answer all questions that apply to you as fully as possible. If you do not fill in all the sections of the form that apply to you we will be unable to accept your registration.

You may be required to provide various documents to support you application. If you do not supply these we will be unable to process your application.

Data Protection information: This authority is under a duty to protect the public funds it is responsible for. The information you provide on this form may therefore be used within the authority for the prevention and detection of fraud. The information you provide may also be shared with other public bodies responsible for public funds for the same reason.

It is an offence to knowingly give false information. If you do, we will take legal action which could lead to you receiving a substantial fine.

OFFICE USE ONLY

Date received

Registration number

Input date

Input by

London Borough of

Redbridge



Section A: Details of yourself and your household

A1: Your own details

Title (Mr/Mrs/Miss/Ms)

Surname

First Name

Sex (Male/Female)

Date of Birth

National Insurance Number

A2: Your Present Address

Full Postcode:

A3: What date did you move to this address?

A4: Your correspondence address (if different from your home address)

Full Postcode:

A5: Telephone numbers

Home:

Mobile:

Work:

A6: Email address

Section A: (continued)

A7: Starting with yourself, please list below all other household members you are seeking housing for

Surname	First Name	Relationship to you	Date of Birth	Gender	Ethnic Origin Code (See list below)
		Self			

Ethnic Origin Codes

Choose ONE section from A to E, then write the code in space provided above for each member of your household

A: White

- British A1
- English A2
- Welsh A3
- Irish A4
- Other A5

D: Black, Black British, Black English, Black Scottish or Black Welsh

- Caribbean D1
- African D2
- Other D3

B: Mixed

- White and Black Caribbean B1
- White and Black African B2
- White and Asian B3

E: Chinese, Chinese British, Chinese English, Chinese Scottish, Chinese Welsh or other ethnic group

- Chinese E1
- Other E2

C: Asian, Asian British, Asian English, Asian Scottish or Asian Welsh

- Indian C1
- Pakistani C2
- Bangladeshi C3
- Other C4

Section A: (continued)

A8: Household Separation

Is anyone included in your application not currently living with you?

Yes No

If yes, please give details

	Person 1	Person 2
Name	<input type="text"/>	<input type="text"/>
Current Address	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>
Why are they not living with you?	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Have they lived with you in the past?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>

Do you have access to children from a previous relationship who are not included in your application?

Yes No

If yes, please give details

	Child 1	Child 2
Name	<input type="text"/>	<input type="text"/>
Date of Birth	<input type="text"/>	<input type="text"/>
Address	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>

A9: Expecting a baby

Are you or anyone included in your application expecting a baby?

Yes No

If yes, please give details

	Person 1	Person 2
Name	<input type="text"/>	<input type="text"/>
Date Baby Due	<input type="text"/>	<input type="text"/>

Office Use Only
Refer to Social
Services?

Yes No

Section A: (continued)

A11: Welfare

Have you or anyone included in your application had recent involvement with a Social Welfare organisation? (for example Social Services, Probation, Drug and Alcohol, Community Psychiatric Nurse)

Yes No

If yes please give details

Organisation Contact Worker

Address

Telephone Number

A12: Your Doctor

Please give the name, address and telephone number of your doctor

Name

Address

Telephone number

A13: Harassment

Are you or anyone included in your application experiencing any form of harassment or violence or threats of violence?

Yes No

If yes please give details

Where does this occur ?

Inside your home Yes No

Outside your home Yes No

Section A: (continued)

A14: Local Connection

If your current home is outside the borough, do you need to move to Redbridge in order to give or receive care, to access specialist medical treatment, to take up permanent employment or a training opportunity?

Yes No

If yes, please give details

Do you or anyone included in your application have family living in Redbridge?

Yes No

If yes, please give details of your relative

Name

Address

Telephone Number

Relationship How long have they lived in Redbridge?

Does this person require your support for medical or social reasons?

Yes No

If yes, please give details

A15: Current Employment

If you or anyone included in your application is currently working please give details

	Person 1	Person 2
Name	<input type="text"/>	<input type="text"/>
Job Title	<input type="text"/>	<input type="text"/>
Employer	<input type="text"/>	<input type="text"/>
Employers Address	<input type="text"/>	<input type="text"/>
Employers Telephone Number	<input type="text"/>	<input type="text"/>
Is your work based in this borough?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>

Office Use Only
Refer to Welfare
Benefits?

Yes No

Section A: (continued)

A16: Your Income and Savings and Property Interests

Please give details of your households total monthly income

Income	Applicant	Partner	Others
Salary / Wages	£	£	£
Jobseekers Allowance	£	£	£
Family Working Tax Credit	£	£	£
Income Support	£	£	£
Child Benefit	£	£	£
Housing Benefit	£	£	£
State Pension	£	£	£
Occupational Pension	£	£	£
Incapacity Benefit	£	£	£
Disability Living Allowance	£	£	£
Attendance Allowance	£	£	£
Other please specify			
	£	£	£
	£	£	£
Monthly Total	£	£	£

If you or anyone included in your application have savings, please give details

Name	Amount

Have you or anyone included in your application ever owned or had a legal interest in any property either in the United Kingdom or any other country (including your current home)?

Yes No

If yes, please give details

	Person 1	Person 2
Name		
Address of Property		

Section A: (continued)

A17: Immigration

Are you or anyone included in your application a citizen of a country other than the United Kingdom?

Yes No

If yes, please give details and provide documentation

Please note we will be unable to process your application until you have provided documentation

	Person 1	Person 2
Name	<input type="text"/>	<input type="text"/>
Immigration Status	<input type="text"/>	<input type="text"/>
Nationality	<input type="text"/>	<input type="text"/>

Have you or anyone included in your application lived outside the United Kingdom in the last 5 years?

Yes No

If yes, please give details

	Person 1	Person 2
Name	<input type="text"/>	<input type="text"/>
Country	<input type="text"/>	<input type="text"/>
Date From	<input type="text"/>	<input type="text"/>
Date To	<input type="text"/>	<input type="text"/>

Section A: (continued)

A18: Sex Offenders Act

Have you or any person included in your application been convicted under the Sex Offenders Act 1997 and/or been placed on the Sex Offenders Register?

Yes No

If yes, please give details

	Person 1	Person 2
Name	<input type="text"/>	<input type="text"/>
Date of Conviction	<input type="text"/>	<input type="text"/>
Name and Address of Court	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

A19: Violence and Arson

Have you or anyone included in your application been convicted of an act of violence or arson?

Yes No

If yes, please give details

	Person 1	Person 2
Name	<input type="text"/>	<input type="text"/>
Date of Conviction	<input type="text"/>	<input type="text"/>
Name and Address of Court	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Convicted of	<input type="text"/>	<input type="text"/>

Section B: Your Current Housing Circumstances

B1: Homelessness

Have you ever applied as homeless to any local authority?

Yes No

Are you currently in temporary accommodation provided by Redbridge Council's Housing Service?

Yes No

Are you currently in temporary accommodation provided by another Council's Housing Service?

Yes No

Are you currently awaiting a decision from a Homeless Persons Unit?

Yes No

If you have answered yes to any of the above questions, please provide details

Name of Local Authority

Your case reference number

Date of your homelessness application

Name of the officer dealing with your case

Housing Office Address _____

Housing Office Telephone Number

B2: Please tick ONE of the following boxes to indicate your current housing situation (please refer to the guidance notes)

Council Tenant Nightly Let

Assured Shorthold Tenant of a Housing Association or Housing Trust Owner Occupier (including shared ownership)

Assured Tenant of a Housing Association or Housing Trust Staying with Friends or Family

Assured Shorthold Tenant of a Private Landlord Armed Forces Accommodation

In a hostel or refuge No Fixed Abode

In Bed & Breakfast Accommodation Prison

Other (please specify)

Office Use Only
Refer to Public
Protection?

Yes No

Section B: (continued)

B3: Under Occupied

If you are a Redbridge Council Tenant who currently occupies a property too large for your household would you like to move to a smaller property (please see guidance notes)?

Yes No

B4: State of Repair

Do you consider you current home to be in a bad state of repair?

Yes No

If yes, please give details

Has your property ever been inspected by Public Protection (Environmental Health)?

Yes No

If yes, please give date

B5: Accessing your Home

If you currently live in a flat or maisonette, on which floor do you live?

Does the property have a lift?

Yes No

B6: Rooms In Your Home

How many rooms are available to you and everyone else included in your application? (see guidance note)

Room Type	Number Available	Floor Level (e.g. Ground, 1st floor etc.)	Do you share these rooms with people NOT on your application? If so with whom (please tick)		
			Family	Friends	Others
Bedrooms	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Living \ Dining Rooms	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Kitchens	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bathrooms	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Toilets	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Section B: (continued)

B7: Heating your Home

Please tick the boxes below to show which type of heating your home has

Central Heating	<input type="checkbox"/>	Gas Fire	<input type="checkbox"/>
Warm Air	<input type="checkbox"/>	Fan Heater	<input type="checkbox"/>
Under Floor Heating	<input type="checkbox"/>	Paraffin Heater	<input type="checkbox"/>
Open Fire	<input type="checkbox"/>	Electric Fire	<input type="checkbox"/>
Storage Heaters	<input type="checkbox"/>	Other (please specify)	<input type="checkbox"/> <input type="text"/>
		None	<input type="checkbox"/>

B8: Renting Your Home

If you are currently renting your home, please give details

Your Landlord's Name

Your Landlord's Address _____

Your Landlord's Telephone Number

B9: Security of Tenure

Have you been asked to leave your current home in the last 4 weeks?

Yes No

Have you been served with a current Notice to Quit or a Notice Seeking Possession?

Yes No

Have the Courts served you with a current Possession Order?

Yes No

Section C: (continued)

C2: Evictions

Have you been evicted from any previous addresses?

Yes No

If yes, please give details

Address

Reason for Eviction _____

Date of Eviction

C3: Previous Tenancies

Have you or anyone included in your application ever been a tenant of any Council or Housing Association?

If yes, please give details

Name	Address	Name of Council or Housing Association	Reason Tenancy Ended
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Section D: Where you would like to live

D1: Sheltered Housing

If you are over the age of 55 are you interested in Sheltered housing (please see guidance notes)?

Yes No

D2: Shared Ownership

Are you interested in Shared Ownership (please see guidance notes)?

Yes No

D3: Relocation

Are you interested in being rehoused in another part of the country (see guidance notes)?

Yes No

D4: Area of Choice

Depending on your circumstances, the London Borough of Redbridge may decide it is necessary to make you a direct offer of accommodation. Where possible the Council will strive to offer accommodation within the borough in an area of your choice. The Council has divided the borough into 7 areas. Please indicate which of the 7 areas you would like to live by ticking the boxes below.

The map shows the London Borough of Redbridge divided into seven areas, each labeled with a name and an area number. The areas are: AREA 1 (Wanstead), AREA 2 (Woodford, South Woodford), AREA 3 (Hainault), AREA 4 (Barkingside, Newbury Park), AREA 5 (Seven Kings, Chadwell Heath, Goodmayes), AREA 6 (Ilford), and AREA 7 (Cranbrook). To the right of the map is a legend with seven rows, each consisting of a label and an empty checkbox:

Area 1	<input type="checkbox"/>
Area 2	<input type="checkbox"/>
Area 3	<input type="checkbox"/>
Area 4	<input type="checkbox"/>
Area 5	<input type="checkbox"/>
Area 6	<input type="checkbox"/>
Area 7	<input type="checkbox"/>

Section E: Declaration

Declaration (please see guidance notes)

I declare that the details I have given on this form are, to the best of my knowledge, true. I agree to let you know as soon as possible if the circumstances of my household detailed on this form change in any way. I understand that if I give false or misleading information my application to register may be refused, any future offers of tenancies withdrawn and any tenancies I am granted lost. I authorise you to make whatever enquiries are necessary to check the details I have provided on this form are accurate, including contacting my Doctor, Carer or Social Worker if appropriate. I also authorise you to share the information I have provided with other public bodies for the prevention and detection of fraud.

Your Signature

Date

Please return this form to:

The Housing Advice Centre
The London Borough of Redbridge
Housing Service
17/23 Clements Road
Ilford
Essex IG1 1AG

Data Protection Act

For the purposes of the Act, the data controller is the London Borough of Redbridge and the nominated representative is the Data Protection Officer, Queen Victoria House, telephone no: 020 8708 7208

What happens next?

Your application will be assessed and you will be notified in writing whether we can accept your registration.