Please could you provide answers to the following questions to the best of your ability. I would be grateful for you to provide as much detail as possible to aid us in our enquiries.

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| **Part 1 - Your Personal Details** |

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|  | **Your details** | **Your partner** |
| **Title (Mr Mrs Miss Dr etc.)** |  |  |
| **Sex** |  |  |
| **Full name:** |  |  |
| **Address:**  **Post Code:** |  |  |
| **DOB:** |  |  |
| **National insurance number:** |  |  |
| **Mobile number:** |  |  |
| **Email address:** |  |  |
| **Ethnicity:** |  |  |
| **Nationality:** |  |  |

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|  | **Household member 1** | **Household member 2** | **Household member 3** | **Household member 4** |
| **Full name:** |  |  |  |  |
| **DOB:** |  |  |  |  |
| **Sex:** |  |  |  |  |
| **NINO:** |  |  |  |  |
| **Ethnicity:** |  |  |  |  |
| **Nationality:** |  |  |  |  |
| **Mobile number:** |  |  |  |  |
| **National insurance number:** |  |  |  |  |
| **Relationships to applicant:** |  |  |  |  |

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| **Is anyone in the household pregnant:**  **Name:** | **No** |  | **Yes** |  | **Expected due date** | / / |
| **Is anyone on your application living separately from you:**  **Please give more details incl. address** |  | | | | | |
| **What pets are in your household if any:** |  | | | | | |
| **Do you drive** |  | | | | | |
| **Vehicle, make, model and registration: (if you have one)** |  | |  | |  | |
| **Do you or anyone else in your household smoke** |  | | | | | |
| **What property or land do you own any in the UK or abroad:** |  | | | | | |

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| **Your nationality & immigration status** | **You** | **Your Partner** |
| **Are you or your partner a British or Irish citizen who is habitually resident in UK, Ireland, Channel Islands, or Isle of Man, or has been deported from another country** |  |  |
| **Are you or your partner a European Economic Area (EEA) citizen who is a worker** |  |  |
| **Are you or your partner a EEA citizen who is self-employed** |  |  |
| **Are you or your partner a EEA citizen who has permanent right to reside** |  |  |
| **Are you or your partner a EEA citizen: other** |  |  |
| **Are you or your partner a EEA citizen who is a family member of one of the above groups** |  |  |
| **Are you or your partner a non-UK/EEA citizen who has been granted refugee status** |  |  |
| **Are you or your partner a non-UK/EEA citizen with Exceptional Leave to Remain** |  |  |
| **Are you or your partner non-UK/EEA citizen with Indefinite Leave to Remain** |  |  |
| **Are you or your partner Non-UK/EEA citizen with Limited Leave to Remain** |  |  |
| **Are you or your partner Non-UK/EEA citizen who has been granted other protection (e.g. humanitarian, discretionary)** |  |  |
| **When did you or your partner arrive in the UK** |  |  |
| **Is anyone in your household subject to immigration control:**  **Please give details:** | | |

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| **Part 2 - Understanding your current housing situation** |

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| **Address History (last 5 years)** | | | | |
| **You** | | | | |
| **Address (including postcode)** | **Date From** | **Date To** | **Type of Tenure** | **Reason for loss/leaving** |
|  |  |  |  |  |
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| **Your partner** | | | | |
| **Address (including postcode)** | **Date From** | **Date To** | **Type of Tenure** | **Reason for loss/leaving** |
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| **Your current housing tenure** | | | | | | | | | |
| **Owner-occupier** | | |  | **Social rented supported housing or hostel** | | | | |  |
| **Shared ownership** | | |  | **Refuge** | | | | |  |
| **Private rented sector: self-contained** | | |  | **Rough sleeping (in judgement of officer)** | | | | |  |
| **Private rented sector: shared house (HMO)** | | |  | **Homeless on release from Custody** | | | | |  |
| **Private rented sector: lodging (not with family or friends)** | | |  | **Homeless on leaving Hospital (psychiatric)** | | | | |  |
| **Council tenant** | | |  | **Homeless on leaving Hospital (general)** | | | | |  |
| **Housing Association tenant** | | |  | **Temporary accommodation** | | | | |  |
| **Armed Forces accommodation** | | |  | **Student accommodation** | | | | |  |
| **Tied accommodation** | | |  | **NASS accommodation** | | | | |  |
| **Looked after children placement** | | |  | **No fixed abode** | | | | |  |
| **Living with parents** | | |  | **Caravan / houseboat / tent** | | | | |  |
| **Living with family** | | |  | **Other:** | | | | |  |
| **Living with friends** | | |  |  | | | | |  |
| **Please give details:** | | | | | | | | | |
| **Who sleeps in each room?** | **Occupants** | | | **Age & Sex** | | | **Bedroom size**  **Standard or small double Standard, small or box single** | | |
| **Bedroom 1** |  | | |  | | |  | | |
| **Bedroom 2** |  | | |  | | |  | | |
| **Bedroom 3** |  | | |  | | |  | | |
| **Bedroom 4** |  | | |  | | |  | | |
| **Bedroom 5** |  | | |  | | |  | | |
| **Living room** |  | | |  | | |  | | |
| **Dining Room** |  | | |  | | |  | | |
| **If you are renting or living with friends or family** | | | | | | | | | |
| **Type of property** | |  | | | | | | | |
| **Size of property** | |  | | | **Shared or sole use** | | | | |
| **No. of bedrooms in property** | |  | | |  | | | | |
| **No. of bedrooms you have use of** | |  | | |  | | | | |
| **No. of livings rooms in the property** | |  | | |  | | | | |
| **No. of dining rooms you have use of** | |  | | |  | | | | |
| **No. of Kitchens** | |  | | |  | | | | |
| **No. of Bathrooms/WC** | |  | | |  | | | | |
| **Date you moved in** | |  | | | | | | | |
| **Name & Address of Landlord/ Friend/Family**  **Contact Number** | |  | | | | | | | |
| **Is the landlord resident at the property** | |  | | | | | | | |
| **What type of agreement do you have**  **Living with friends/family, License, AST,**  **Assured/Secure Tenancy, Tied Accommodation etc.** | |  | | | | | | | |
| **Do you have a written agreement** | |  | | | | | | | |
| **Is this fixed term or periodic** | |  | | | | | | | |
| **If fixed term, when does it expire** | |  | | | | | | | |
| **Is the agreement in joint or sole names** | |  | | | | | | | |
| **How much is the rent** | |  | | | | | | | |
| **How much Housing Benefit / housing element of UC do you get** | |  | | | | | | | |
| **How much do you owe in rent arrears** | |  | | | | | | | |
| **Have you been given any written/verbal notice to leave?** | |  | | | | | | | |
| **The type of notice** | |  | | | | | | | |
| **When was it served** | |  | | | | | | | |
| **When does it expire** | |  | | | | | | | |
| **Has the landlord served you with these documents:** | | **Gas Safety Certificate** | | | | **Yes** | | **No** | |
| **Energy Performance Certificate** | | | | **Yes -** | | **No** | |
| **Deposit Protection Certificate** | | | | **Yes** | | **No** | |
| **Prescribed Information** | | | | **Yes** | | **No** | |
| **How to Rent guide:** | | | | **Yes** | | **No** | |
| **When is it dated** | | | |  | |  | |
| **Has any court action started** | |  | | | | | | | |
| **Court Orders Dates** | |  | | | | | | | |
| **Bailiff Warrant Dates** | |  | | | | | | | |
| **Have you made any arrangements with Landlord/Friend/Family**  **Please describe.** | |  | | | | | | | |
| **Why do you think you have been given notice?**  **Please describe.** | |  | | | | | | | |

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| **If you are an owner occupier/shared ownership** | | | |
| **Date you moved in** |  | **Maintenance/service charges** |  |
| **Are you a Joint or Sole Owner** |  | **Do you have a second loans** |  |
| **What is the value of the property** |  | **Do you have mortgage arrears** |  |
| **Amount of Outstanding mortgage** |  | **Date of last payment** |  |
| **What are your monthly repayments** |  | **Negative Equity** |  |
| **What are you endowment payments** |  | **Has court action started** |  |
| **Type of mortgage** |  | **Court Hearing Dates** |  |
| **Do you have any equity** |  | **Court Orders Dates** |  |
| **What is your current interest rate** |  | **Bailiff Warrant Dates** |  |
| **Shared ownership rent** |  | **Arrangements made with Lender** |  |
| **Name & Address of Lender**  **Contact Number** |  | | |

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| **Describe your households housing situation in your own words: (please provide as much detail as possible.)** |
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| **Describe what help you think you need with your households housing situation and how you think the council can assist you: (please provide as much detail as possible.)** |
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| **Your local connection with this borough** | | |
| **Have you or your partner lived in the borough for 6 months out of the last 12 months.** | **Yes** | **No** |
| **Have you or your partner lived in the borough for 3 years out of the last 5 years.** | **Yes** | **No** |
| **Do you or your partner have permanent employment in the borough** | **Yes** | **No** |
| **Do you or your partner have close family relatives (mother, father, brother, sister or adult child) who has lived in the borough for at least 5 years.** | **Yes** | **No** |
| **Other Special Reason** | **Yes** | **No** |
| **Using the above criteria do you consider you have a local connection with any other area** | **Yes** | **No** |
| **If yes to any of these questions please provide details:** | | |

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| **Part 3 - Understanding your financial circumstances** |

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| **Employment** | | | | | | |
|  | **You** | **Partner** | **Household member 1** | **Household member 2** | **Household member 3** | **Household member 4** |
| **Job title / occupation** |  |  |  |  |  |  |
| **Employer name /address** |  |  |  |  |  |  |
| **Start date of employment** |  |  |  |  |  |  |
| **Gross Salary** |  |  |  |  |  |  |
| **Net Salary** |  |  |  |  |  |  |
| **Hours / week** |  |  |  |  |  |  |
| **Pay frequency** |  |  |  |  |  |  |
| **Child care costs / child** |  |  |  |  |  |  |

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| **Other Income** | | | | | | |
| **Type of Welfare Benefit** | **You** | **Frequency received** | **Partner** | **Frequency received** | **Household member 1** | **Frequency received** |
| **Universal Credit (UC)** |  |  |  |  |  |  |
| **Housing element of UC** |  |  |  |  |  |  |
| **Housing Benefit** |  |  |  |  |  |  |
| **Council Tax Benefit** |  |  |  |  |  |  |
| **Child Tax Credit** |  |  |  |  |  |  |
| **Child Benefit** |  |  |  |  |  |  |
| **Working Tax Credit** |  |  |  |  |  |  |
| **Income Support** |  |  |  |  |  |  |
| **Job Seekers Allowance** |  |  |  |  |  |  |
| **ESA/Incapacity Benefit** |  |  |  |  |  |  |
| **DLA/PIP – Amount, Rate & type** |  |  |  |  |  |  |
| **State Pension/Pension Credit** |  |  |  |  |  |  |
| **Retirement Pension – Employer** |  |  |  |  |  |  |
| **Bereavement Benefits** |  |  |  |  |  |  |
| **Carers Allowance** |  |  |  |  |  |  |
| **Maintenance** |  |  |  |  |  |  |
| **Money from people who live with you** |  |  |  |  |  |  |
| **Other:(please specify)** |  |  |  |  |  |  |
| **Other:(please specify)** |  |  |  |  |  |  |
| **Type of Welfare Benefit** | **Household member 2** | **Frequency received** | **Household member 3** | **Frequency received** | **Household member 5** | **Frequency received** |
| **Universal Credit (UC)** |  |  |  |  |  |  |
| **Housing element of UC** |  |  |  |  |  |  |
| **Housing Benefit** |  |  |  |  |  |  |
| **Council Tax Benefit** |  |  |  |  |  |  |
| **Child Tax Credit** |  |  |  |  |  |  |
| **Child Benefit** |  |  |  |  |  |  |
| **Working Tax Credit** |  |  |  |  |  |  |
| **Income Support** |  |  |  |  |  |  |
| **Job Seekers Allowance** |  |  |  |  |  |  |
| **ESA/Incapacity Benefit** |  |  |  |  |  |  |
| **DLA/PIP – Amount, Rate & type** |  |  |  |  |  |  |
| **State Pension/Pension Credit** |  |  |  |  |  |  |
| **Retirement Pension – Employer** |  |  |  |  |  |  |
| **Bereavement Benefits** |  |  |  |  |  |  |
| **Carers Allowance** |  |  |  |  |  |  |
| **Maintenance** |  |  |  |  |  |  |
| **Money from people who live with you** |  |  |  |  |  |  |
| **Other:(please specify)** |  |  |  |  |  |  |
| **Other:(please specify)** |  |  |  |  |  |  |

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| **Financial details – accounts inc. bank, post office, building society, investments, stocks, shares, bonds, decentralised finance etc.** | | | | | | |
|  | **You** | **Partner** | **Household member 1** | **Household member 2** | **Household member 3** | **Household member 4** |
| **Account**  **Sort code**  **Balance** |  |  |  |  |  |  |
| **Account**  **Sort code**  **Balance** |  |  |  |  |  |  |
| **Account**  **Sort code**  **Balance** |  |  |  |  |  |  |
| **Account**  **Sort code**  **Balance** |  |  |  |  |  |  |
| **Account**  **Sort code**  **Balance** |  |  |  |  |  |  |

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| **Household debts (including loans / HP etc.)** | | | |
| **Person** | **Amount owed** | **Debt to who / details** | **Repayment arrangements?** |
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| **Part 4 - Understanding your health, social & support circumstances** |

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| **Medical** |
| **Describe your households medical issues / needs (include mental and physical and learning needs)** |
|  |
| **In what way are these affected by your current situation** |
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| **COVID questions** | | |
| **Are you or anyone in your household symptomatic** |  | |
| **Have you or anyone in your household tested positive** |  | **Date** |
| **Have you been tested recently** | **Date** | **Result** |
| **Are you or anyone in your household shielding** |  | |

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| **Alcohol and / or street /prescription drugs use** |
| **What alcohol and/ or drugs use occurs in your household?**  **Please describe the nature of any use, substance used and frequency you/they use them?** |
| **Please explain why you/they use alcohol and/or drugs?** |
| **How does using alcohol and/ or drugs affect other areas of your/their life?** |
| **What support are you/they receiving support for the alcohol and/or drugs use?** |
| **What support do you think you/they need to help reduce the alcohol and/or drugs use?** |

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| **Your GP** | | |
| **Name of Family Member** | **Name of GP** | **GP Surgery Address** |
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| **Criminal or Anti-Social Behaviour** | | |
| **Have you or any other member of your household been convicted of a criminal offence or served a prison sentence?** | **Yes** | **No** |
| **Are you/they subject to licence or supervision by the Probation Service?** |  | |
| **Have you or any other member of your household had any action taken against you/ them for Anti-Social Behaviour?** | **Yes** | **No** |
| **Are there any known risk issues that the Council should be aware of? (E.g. risk to self, risk to others).** | **Yes** | **No** |
| **If yes to above Housing of Offenders Referral & Risk assessment form needs to be completed by Offender Manager** |  | |
| **If yes to any of these questions please provide details:** |  | |

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| --- | --- | --- | --- | --- |
| **Your support networks** | | | | |
| **Are you or any member of your household in contact with any organisations listed below?** | | | | |
| **Agency/Organisation** | **Family Member** | **Professional Name** | **Address / email** | **Telephone Number** |
| **Social worker** |  |  |  |  |
| **Solicitor** |  |  |  |  |
| **Probation Officer** |  |  |  |  |
| **Youth Offending** |  |  |  |  |
| **Domestic Abuse Support** |  |  |  |  |

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| **Do you or any member of your household have any needs as result of the following?** | | | | | |
| **Care leaver aged 18-20 yrs.** |  | **Drug dependency needs** |  | **Physical ill health and disability** |  |
| **Care leaver aged 21+ yrs.** |  | **Alcohol dependency needs** |  | **Mental Health Problems** |  |
| **Young person aged 16-17 yrs.** |  | **Offending history** |  | **Learning Disabilities** |  |
| **Young person aged 18-25 yrs. requiring support to manage independently** |  | **At risk of/has experienced sexual abuse/exploitation** |  | **Sensory Impairment** |  |
| **Young parent requiring support to manage independently** |  | **At risk of/has experienced domestic abuse** |  | **Old age** |  |
| **Access to education, employment or training** |  | **At risk of/has experienced abuse/harassment (non-domestic abuse)** |  | **History of repeat homelessness** |  |
| **Please provide details:** | | | | | |

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| **Your children’s needs** |
| **If your children have any specific heath issues, special education needs or if they are involved with Children Services please provide details?** |
|  |
| **If any of your children are on the Child Protection Register/Child in Need or receiving assistance Early Help or subject to a TAC/F? (Team around a family / Child) please provide details?** |
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| **Schools** | | |
| **What school or nursey do you children attend?** | | |
| **Name of child** | **School** | **Level/ Stage of education** |
|  |  |  |
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| **Is there anything else we need to know concerning their education, such as whether they are at a key stage or undertaking exams**? | | |

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| **Risk of harm** |
| **Do you consider that you or any member of your household are or may be at risk in any part of the borough (or anywhere else)** |
| **Please describe:** |
| **What violence of threats of violence/ intimidation or harassment are you currently fleeing?** |
| **Please describe:** |
| **Please use the space below to provide details of police involvement , crime reference numbers and any injunctions, bail conditions or DVPN/Os (domestic violence protection notices /orders)** |
|  |

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| --- | --- | --- | --- |
| **Emergency Contact Details** | | | |
| **Do you what to nominate someone who we can contact in an emergency?** | | | |
| **Name** | **Relationship** | **Address** | **Contact Number** |
|  |  |  |  |
|  |  |  |  |
| **I/We are happy for the Council to discuss my/our application with the person(s) named below.** | | | |
| **Name** | **Relationship** | **Address** | **Contact Number** |
|  |  |  |  |
|  |  |  |  |

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| EEBC%20black%20solid**Declaration & Authorisation** | | | | | | | |
| **Applicant** | | | | **Partner** | | | |
| **Title** |  | **Sex** |  | **Title** |  | **Sex** |  |
| **Full Name** | |  | | **Full Name** | |  | |
| **DOB** |  | **NINO** |  | **DOB** |  | **NINO** |  |
| **Address** | |  | | **Address** | |  | |
| **Town** | |  | | **Town** | |  | |
| **County** |  | **Postcode** |  | **County** |  | **Postcode** |  |
| I/We declare that the information I/We have given in the interview/on this form is correct.  I/We understand that it is an offence to knowingly or recklessly make a statement, which is false, or withhold relevant information.  I/We also understand that I/we may be liable for prosecution if any information is subsequently found to have been false or withheld. This could result in my/our application being cancelled, any offer or nomination to a property being withdrawn and/or prosecution and a fine of up to £5,000.  Change of Circumstances  You must notify the Housing Services in writing of any changes of circumstances that may affect your application. For example, you may change your name, move address, have a baby, or someone living with you may move out. If you do not advise us of change of circumstances it may have a detrimental effect on your application.  I/We will advise the Council in writing of any changes in circumstances which occur whilst my/our application is active.  Data Protection, Collecting and Sharing Information  All personal data held by the Council is subject to the Data Protection legislation and is treated with confidentiality. You have a legal right to see your file and correct any inaccuracies. We will copy your file for you, but we will charge a fee to cover the cost of administration (£10 per file).  I/We give my/our permission for Epsom & Ewell Borough Council to record and store my/our personal information in accordance with the Data Protection legislation. I/We give consent to the Council to process sensitive personal data held about me/us as necessary, for example health information.  In order to verify and assess my/our application and prevent and detect fraud I/We authorise Epsom & Ewell Borough Council to make enquiries, request and share information relevant to my/our housing situation.  I understand that this will involve contracting, requesting information from and sharing information with Social Housing providers and support agencies, local Councillors, Citizens Advice Bureaux, Local Authorities, Social Services, the Police and Probation Services, Solicitors, current/former landlords or agents, the Benefit Agency (DWP), Doctors and other health professionals including the Primary Care Trusts. This may also include making enquiries with credit checking agencies and the Land Registry. As part HomeChoice information is shared with our East Surrey HomeChoice partners: Mole Valley District Council; Tandridge District Council and Reigate & Banstead Borough Council.  ***I have given verbal consent over the phone / virtually signed consent:***  Signature (Applicant ): -------------------------------------------------------------------------Date: -------------------------  Signature (Partner): ----------------------------------------------------------------------------Date: ------------------------- | | | | | | | |

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| **Equality monitoring information** |
| Your information helps us to ensure no one is discriminated against because of their gender, age, religion, ethnicity, sexual orientation, gender identify, marital status or disability. We are able to use the analysis of the information provided under this section to improve our practices, policies and to target our resources. This section is not compulsory to fill however it will help the Council to improve its services. Data on age, marital status and ethnicity has already been collected in the main form   |  |  |  | | --- | --- | --- | | **Religion or Belief** | **You** | **Your partner** | | Buddhist |  |  | | Christian |  |  | | Hindu |  |  | | Jewish |  |  | | Muslim |  |  | | Sikh |  |  | | No Religion |  |  | | Prefer not to say |  |  | | Any other religion or belief |  |  |  |  |  |  | | --- | --- | --- | | **Do you identify as a;** | **You** | **Your partner** | | Man |  |  | | Woman |  |  | | Other |  |  |  |  |  |  | | --- | --- | --- | | **Is your gender identity different from the sex you were assigned at birth?** | **You** | **Your partner** | | Yes |  |  | | No |  |  | | Prefer not to say |  |  |  |  |  |  | | --- | --- | --- | | **Sexual Orientation** | **You** | **Your partner** | | Heterosexual/straight |  |  | | Bisexual |  |  | | Gay man |  |  | | Gay woman/lesbian |  |  | | Other |  |  | | Prefer not to say |  |  |  |  |  |  | | --- | --- | --- | | **Do you believe you have a disability according to the Equality Act?** | **You** | **Your partner** | | The Equality Act 2010 states that "a person has a disability for the purposes of the Act if he/she has a physical or mental impairment which has a substantial and long term adverse effect on his/her ability to carry out normal day-to-day activities. | | | | Yes |  |  | | No |  |  | | Prefer not to say |  |  | |

Once you have completed the above please email it back to [Housing@epsom-ewell.gov.uk](mailto:Housing@epsom-ewell.gov.uk)

If you have any questions please do get in touch.