

CONFIDENTIAL

Please complete the application as fully & accurately as possible.

Date of Application:

APPLICANT DETAILS

Name of Applicant (1):

Address:

Tel Number:

Email address:

Date of Birth:

National Insurance Number:

Name of Applicant (2):

Address:

Tel Number:

Email address:

Date of Birth:

National Insurance Number:

Other people who will be living with you:

Name:..... DoB:/...../..... Age:..... Gender:

Name:..... DoB:/...../..... Age:..... Gender:

Name:..... DoB:/...../..... Age:..... Gender:

Name:..... DoB:/...../..... Age:..... Gender:

Children/baby due: Yes: No: Due Date/...../.....

Are you registered with your local choice based letting scheme (CBL)?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Please provide your CBL number:	_____
What band are you currently in?	A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E <input type="checkbox"/>

EMPLOYMENT STATUS		
	Applicant 1	Applicant 2
Are you working?		
Are you on parental leave?		
Are you full or part time?		
Is it temporary or permanent?		
Are you self-employed?		
What industry do you work in?		
Are you studying or in training?		
What are you studying or training?		
What is your annual income (before tax)		
Are you likely to get a salary increase in the next 5 years?		
If yes, please give details		

Do you have any pets, if so what type? Yes No

Discuss Pets Policy

Do you hold a valid driving licence? Yes No

Do you own/have use of a car? Yes No

Do you require level access? Yes No

Do you need to move on medical or welfare grounds? Yes No

Desired Location (s).....

Is there any particular reason for wanting this area?
.....
.....

HOUSING HISTORY		
Current Address:	
	
<input type="checkbox"/> Housing Association/Council	<input type="checkbox"/> Parental Home	<input type="checkbox"/> Owner
<input type="checkbox"/> Sheltered / Supported Housing	<input type="checkbox"/> Private Rented	<input type="checkbox"/> Other
Other:	

Previous addresses for the last 3 years (start with current):	Dates		Reason for leaving
	From	To	

EMPLOYMENT & INCOME

Employed Name of Employer: _____

Date started: _____ Salary: £ _____

Universal Credit Housing Benefit Tax Credits
 £ pcm/pw £ pcm/pw £ pcm/pw

Child Benefit Pension Credits DLA/PIP
 £ pcm/pw £ pcm/pw £ pcm/pw

Child Tax Credit Asylum Seeker Private Pension
 £ pcm/pw £ pcm/pw £ pcm/pw

Any other benefits or income

* Please give details here:

Do you have any savings? Yes/No **if yes, how much £**

Do you have any overpayments or debt with Housing Benefit or Tax Credits? Yes / No **if yes £**

Do you have any current rent arrears? Yes/No if yes how much £

Do you have a payment plan in place which is being adhered to? Yes/No

Details:

Using the attached income and expenditure sheet, please provide the following:

Total monthly income: £

Total monthly outgoings (expenditure): £

Remaining balance: £

FINANCE, LOANS AND DEBT

Do you have any loans or debt, including credit cards, rent arrears, mortgage arrears, payday loans, bank loans, car finance, family loans, catalogue bills, mobile phone, utilities debt etc	Yes / No
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If you answered yes, please give details of how much you owe and how much your repayments are:		
Who is the debt with?	Applicant 1	Applicant 2
	£	£
	£	£
	£	£
	£	£
	£	£

Have you or your partner ever had a County Court judgement against you?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Have you or your partner ever been declared bankrupt?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Have you or your partner ever taken out an IVA (Individual Voluntary Agreement)?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Have you or your partner ever taken out a DRO (Debt Relief Order)?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Have you ever taken out a Payday loan?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>

CREDIT SCORE & SAVINGS

Credit Score	
You can find out your Experian Credit Score for free at: www.experian.co.uk	
	Applicant 1 Applicant 2
Your Experian Credit Check Score	

Saving for your Deposit		
	Applicant 1	Applicant 2
What savings do you have already?	£	£
How much do you save each month?	£	£
Are you saving with a Help to Buy ISA?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Will you get any extra help with your deposit? <i>i.e. a family gift?</i>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes how much will you receive?	£	£

Buying your home	
How soon do you hope to buy your own home?	
How confident are you that you will be able to buy your home within this timescale?	

<p>What do you think are the major barriers to you being able to afford to buy your own home?</p>	
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ACTION PLAN

Please tell us about what actions or activities you plan to undertake to improve your prospects of buying a home?

Education, Training, Qualifications
For example, are you currently or do you plan to take up any further education or training to improve your earning potential?

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Job Prospects
For example, are you actively growing your business, working towards a promotion or looking for better paid employment?

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Paying your Debts
For example, what actions are you taking to reduce or clear and debts or outstanding finance. Are you taking any steps to improve your credit rating?

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Saving for your Deposit
For example, how much are you planning to save? Will you open a Help to Buy ISA? Will you be able to increase your monthly savings in the future?

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Do you have any medical conditions or disabilities? Are any support agencies assisting you such as a medical professional, social worker, probation officer, CPN, CDAT, Housing Options, floating support, Shelter or other support worker?	Yes / No Yes/No
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If so, please provide their details below:

Name:

Agency/Profession:

Phone:

Name:

Agency/Profession:

Phone:

DISABILITY

“Defined as a physical or mental impairment which has a substantial and long-term effect on his/her ability to carry out normal day to day activities as described by Section 1 of the Disability Discrimination Act 1995”.

Does anyone in your household have a disability? Yes / No			
Type of disability	Yourself	Your Partner	Dependants
Visual	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hearing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mobility	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Does anyone in your household have a mobility issue? If yes then provide details below:	Yes / No
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Does anyone in your household require any aids & adaptations in your new home? If YES, please provide details below.	Yes / No
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DISCLOSURE

Have you ever been evicted from a property due to rent arrears or ASB (antisocial behaviour) or had Notice served on you?

Yes / No

Please give a brief summary and date of events:

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Do you or anyone else on the application have any history of criminal offences? (Including having an ASBO, Injunction being issued against you)

Yes / No

Please give a brief summary and date of events:

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Has anyone on your application been convicted or cautioned of an offence under the Sex Offenders Act 1997?

Yes / No

Please use this space to write anything else you wish to add for your application for housing:

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DATA PROTECTION

Winchester Housing Trust and Rentplus UK Ltd will only use the personal data provided on this form for processing your application and will hold your information in accordance with the General Data Protection Regulation (GDPR) and the Data Protection Act 1998. Winchester Housing Trust and Rentplus UK Ltd will retain any information which you give us as part of our application process for 6 months for unsuccessful applications or for 6 years following the end of your tenancy for successful applicants. Winchester Housing Trust and Rentplus UK Ltd must protect public funds and may use this information on this form to prevent and detect fraud. Under Section 29(3) of the Data Protection Act the information may be disclosed for purposes of crime prevention and detection.

All information relating to your application will be kept in the strictest confidence. We reserve the right to take up such references relating to your application as we deem necessary and may search the files of credit reference agencies in relation to your application. Credit reference agencies will keep a record of any request. Winchester Housing Trust Ltd and Rentplus UK Ltd may also share information with other organisations for statistical purposes or surveys or to track the housing situation of applicants on a confidential basis. We may also pass information in confidence to the Department of Work and Pensions, the Homes and Communities Agency, local authorities, housing associations, or other agencies working on our behalf.

We will never sell or pass your information to any organisation for commercial purposes. Winchester Housing Trust Ltd and Rentplus UK Ltd will not use tenant's personal information in a way which breaches the tenant's rights and freedoms under data protection law.

DECLARATION (to be signed by all applicants)

I am/we are aware

Signed:

Date:

Print name:

Signed:

Date:

Print name:

What happens next?

You need to send us a copy of this application by post or email.

Winchester Housing Trust will arrange to visit you at your home or a suitable meeting point to verify the information in your application. We will need to see your bank account, benefit letters, wage slips, details of your debts, details of any savings etc. We will also apply for references from your current or previous landlord/s.

Winchester Housing Trust are looking for applicants who can demonstrate that they could purchase a home within the next 5-20 years, so we will look closely at your finances, your willingness to save for a deposit and how likely it is that you could be ready to buy within a reasonable period.

You must be in work or studying for a qualification to qualify for a Rentplus home.

We may not accept your application if we think:

- Your income is insufficient to be able to afford the rent
- You have debts or other circumstances which indicate that you are not ready to start saving towards a deposit
- You have a very poor credit history
- You have a history of rent or mortgage arrears
- You fall under one of the grounds set out in our Allocations & Exclusions Policy
- (a copy can be requested from our office)

Please return the completed form to:

Winchester Housing Trust Ltd
Westgate Chambers
Staple Gardens
Winchester
Hampshire
SO23 8SR

Or email to:

Charlotte@winchesterhousingtrust.co.uk

WINCHESTER HOUSING TRUST VALUES THE DIVERSITY OF EACH RESIDENT. OUR AIM IS TO TREAT ALL PERSONS WITH DIGNITY AND RESPECT IN AN ENVIRONMENT FREE FROM UNLAWFUL DISCRIMINATION.

To help us ensure that we are not inadvertently discriminating against those who apply to access our services, we ask you to help us monitor this by supplying the information below.

The information collected here will be used solely for internal monitoring purposes. We will not use this information to decide whether to offer you a service.

Ethnicity

Please tick the box that describes your ethnic group.

White	British/English/Welsh/Scottish/ Northern Irish <input type="checkbox"/>	Black/Black British/African/ Caribbean	Caribbean <input type="checkbox"/>
	Irish <input type="checkbox"/>		African <input type="checkbox"/>
	Gypsy, Romany or Irish Traveller <input type="checkbox"/>		Other (please state) <input type="checkbox"/>
	Other (please state)..... <input type="checkbox"/>		<input type="text"/>
Mixed	White & Black Caribbean..... <input type="checkbox"/>	Arab or Middle Eastern	Arab..... <input type="checkbox"/>
	White & Black African..... <input type="checkbox"/>		North African..... <input type="checkbox"/>
	White & Asian..... <input type="checkbox"/>		Iraqi <input type="checkbox"/>
	Other (please state)..... <input type="checkbox"/>		Kurdish <input type="checkbox"/>
Asian or Asian British	<input type="text"/>	Other group	Other please state)..... <input type="checkbox"/>
	Indian <input type="checkbox"/>		Other (please state) <input type="checkbox"/>
	Pakistani..... <input type="checkbox"/>		<input type="text"/>
	Bangladeshi..... <input type="checkbox"/>		
	Chinese <input type="checkbox"/>	Prefer not to say..... <input type="checkbox"/>	
	Other (please state)..... <input type="checkbox"/>		
	<input type="text"/>		

Pregnancy and Maternity

As well as being protected against sex discrimination, women who are pregnant or have recently given birth are granted additional protection under the Equality Act 2010.

Are you pregnant?	Yes <input type="checkbox"/>
	No <input type="checkbox"/>
	Prefer not to say..... <input type="checkbox"/>
Have you recently given birth (within the last six months)?	Yes <input type="checkbox"/>
	No <input type="checkbox"/>
	Prefer not to say..... <input type="checkbox"/>

Nationality

Nationality describes which nation a person belongs to, usually the nation of their birth. What is your nationality?

UK National resident in the UK..... <input type="checkbox"/>	European Economic Area country (please state) <input type="checkbox"/>
UK National returning from overseas..... <input type="checkbox"/>	<input type="text"/>
	Any other country (please state)..... <input type="checkbox"/>
Prefer not to say..... <input type="checkbox"/>	<input type="text"/>

Disability and Long-Term Health Conditions

Many people who may not consider themselves to have a disability may still be protected by the Equality Act 2010.

- Do you have a physical or mental impairment or long-term health condition?
- Is it expected to last, or has it lasted, a year or longer?
- Does this make it difficult for you to do things that most people do fairly regularly and frequently?

If so, you may be included under the act (with a few exceptions, such as sight problems which can be corrected with glasses or contact lenses).

Do you consider yourself to have a disability or long-term health condition?	Yes	<input type="checkbox"/>	
	No	<input type="checkbox"/>	
	Prefer not to say	<input type="checkbox"/>	
If you answered "Yes", please tick the box(es) that describe your condition.			
Mobility	<input type="checkbox"/>	Mental Health	<input type="checkbox"/>
Visual Impairment	<input type="checkbox"/>	Learning Disability	<input type="checkbox"/>
Hearing Impairment	<input type="checkbox"/>	Autistic Spectrum Condition	<input type="checkbox"/>
Progressive Disability or Chronic Illness (eg MS, Cancer)	<input type="checkbox"/>	Speech impediment	<input type="checkbox"/>
Prefer not to say	<input type="checkbox"/>	Other (please state)	<input type="checkbox"/>

Age

Please record your date of birth:

Date of birth (dd/mm/yyyy):	<input type="text"/>	Prefer not to say	<input type="checkbox"/>
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Religion and Belief

The Equality Act 2010 protects the rights of a person to hold religious beliefs or other philosophical beliefs, or not to hold such beliefs.

Please tick the box that best describes you:

Buddhist	<input type="checkbox"/>	Sikh	<input type="checkbox"/>
Christian	<input type="checkbox"/>	Other religion or belief (please state)	<input type="checkbox"/>
Hindu	<input type="checkbox"/>		
Jewish	<input type="checkbox"/>	None	<input type="checkbox"/>
Muslim	<input type="checkbox"/>	Prefer not to say	<input type="checkbox"/>

Partnership Status

Married / Civil Partnership	<input type="checkbox"/>	Widowed (or surviving partner of a civil partnership)	<input type="checkbox"/>
Never married or in a civil partnership	<input type="checkbox"/>	Divorced (or civil partnership dissolved)	<input type="checkbox"/>
Separated, but still in a legal partnership	<input type="checkbox"/>	Other (please state)	<input type="checkbox"/>
Prefer not to say	<input type="checkbox"/>		

Income & Expenditure

NAME: DATE:.....

ADDRESS: NO IN HOUSEHOLD:

INCOME	£	Please circle Monthly/Weekly
Client's Salary/Wages (after tax)		M - W
Partner's Salary/Wages (after tax)		M - W
Maintenance or Child Support		M - W
Boarders or Lodgers		M - W
Non-dependant Contributions		M - W
Universal Credit		M - W
Jobseeker's Allowance/ESA/Income Support		M - W
Tax Credits		M - W
Child Benefit		M - W
Incapacity Benefit/Statutory Sick Pay		M - W
Disability Living Allowance/PIP		M - W
Carer's Allowance		M - W
Other (e.g. Maternity Allowance/SMP etc)		M - W
State Pension(s)		M - W
Private or Work Pension(s)		M - W
Pension Credit – Guarantee Savings		M - W
Other		M - W
Total Income:	£	

OUTGOINGS	£	Please circle Monthly/Weekly
Rent		M - W
Building and Contents Insurance		M - W
Pension / Life Insurance		M - W
Council Tax		M - W
Gas		M - W
Electricity		M - W
Water		M - W
TV Licence		M - W
Magistrates' Court Fines		M - W
Maintenance / Child Support		M - W
Hire Purchase/Conditional Sale		M - W
Childcare Costs		M - W
Home Phone / Landline		M - W
Mobile Phone		M - W
Public Transport		M - W
Car Insurance		M - W
Road Tax		M - W
Fuel (petrol, diesel, oil etc)		M - W
MOT and Car Maintenance		M - W
Food and Milk		M - W

Cigarettes and Tobacco		M - W
Clothing and Footwear		M - W
Repairs/house maintenance		M - W
Hairdressing/haircuts		M - W
Cable, Satellite and Internet		M - W
School Meals		M - W
Hobbies/Leisure/Sport		M - W
Gifts (Christmas, birthdays etc)		M - W
Pet Insurance		M - W
Health(prescriptions/dentists/glasses)		M - W
Other		M - W
Total Outgoings:	£	

Other outgoings:

PRIORITY DEBTS (Arrears on any of the following)	Amount Owed £	Current Repayments
Rent		
Magistrates' Court Fines		
Council Tax		
Maintenance or Child Support		
Gas		
Electricity		
Water		
CCJ		
Hire Purchase or Conditional Sale		
Overpaid Benefits		
TOTAL PRIORITY DEBTS		

NON PRIORITY DEBTS (Credit cards, IVAs, debt plans)	Amount Owed £	Current Repayments
TOTAL NON PRIORITY DEBTS		