**Hillside View, Brierley Lane – Traveller Site**

**Application Form**

**Section 1** – Personal details – about you and your joint tenant

**Main Applicant**  **Joint Applicant**

|  |  |  |  |
| --- | --- | --- | --- |
| Title |  | Title |  |
| Forename |  | Forename |  |
| Surname |  | Surname |  |
| Previous Name (If applicable) |  | Previous Name (If applicable) |  |
| Date of Birth |  | Date of Birth |  |
| Gender (M/F) |  | Gender (M/F) |  |
| National Insurance Number |  | National Insurance Number |  |
| Pregnant (please state when the baby is due) |  | Pregnant (please state when the baby is due) |  |
| Address |  | Address |  |
|  |  |
| Town |  | Town |  |
| County |  | County |  |
| Postcode |  | Postcode |  |
| Date Moved In |  | Date Moved In |  |
| Mobile Number |  | Mobile Number |  |
| Alternative Number |  | Alternative Number |  |
| Email Address |  | Email Address |  |
|  | Relationship to Main Applicant |  |

**Section 2** – Getting to know you

This information will be kept in accordance with the General Data Protection Regulation 2016 and will be used for monitoring purposes only. Please tick the box that applies to you.

|  |  |  |
| --- | --- | --- |
| **Ethnicity** | **Main Applicant** | **Joint****Applicant** |
| Gypsy/Roma |  |  |
| Traveller |  |  |
| Other: Please State |  |

|  |  |
| --- | --- |
| Yes | No |

Do you speak English?

If No, state main language \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |
| --- | --- |
| Yes | No |

Do you read English?

|  |  |
| --- | --- |
| Yes | No |

Do you need translated documents?

|  |  |
| --- | --- |
| Yes | No |

Do you need assistance completing forms?

Have you or any members of your household or any other persons living with you ever received letters, legal notices/orders due to engaging in anti-social behaviour/nuisance? These include past and pending orders.

|  |  |
| --- | --- |
| Yes | No |

Evicted for Anti-Social Behaviour

|  |  |
| --- | --- |
| Yes | No |

Have a Civil Injunction/CPN or CBO

|  |  |
| --- | --- |
| Yes | No |

Other breach of tenancy conditions

If you have answered yes to any of the above, please give details here:

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

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Do you have any outstanding arrears with a current or former landlord or mortgage provider?

|  |  |
| --- | --- |
| Yes | No |

Main Applicant

|  |  |
| --- | --- |
| Yes | No |

Joint Applicant

|  |  |
| --- | --- |
| Yes | No |

Do you, or anyone moving with you, have any previous, current or pending criminal convictions?

If you have answered yes to any of the above, please give details here, including details of probation officer:

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

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**Section 3 – Your current accommodation**

Who is your current landlord?

|  |  |
| --- | --- |
| Main Applicant | Joint Applicant |
| NameAddressPostcodeTelephone Number | NameAddressPostcodeTelephone Number |

|  |  |
| --- | --- |
| Yes | No |

Have you lived in Sandwell before?

If Yes, please provide details \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Please provide information of your previous address details for the last 6 years.

**Main Applicant**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Address | Status (Lodger etc) | Dates from-to | Reason for Leaving | Previous Landlords details  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

**Joint Applicant**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Address | Status (Lodger etc) | Dates from-to | Reason for Leaving | Previous Landlords details  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

|  |  |
| --- | --- |
| Yes | No |

Do you or your partner own or hold the tenancy of, or have legal interest in, any dwelling or land other than your present address?

If Yes, please provide details \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**Section 3 – About your household**

Other than the main and joint applicant. Please include everyone who is MOVING WITH YOU on a permanent full-time basis

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| First Name  | Surname | Date of Birth | Sex (M/F) | Relationship to you | Address (if different) |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
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Please can you confirm what family connections you have got with Hillside View

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**Section 4 – Support needs**

Do you require any assistance from Sandwell Council in applying for housing?

|  |  |
| --- | --- |
| Yes | No |

|  |  |
| --- | --- |
| Yes | No |

Is there any other person acting on your behalf in relation to this application?

If yes, why?

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

If you would like us to discuss the details of your application with a family member/friend or support worker, please provide their details below:

Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contact Details \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Do you or anyone else on your application form need support for any of the reasons listed below, if so please provide more details in Section 7:

* Mental Health Problems
* Drug or Alcohol Misuse
* Learning Difficulties
* Physical Disabilities
* Any other issue

**Section 5 – Circumstances & Needs**

**Please tick all that apply**

Are you homeless or threatened with homelessness?

Do you or anyone moving with you have a medical condition (including mental health) or a disability which is adversely affected by your current accommodation?

(i.e. can no longer manage the stairs etc)

Is your current home in need of major repairs?

Are you overcrowded?

Are you experiencing domestic abuse

(psychological, physical, sexual, financial or emotional)?

Have you received a Notice to Quit from your landlord?

Are you currently in hospital awaiting discharge?

Do you need to move to give or receive support?

Are you directly affected by a clearance/demolition programme?

Do you have another reason for needing to move? Please state below:

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

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**Section 6 – Do you or any other person on your application form receive support from another Council agency, for example a Social Worker, Health Visitor, the Probation Service, Community Psychiatric Nurse or a Resettlement Officer. If so please provide details:**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Section 7 – Anything else you would like us to know…**

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**Section 8 – Checklist**

|  |  |
| --- | --- |
|  | ID for you and everyone moving with you |
|  | Gas Safe Certificate (If applicable)  |
|  | Application completed fully, signed and dated |
|  | Details of your connection to Hillside View |

**Section 9 – Declaration**

I understand that any information I have provided on this form is accurate and true at time of completing. Failure to disclose all relevant information or inform us of any change in your circumstances could affect your eligibility to be made an offer of accommodation in the future.

If you or anyone included in your application either knowingly or recklessly makes a statement which is false or knowingly withholds information which the Local Authority reasonably requires in connection with an application for a pitch licence the Council will seek possession of a pitch which has been granted as a result of a false statement by the tenant or anyone acting on the tenant’s instigation. The Council may seek its costs in taking this action.

I understand that there is a yearly review and I must respond yearly. Failure to do this, will result in my application being cancelled.

I authorise Sandwell MBC to carry out necessary checks on my application and contact my current landlord or any other agency.

I understand that failure to provide and complete truthful answers to all questions on this form will make my application invalid.

|  |  |  |  |
| --- | --- | --- | --- |
| **Main Applicant** |  | **Joint Applicant** |  |
| Print Name |  | Print Name |  |
| Signed |  | Signed  |  |
| Dated  |  | Dated |  |

**Please return to any Sandwell Local Office, for the attention of Neighbourhood Officer for Hillside View.**

**Tipton Local Office**

**High Street**

**Princes End**

**Tipton**

**DY4 9JB**