



# UTTLESFORD DISTRICT COUNCIL

## APPLICATION FOR HOUSING REGISTER

### DATA PROTECTION ACT

The information you provide may be put on a computer system registered under the current Data Protection Act. It may be checked with other data held by the Council and may be disclosed for other purposes under the control of the Council as described in the Register Entry composed by the Data Protection Register.

The information that you supply on this application form will determine whether you are eligible for Council housing or nomination to a Housing Association and if so the level of priority your application should receive.

In order to make a proper assessment of your housing needs we require as much information as possible about you and your household (if appropriate)

You are therefore requested to complete all of the form, in **BLOCK CAPITALS ONLY**, using a ball point pen. You should note that until you have supplied all the information required by the Council, regarding this application, your application will not be considered for any vacancies.

### CONFIDENTIAL

Name \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

For Office Use Only

Application No

Disclose record  
to Members

**PLEASE RETURN THIS FORM, FULLY COMPLETED TO:**

Housing Section

Uttlesford District Council, Council Offices, London Road,

Saffron Walden, Essex CB11 4ER.

Telephone Saffron Walden (01799 510510 Fax: (01799) 510550.

Email: [uconnect@uttlesford.gov.uk](mailto:uconnect@uttlesford.gov.uk) Website: [www.uttlesford.gov.uk](http://www.uttlesford.gov.uk)

**IF YOU HAVE ANY DIFFICULTY IN COMPLETING THIS FORM  
PLEASE ASK FOR ASSISTANCE.**

**PART 1 YOUR NAME**

**For Office Use Only**

Mr/Mrs Miss/Ms	Surname	First Names	Date of Birth

Your Wife/Husband/Partner's name (if applicable)

Mr/Mrs Miss/Ms	Surname	First Names	Date of Birth

Date of Marriage or proposed date

**PART 2 YOUR PRESENT ADDRESS**

Postcode

Home Telephone No

Work Telephone No

Mobile Phone No

Email address

When did you take up residence at this address? \_\_\_\_\_

**PART 3 DETAILS OF ALL OTHERS WHO WILL LIVE IN COUNCIL/OR HOUSING ASSOCIATION ACCOMMODATION WITH YOU**

**For Office Use Only**

Full Name	Relationship to applicant	Sex	Date of Birth

Give details of any people included on your application who require housing with you but who are Not living with you at present.

Name	Present Address	Reason for not living with applicant

Is any person on this application expecting a baby? YES  NO

If yes, state who and the date the baby is due

Day	Month	Year	Name of Expectant Mother

Details of all other persons in the property you now occupy who DO NOT require rehousing as part of your application.

Full Name	Relationship to applicant	Sex	Age

**PART 4 H.M FORCES**

**For Office Use Only**

Are you a member of H.M Forces? YES  NO

If yes, please state the date you enlisted: \_\_\_\_\_  
and the expected date of discharge: \_\_\_\_\_

Why are you leaving H.M Forces? \_\_\_\_\_  
\_\_\_\_\_

What was your address immediately prior to joining H.M Forces  
\_\_\_\_\_  
\_\_\_\_\_

**PART 5 PREVIOUS ADDRESSES**

Please give your previous addresses over the past 15 years. If the addresses for your wife/husband/partner are different please supply on a separate sheet of paper and sign it.

Current address first

Address	Date moved in	Date moved out	Reason for leaving	Owned/rented or other

Please supply any previous addressess in Uttlesford on a separate sheet of paper and sign it

**Do you or your spouse/partner currently own a dwelling ?**

YES  NO

Have you or your partner ever owned a dwelling in the past?

YES  NO

**Please supply address(es) of any owned property which must include details of value of the property, the original purchase price, outstanding mortgage, any debts, price it was sold at (where applicable) together with reasons why you feel you cannot afford to continue in the property (if still owned).**  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**PART 6 OCCUPATION**

**For Office Use Only**

	Occupation	Employers over the last 5 years		From	To
		Name	Address		
Applicant					
Spouse/ Partner					

**INCOME:**

Please supply details **of current income including all state benefits and pensions (state and private)**. In all cases please indicate amount after tax has been paid

Applicant \_\_\_\_\_

Spouse/Partner \_\_\_\_\_

Have either you or your spouse/partner any unearned income please give details

YES  NO

\_\_\_\_\_  
\_\_\_\_\_

**SAVINGS:**

Please supply details of **all current savings** (including shares, premium bonds etc)

Applicant:- \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Spouse/Partner:- \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Note: it is essential for you to inform the Council of any changes to your income.

**PART 7 DETAILS OF YOUR PRESENT ACCOMMODATION**

**For Office Use Only**

Please tick in the boxes for the type of property you currently occupy.  
You should only tick one box in each category.

Tenure	✓	Type	✓
Bed & Breakfast	<input type="checkbox"/>	UDC Tenant	<input type="checkbox"/>
H.M Forces Accommodation	<input type="checkbox"/>	Bungalow	<input type="checkbox"/>
Housing Association Tenant	<input type="checkbox"/>	Bed & breakfast	<input type="checkbox"/>
Leasehold	<input type="checkbox"/>	Bedsit	<input type="checkbox"/>
Living with Friends	<input type="checkbox"/>	Flat	<input type="checkbox"/>
Living with relatives	<input type="checkbox"/>	House	<input type="checkbox"/>
Lodger	<input type="checkbox"/>	Maisonette	<input type="checkbox"/>
No fixed abode	<input type="checkbox"/>	No fixed abode	<input type="checkbox"/>
Other	<input type="checkbox"/>	Other	<input type="checkbox"/>
Owner Occupier	<input type="checkbox"/>	Room/Rooms	<input type="checkbox"/>
Private Tenant	<input type="checkbox"/>	Shared accommodation	<input type="checkbox"/>
Sharing	<input type="checkbox"/>	Caravan	<input type="checkbox"/>
Temp Homeless Accommodation	<input type="checkbox"/>	Mobile Home	<input type="checkbox"/>
Tenant other Authority	<input type="checkbox"/>	Boat	<input type="checkbox"/>
Tied Non Agricultural	<input type="checkbox"/>	Sheltered Accommodation	<input type="checkbox"/>
Tied Agricultural	<input type="checkbox"/>		<input type="checkbox"/>

**If you are a tenant please give the name and address of your landlord**

Postcode	Weekly Rent £

How many bedrooms do you have the use of?

How many bedrooms does the whole property have?

If you live in a flat or maisonette on what floor level is the accommodation situated?

**For Office Use Only**

Please tick

Basement  Ground  1st Floor  2nd  3rd

Above 3rd  please specify

Is there a lift? YES  NO

If yes, does it go to your floor of access YES  NO

**PART 8 WHAT FACILITIES DO YOU HAVE?**

**Tick appropriate boxes**

	Do you have use of this facility		Do you share this facility	
Bedroom	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Bathroom	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Kitchen	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Bath or Shower	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Living Room	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Inside Upstairs Toilet	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Inside Downstairs Toilet	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Outside Toilet	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Cold water supply	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Hot water supply	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Do you have an Electricity Supply	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Do you have a garden?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>

Does your home have full central heating? YES  NO

If no, please explain the type of heating you have




**PART 10 RISK OF HOMELESSNESS**

**For Office Use Only**

Have you been asked to leave your current accommodation	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
If yes, please give full details of why you have to leave and when.				
Have you been served with a Notice to Quit	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
If yes, please supply copy				
Have you had a Court summons	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
If yes give date of summons				
Has the court given an order?	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
If yes, give date and type of order				

**PART 11 MEDICAL CONDITIONS**

If you have a particular medical condition which you feel is relevant to the assessment of your housing requirement we may request written confirmation from your doctor. **Please complete the Medical Self Assessment.**

**Part 18 of this form**

Is anyone in your Household registered disabled?

Yes <input type="checkbox"/> No <input type="checkbox"/> (if yes name of person(s))
<b>Describe main type of disability</b>

**PART 12 TYPE OF ACCOMMODATION REQUIRED**

Indicate below by ticking the appropriate boxes the type of accommodation you wish to be considered for

We would like to know what type of property you would prefer. However we cannot guarantee to rehouse you or to give you your preferences. Please bear in mind, when completing this section, that the length of time it takes to rehouse you is partly dependant on what you are asking for. The more restrictive you are in your choices the longer it will take to help you, the more choices you give the sooner you are likely to be rehoused. You will have to wait a much

longer time if you only wish to move to more popular properties and areas. This will be subject to policy on eligibility for property types, as you will only be offered accommodation appropriate to your needs.

N.B Singles and couples will in general only be eligible for one bedroom properties

**Owner Occupiers will normally only be considered for Sheltered Housing**

**Please note that if you are currently a tenant of Uttlesford District Council, any other Council or a Housing Association and are in arrears with your rent account, your application may not be considered for alternative accommodation by this Council, or considered for nomination to another Housing Association until your rent is clear. Also, if you are a tenant of Uttlesford and the management of your home is not satisfactory you will not be considered for another vacancy.**

Would you be interested in Housing Association accommodation. YES  NO

Would you be interested in receiving information and an application form on the following

1 Shared Ownership YES  NO

2 If you are a tenant of a housing association property would you be interested in applying for a mutual exchange? YES  NO

SIZE	-	TYPE	-
Bedsit		Sheltered	
1 Bedroom		Bedsit	
2 Bedroom		Flat	
3 Bedroom		Bungalow	
4 Bedroom		House	

If you have selected a flat please tick the following boxes to show your choice of floor level.

Any  Ground  First  Second  Third

Do you require a property with adaptations for disabilities? (Note such accommodation is rare and can not be guaranteed).  
YES  NO  If Yes give details

If yes do you use a wheelchair? YES  NO

Is ground floor or accommodation on one level essential?  
YES  NO

If yes state why

**For Office Use Only**

**PART 13 SHELTERED ACCOMMODATION**

**For Office Use Only**

If you are over 60 years of age are you interested in sheltered accommodation?

These are small units of accommodation, where you will receive a personal daily visit from a Sheltered Housing Officer, have means to call for assistance in emergencies, whilst still maintaining your independence.

YES  NO

If you have selected a sheltered flat please tick the following boxes to show your choice of floors

Any  Ground  First  Second

Would you accept a sheltered flat above ground floor if the scheme was served by a lift?

YES  NO

Please tick which schemes you would like to be considered for.

**Saffron Walden**

**Great Dunmow**

**Stansted**

*Elm Grove	<input type="checkbox"/>	Alan Hasler House	<input type="checkbox"/>	Mead Court	<input type="checkbox"/>
Faircroft Road	<input type="checkbox"/>	Alexia House	<input type="checkbox"/>	Norman Court	<input type="checkbox"/>
Four Acres	<input type="checkbox"/>	*Banks Court	<input type="checkbox"/>	*Fullers House	<input type="checkbox"/>
*Hanover Place	<input type="checkbox"/>	*Boyes Croft	<input type="checkbox"/>		
Hatherley	<input type="checkbox"/>	*Grove Court	<input type="checkbox"/>		
Walden Place	<input type="checkbox"/>	Oakroyd House	<input type="checkbox"/>		
Parkside	<input type="checkbox"/>				
Newcroft	<input type="checkbox"/>				
John Dane Player Court	<input type="checkbox"/>				

<b>Takeley</b>	<input type="checkbox"/>	<b>Hatfield Heath</b>	<input type="checkbox"/>
Priors Wood Court		The Close	

<b>Stebbing</b>	<input type="checkbox"/>	<b>Little Hallingbury</b>	<input type="checkbox"/>
Pulford Place		Barkers Mead	

<b>Thaxted</b>	<input type="checkbox"/>	<b>Leaden Roding</b>	<input type="checkbox"/>
Vicarage Mead		Holloway Crescent	

<b>Newport</b>	<input type="checkbox"/>
Reynolds Court	

NB The schemes highlighted with an asterisk are Housing Association schemes.

Grove Court is a supported housing scheme with additional care and support.

Large empty box for office use only.

**PART 14 WHERE DO YOU WISH TO LIVE**

**For Office Use Only**

You can choose as many parishes as you wish.

Please indicate your order of preference by marking your 1st choice 1, 2nd choice 2, 3rd choice 3 etc.

Would you consider any parish YES  NO

Arkesden	<input type="checkbox"/>	High Roding	<input type="checkbox"/>
Ashdon	<input type="checkbox"/>	Langley	<input type="checkbox"/>
Aythorpe Roding	<input type="checkbox"/>	Leaden Roding	<input type="checkbox"/>
Barnston	<input type="checkbox"/>	Lindsell	<input type="checkbox"/>
Berden	<input type="checkbox"/>	Little Bardfield	<input type="checkbox"/>
Birchanger	<input type="checkbox"/>	Littlebury	<input type="checkbox"/>
Broxted	<input type="checkbox"/>	Little Canfield	<input type="checkbox"/>
Chrishall	<input type="checkbox"/>	Little Chesterford	<input type="checkbox"/>
Clavering	<input type="checkbox"/>	Little Dunmow	<input type="checkbox"/>
Debden	<input type="checkbox"/>	Little Easton	<input type="checkbox"/>
Duddenhoe End	<input type="checkbox"/>	Little Hallingbury	<input type="checkbox"/>
Dunmow	<input type="checkbox"/>	Little Walden	<input type="checkbox"/>
Duton Hill	<input type="checkbox"/>	Manuden	<input type="checkbox"/>
Elmdon	<input type="checkbox"/>	Margaret Roding	<input type="checkbox"/>
Elsenham	<input type="checkbox"/>	Newport	<input type="checkbox"/>
Farnham	<input type="checkbox"/>	Radwinter	<input type="checkbox"/>
Felsted	<input type="checkbox"/>	Rickling Green	<input type="checkbox"/>
Great Chesterford	<input type="checkbox"/>	Saffron Walden	<input type="checkbox"/>
Great Easton	<input type="checkbox"/>	Stansted	<input type="checkbox"/>
Great Hallingbury	<input type="checkbox"/>	Stebbing	<input type="checkbox"/>
Great Sampford	<input type="checkbox"/>	Takeley	<input type="checkbox"/>
Hadstock	<input type="checkbox"/>	Thaxted	<input type="checkbox"/>
Hatfield Broad Oak	<input type="checkbox"/>	Ugley	<input type="checkbox"/>
Hatfield Heath	<input type="checkbox"/>	Wendens Ambo	<input type="checkbox"/>
Hempstead	<input type="checkbox"/>	White Roding	<input type="checkbox"/>
Henham	<input type="checkbox"/>	Wicken Bonhunt	<input type="checkbox"/>
High Easter	<input type="checkbox"/>	Widdington	<input type="checkbox"/>
		Wimbish	<input type="checkbox"/>

Please list any areas you would not wish to be considered for in any of the Parishes you have selected.

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Your appeal will be passed to a Senior Officer who was not involved in the initial decision. He/She will review your case and respond to you within 10 working days telling you whether or not your appeal has been successful.

If you are still not happy with the decisions with reasons given, you have the right to appeal to the County Court on a Point of Law, and at this stage you should seek your own independent legal advice.

**Your application, in accordance with current legislation, will not be considered for rehousing if it is concluded that you are not a suitable tenant by way of anti-social behaviour.**

## **PART 17 ETHNIC MONITORING**

Uttlesford District Council is committed to an equal opportunities policy. This means that we give everyone an equal chance of being housed, regardless of their nationality, colour or ethnic origin.

We have a system of ethnic monitoring to help us make sure we are doing this, but you are not obliged answer these questions if you prefer not to do so.

### **1 How would you describe your ethnic origin? Please tick appropriate box**

- |   |                          |
|---|--------------------------|
| African   | <input type="checkbox"/> |
| Caribbean   | <input type="checkbox"/> |
| Asian (including Pakistani, Bangladeshi, Indian, Sri Lankan       | <input type="checkbox"/> |
| British   | <input type="checkbox"/> |
| Irish   | <input type="checkbox"/> |
| South East Asian (including Chinese, Vietnamese, Malaysian, Thai) | <input type="checkbox"/> |
| Other European  | <input type="checkbox"/> |
| Other (please specify   | <input type="checkbox"/> |

### **2 Do you consider your household to be**

- |       |                          |
|-------|--------------------------|
| Black | <input type="checkbox"/> |
| White | <input type="checkbox"/> |
| Mixed | <input type="checkbox"/> |
| Other | <input type="checkbox"/> |

**For Office Use Only**

**PART 18 MEDICAL SELF ASSESSMENT**

**For Office Use Only**

Name of members of household who suffer from any medical condition or disability.

Name: \_\_\_\_\_

\_\_\_\_\_

What is the nature of your medical condition/disability

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Details of any medication taken

\_\_\_\_\_

\_\_\_\_\_

How does this illness/disability affect your need for housing

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Name, address and telephone No. of Doctor

\_\_\_\_\_

\_\_\_\_\_

Name of hospital and Consultant (if relevant)

\_\_\_\_\_

Do you have any contact with Social Services?

If yes, please give details

\_\_\_\_\_

\_\_\_\_\_

Any additional information you feel is relevant

\_\_\_\_\_

\_\_\_\_\_

If you wish you may obtain a Doctor's letter to support this application

Note: Should you wish to discuss the medical condition in confidence please telephone 01799 510507.

