Wider Grenfell Rehousing Policy Housing Application Form



For

Rented council and housing associations properties Sheltered housing properties for people aged 60 and over THE ROYAL BOROUGH OF KENSINGTON AND CHELSEA

Please answer all the questions which apply to you in black ink, sign and date. Your application form may be returned to you if it is not fully completed.

Main applicant's name	
CHR number	
Case officer	
AHR category	

Section 1 Main applicant – your personal information

Mr/	′Mr	s/M	s/M	iss	0	the	r																		
Fire	st n	ame	e(s)																						
Sur	na	me																							
								_	_		_				_			_		_				 	
		n or				is n	am	es																	
Pre	VIOL	us fir	st na 	ame 				1	T	1			1												
Drov		<u> </u>		 ~~																					
FIE		JS SL																							
								<u> </u>	<u> </u>				<u> </u>												
-		of bi		~+h		Vaa																			
Day	/	٦	Moi		1	Yea	1	T	T	1															
D	D		Μ	Μ		Υ	Υ	Υ	Y																
Sex	ζ				Ferr	nale				N	/lale														
ls y	ou	r ge	nde	r id	enti	ty t	he s	sam	e a	s th	e o	ne y	/ou	wer	e bo	orn	wit	h?							
	Y∈	es		No		F	Prefe	er no	ot to	o sta	ate														
Nat	ion	nal Ir	2010	and		lum	hor																		
Lett				nbe		lam	bei			Let	ter														
		7]]											
					£ 11-				J J				1												
		e tic	k or	ie o	τη	ето	NOI	ving	1 00	xes	5:														
Are	1					Г									~										
	1	ngle						Mar							Sepa							ivor	ced		
	JW	'idov	ved					Civi	l pa	rtne	r			(Coha	abiti	ng f	or o	ver	12 r	non	ths			
Cu	rer	nt te	nan	су																					
Flat	/bu	ilding	g	1		1	1			1	1	1	1	1	1	1			1	1	1	1	1	 	
1st	line	e of a	addr	ess		1	1			1	1	1	1	1	1	1				1	1	1	1		
2nc	l line	e of	add	ress	1	1	,			1	1	1	1	1	,								,	 	

Town/city												
Postcode					-				-			

Date you moved to your current address



Month Year



YYYY

Section 2 Main applicant – where you live now

Your current accommodation. Are you living:

at	home

in temporary housing

Please provide address if different to your tenancy

Correspondence address

Tow	'n/	city																										
Pos	tco	ode																										
You	ır c	cur	rent	a	CC	om	mo	da	atic	on																		
Hov	vn	nar	y be	edi	roo	ms	do	es	the	эp	rope	erty ł	nave	?														
Wha	at 1	100	r is [.]	the	e pi	rope	erty	'e	ntra	anc	ce oi	?ו																
	B	ase	eme	nt						(Grou	nd f	loor		Oth	ier –	ple	ase	spe	cify								
ls th	1	e a es	lift?			No																						
lf ye	s,	hov	v m	an	ıy li	fts s	serv	/e	yoı	ur p	orop	erty	?															
Hov	vn	nar	y st	ep	is ir	to ו	tal (dc	уо	u ł	nave	to c	limb	to (get 1	to ye	our	orop	erty	r froi	m st	treet	lev	el?				
Hov	vn	nar	y ex	te	rna	ıl ste	eps	s a	re t	he	re to	o ent	er th	ne bi	uildii	ng v	vher	e yc	our p	prop	erty	is lo	ocat	ed?				
Hov avoi								ei	insi	de	the	build	ding	to a	cce	ss y	our	prop	perty	y (no	ot in	cluc	ling	step	os th	nat c	an t	эe
Hov	vn	nar	y st	ep	is a	ire t	her	ei	insi	de	you	r hoi	me?															
Hav	1	any es	inte	rn		or e: No	xter	ma	al a	da	ptati	ons	bee	n ma	ade	to y	our	pro	berty	y to	mal	ke it	mo	re a	cce	ssib	le?	

Section 3 Joint applicant – personal information

You can only be offered a tenancy jointly with another person if she/he:

- is 18 years or over, and
- you are married, or she/he is your civil partner, or lives with you as a partner, and has done so for 12 months or more, and
- is eligible for housing

If we assess you as a single applicant we will register you as a sole applicant.

Mr	/Mr	s/M	ls/N	liss	C)the	r																
Fir	st n	am	e(s)																				
Su	rnai	me	·					•		•									•			 	
			r all rst na			us n	amo	es															
Pre	viou	IS SI	Jrna	me																			
Па	te o	of bi	rth																				
Da			Мо	nth		Yea	r																
		7	Μ	M	7		v	Y	Υ]													
			IVI	IVI																			
Se	x				Fen	nale				N	1ale												
ls t	hei	r ge	nde	er id	ent	ity t	he s	sam	e a	s th	e o	ne t	hey	v we	ere k	orr	ı wi	th?					
	Ye	es		1	No			Pre	fer r	not t	o st	ate											
	tion ters			r an e mbe		Num	ber	I		Let	ter												
]														
Re	latio	onsl	hip 1	to n	nair	n ap	plic	ant	(ple	ease	e tic	k o	ne l	oox)									
	M	arrie	ed												Civil	par	tner						

Separated but still legally married

Cohabiting for the last 12 months or more

Lar	ndlir	ne tel	eph	one	nur	nbe	r							_									
Мо	bile	telep	ohor	ne n	uml	oer																	
Wo	rk t	elepł	none	e nu	mbe	ər								-									
Em	ail a	addre			1		1	1	1	1		1		1									
L	1		1		1	1				1	1	1	1	1				1	1	1	 	1	
Do	the	ey liv	e w	ith	you	at	you	r cı	irre	nt a	ddr	ess	?										
	$\left \right\rangle$	es			No	nlor		give	det	aile	of th	noir	hhe	rocc									
	YE	53			INO,	hied	196	give	uci	ans	UI U	ICII	auu	1033									
Flat			L a		INO,	piec	130 9	give	uci	ans	Orti		auu	1033									
Flat		uilding				piec																	
	_ t/bu	ilding). 								
	_ t/bu). 								
1st	line	ilding	.ddre	ess). 								
1st	line	ilding	.ddre	ess											·.								
1st 2nd	line	e of a	.ddre	ess																			
1st 2nd	line	e of a	.ddre	ess																			
1st 2nd	line	e of a	.ddre	ess																			
1st 2nc	line	e of a	.ddre	ess																			

Section 4 People who you want to be rehoused with you

Please use this section to list the people who you want to be rehoused with. Do not include the Joint applicant (if there is one)

1st Pers	on													 	 	 	
Mr/Mrs/	Ms/Miss	Othe	r														
First nan	ne(s)																
Surname	;																
Date of I	oirth																
Day	Month	Yea	r														
	MM	Y		y y]												
]												
Sex	F	emale			M	lale											
Is their g	ender ide	entity t	he sa	ame a	s th	e or	ne t	hey	we	re b	orn	i wi	th?				
Yes	1	No		Prefe	r no	t to	stat	е									
Relation	ship to m	ain an	nlica	nt [
nelation	sinp to m		piica														
National	Insuranc	e Num	ber (if 16 o	r ove	er)											
Letters	Number	rs			Lett	er											
	·								1								
Do they	live with y	you at	your	curre	nt a	ddr	ess	?									
Yes	If N	lo, plea	se giv	e deta	ils o	f the	eir a	ddre	ess								
Flat/build	ing																
1st line of	address													 	 	 	
2nd line c	of address	·															

Postcode																			
			1													 	 	 	
Reason v	vhy the	y live	sepa	arate	ely fr	rom	YOL	ł											
2nd Pers	on		•••••		•••••							•••••				 	 	 	
Mr/Mrs/	///////	s O	othe	r															
First nam	ne(s)																		
Surname)																		
Date of b	oirth																		
Day	Mont	٦	Yea	ır															
DD	M	/	Υ	Υ	Υ	Y													
Sex		Fen	nale					1ale											
	ondor i		louio					10410											
Is their a		dent	itv t	he s	sam	e 29	s th	e 01	ne t	hev	we	ore h	orr	ı wi	th?				
Is their g		1	ity t	he s						-	we	ere k	oorr	ı wi	th?				
Yes		No	-		P	e as refei				-	' We	ere k	oorr	י wi	th?				
Yes Relations	ship to] No main	n apj	plica] P ant	refei	r no	ot to		-	' We	ere k	oorr	n wi	th?	 			
Yes Relations	ship to Insura] No main nce N	n apj	plica] P ant	refer	r no	er)		-	' We	ere k	borr	n wi	th?	 	 	 	
Yes Relations	ship to] No main nce N	n apj	plica] P ant	refer	r no	er)		-	' we	ere k	borr	n wi	th?	 		 	
Yes Relations	ship to Insura] No main nce N	n apj	plica] P ant	refer	r no	er)		-	' we	ere k	borr	n wi	th?		 	 	
Yes Relations	ship to Insura Numb] No main nce N pers	n app Num	plica ber	P ant (if 1	refei 6 or	r no ove Lett	er) ter	stat	te	' W6	ere k	oorr	ı wi	th?	 	 		
Yes Relations National Letters	ship to Insura Numk] No main nce N pers	Num	plica Iber] P ant (if 1	refei 6 or [r no - ove Lett	er) ter	stat	re]	ere t	oorr	ı wi	th?			 	
Yes Relations National Letters Do they I	ship to Insuration Numb ive wit] No main nce N bers h you	Num	plica Iber] P ant (if 1	refei 6 or [r no - ove Lett	er) ter	stat	re]	ere t))))	ı wi	th?				
Yes Relations National Letters Do they I Yes	ship to Insuration Numb ive wit] No main nce N bers h you	Num	plica Iber] P ant (if 1	refei 6 or [r no - ove Lett	er) ter	stat	re]		Dorr	ı wi	th?				
Yes Relations National Letters Do they I Yes	ship to Insurat Numk ive wit Ing Ing Indiate	No main nce N Ders h you	Num	plica Iber] P ant (if 1	refei 6 or [r no - ove Lett	er) ter	stat	re]		Dorr	1 wi	th?				
Yes Relations National Letters Do they I Yes Flat/buildi	ship to Insurat Numk ive wit Ing Ing Indiate	No main nce N Ders h you	Num	plica Iber] P ant (if 1	refei 6 or [r no - ove Lett	er) ter	stat	re]		Dorr	1 wi	th?				
Yes Relations National Letters Do they I Yes Flat/buildi	ship to Insurat Numk Insurat I	No main nce N bers h you No, p	Num	plica Iber] P ant (if 1	refei 6 or [r no - ove Lett	er) ter	stat	re]			1 wi	th?				

Town/city		· · ·					1			,		1	1			r	· · · · ·			,
Postcode																				
3rd perso	n																			
Mr/Mrs/N	Ac/Micc	Oth		•••••				•••••	• • • • • • • •	•••••		•••••		•••••	•••••		 			•••••
First nam																				
Surname							1		1	1		1		<u> </u>			1	<u> </u>	<u> </u>	
Date of bi	irth		I	<u> </u>					1	1	.[1	1	I	1		 _	<u> </u>	<u> </u>	
Day	Month	Y	ear																	
DD	MM		YY	YY																
Sex		Fema	le		Ν	Nale														
Is their ge	ender id	entity	the s	ame a	as th	ne o	ne t	they	v we	ere k	orr	ו wi	th?							
Yes		No		Pref	er no	ot to	stat	te												
Relations	hip to m	nain a	applica	ant													 			
	-																 			
National I Letters	Numbe		Imper	(11 16 (or ov Let	,														
]											
Do they li	ve with	you a	at you	r curre	ent a	addr	ess	?												
Yes	If N	lo, ple	ease g	ive det	ails a	of th	eir a	addr	ess											
Flat/buildir		•	0																	
1st line of	address				·		•	•					•						- <u></u>	, <u> </u>
2nd line of	address	;		·	·															
Town/city							,				·	,		-	-			-		
Postcode																	 			

Reason why	they liv	re sepa	arate	ly fron	n you	J															
4th Person																					
Mr/Mrs/Ms/	Miss	Othe	<u>r</u>		_																
First name(s)																				
Surname																					
Date of birth																					
	ı onth	Yea	r																		
		v	V	YY																	
Sex	E Fe	emale			N	/lale															
Is their gend	ler ide	ntity t	he s	ame a	as th	e o	ne t	hey	we	re b	orn	n wi	th?								
Yes	N	0		Pref	er no	ot to	stat	te													
Relationship	to ma	iin ap	plica	Int																	
National Ins	urance	Num	ber	(if 16 (or ov	er)															
Letters N	umbers	6			Let	ter															
]												
L	I								-												
Do they live	with y	ou at	your	curre	ent a	ıddr	ess	?													
Yes	If No	, pleas	se gi	ve det	ails c	of the	eir a	ıddro	ess												
Flat/building			, , ,				T	1	1	1	1			1		1			1	1	,
1st line of add	dress		· · ·			1	1	1	1	1	1	1		1	1	1	1	1	1	1	
2nd line of ad	dress		, , , , , , , , , , , , , , , , , , ,			1	1	1	1		1	1	1	1		1		1	1	1	,,
Town/city			· · ·											1							
Postcode			· · · · · ·																		

Reason why they li	ve sepa	rately f	rom	you															
5th Person																			
Mr/Mrs/Ms/Miss	Other																		
First name(s)			,				·				. <u> </u>	. <u> </u>		1	1		1		
Surname			, , , , , , , , , , , , , , , , , , ,	I										1	1		1		
Date of birthDayMonthDM	Year	YY	Y																
Sex F	emale] Mal	е														
Is their gender ide	entity th	e sam	e as	s the	one	they	' we	re b	orr	n wi	th?								
Yes N	10	P	refer	r not t	o sta	te													
Relationship to ma	ain app	licant																	
National Insuranc	e Numb	per (if 1	6 or	over)									_	_	_	_	_	_	_
Letters Number	S		I	Letter															
] []												
Do they live with y	/ou at y	our cu	irrer	nt add	dress	;?													
	o, pleas						ess												
Flat/building	, 1-1000	0.10		2. 1	(01													
						\top													
1st line of address		1	<u>. </u>	I								<u> </u>							1
2nd line of address					_								_	_	_	_	_	_	_
Town/city						_	_	_		_	_	_						_	
Postcode																			

	ve sep	arate	ely fro	m yoi	L														
6th Person																 			
Mr/Mrs/Ms/Miss	Othe	r																	
First name(s)																 			
Surname																			
Date of birth																			
Day Month	Yea	ar																	
D D M M	Y	Y	Y	Y															
Sex F	emale			N	∕Iale														
Is their gender ide	ntity t	he s	ame	as th	ne o	ne t	hey	we	re b	orr	ו wi	th?							
Yes N	lo		Pre	efer no	ot to	stat	e												
Relationship to ma	ain ap	plica	ant																
National Insurance	e Num	ber	(if 16	or ov	ver)														
	_			Let	ter														
Letters Number	S					1	1	T											
Letters Number	S																		
Letters Number		you	r curi	rent a	addr	ess	?												
Do they live with y								ess											
Do they live with y	ou at							ess	1		1	I	1	I	1		1	1	
Do they live with y Yes If No	ou at							ess											
Do they live with y Yes If No	ou at							ess											
Do they live with y Yes If No Flat/building	ou at							ess											
Do they live with y Yes If No Flat/building	ou at																		
Do they live with y Yes If No Flat/building 1st line of address	ou at																		
Do they live with y Yes If No Flat/building 1st line of address	ou at																		
Do they live with y Yes If No Flat/building 1st line of address 2nd line of address	ou at																		

Reason why they live separately from you

Section 5 Moving to a smaller home

If you have spare bedrooms do you want to move to a smaller home?

How many bedrooms do you currently have?

How many bedrooms do you wish to move to?

Section 6 Sheltered housing

For people who are 60 years or over

Are you interested in applying for sheltered housing?

Yes

No – Go to the Section 7

Please state why you wish to move to sheltered housing
Are you looking for sheltered housing in:
Any part of the borough North South
A particular postcode area? If so, please say which Only one particular scheme? If so, please say which
What bedroom size are you looking for/would you consider?
Bedsit?
One bedroom?
Two bedroom?
Any, I don't mind?
Would you consider a property on any floor level?
Yes, I can manage stairs
Yes, if it has a lift
No, I need a ground floor property because:

Section 7 Support you receive

Does anyone on this housing application have a social worker, key worker, support worker, care manager/key worker/care broker or an advocate?

No – Now go to section 8

Yes – Please complete this section

1. Name of the person with a social worker/key worker/support worker

•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	1
r		- 1			_	4			~		_		_	_		_		1	_		`			
F	-	• 1	r	-(_	• 1		1	r	Ľ	_	1	r	r	1	_	2		C	2	۱.			

1113	l na	1110(5)												
Sur	nam	ne													

2. Name of the person with a social worker/key worker/support worker

Firs		ime(• • • • • • • •	•••••	 	 	•••••	 		•••••	•••••	 •••••	•••••	•••••		•••••	 	•••••	
Sur	nan	ne								-				-		-				

													1
													1
													1
_													

Section 8 Health information

Do you consider yourself to have a disability?

Yes
No

Does anyone on your housing application have a health problem or disability?

No
If yes, please state their name(s)

First name(s)

Surname

What is the nature of your/their disability?

Does anyone on this housing application have difficulty with steps or stairs? If yes, please state their name(s)

First name(s)

Surname																
	Sur	nam	ne	~	 ~	~	 	 		 	 	 		 	 	

Does anyone on this housing application use a walking stick/crutches or a wheelchair? If yes, please state their name(s)

First name(s)

Sur	nam	ne												

Is the health of anyone on this application made worse by their current accommodation? If yes, please state their name(s)

 First name(s)

 Surname

Section 9 Pregnancy

Is anyone on this application pregnant?

No – Go to section 10

Yes:

Expectant mother

First name(s)													
Surname													
<u> </u>	 _1	1	1		1					1		 1	

Y

.....

Date baby is due to be born



Section 10 Additional information

Please use this section to tell us anything you think we should know, or anything you think may support any information you provided

Section 11 Your declaration

General principles

l/we:

- understand that any information given by me/us relating to my/our application for housing will be used to process my/our application for housing in accordance with Data Protection Act 1998
- understand that I/we may seek to see all the information the Council holds relating to my/our application for housing and for any inaccurate information to be removed
- understand that refusing to agree to the Council gathering and sharing information may prevent the Council from assessing my housing application and providing me with suitable advice and/or assistance.

Allowing the Council to gather information

l/we:

- give consent to the Council to obtain information from my/our landlord or other third parties, which it requires to investigate my/our application
- agree that the information I/we have given to support my/our application for housing can be checked now or in the future with other departments within the Council and other organisations as allowed by law, to verify the information in this application and to prevent error
- give consent to the Council to seek information relating to me/us, and members of my/our household in order to detect and prevent fraud, promote safeguarding, prevent risk or harm arising to me/us and members of our household or to any third party and promote adult and child well-being
- give consent to the Council to seek information relating to me/us so it can provide me/us and our household with appropriate services and support
- understand that the Council will seek and record information for the above purposes only.

Allowing the Council to share information

I / we:

- agree that my/our personal information may be shared with landlords and other housing agencies who work with the Council now or in the future to enable them to consider my/our application for housing
- agree that the Council may share information with the agencies listed on the next page to detect and prevent fraud, promote safeguarding, prevent risk or harm arising to me/us and members of our household or to any third party and promote adult and child well-being
- agree the Council may share information with the agencies listed on the next page so it can provide me/us and our household with appropriate services and support
- understand that the Council will only share information for the above purposes only.

Telling the truth and providing all relevant information

I / we:

- declare that I/we have understood the questions and that the information I/we have given is correct and true to the best of my/our knowledge
- understand that it is an offence knowingly to provide false information, or withhold information, in support of an application for housing and could result in the termination of my housing application, and/or civil or criminal prosecution and eviction from any accommodation offered
- understand that the Council is under a duty to protect public funds and may use the information I/we have provided to prevent and detect fraud as allowed by law
- undertake to notify the Council if there is/are any changes in my/our circumstances which might 20

affect my/our application for housing.

Who will the Council seek information from, and share information with?

I/we understand that the Council will seek information from, and share information with, other agencies where appropriate which include but are not limited to:

- the Home Office
- other council departments (eg Council Tax, Housing Benefit, Electoral Roll)
- other local authorities
- landlords (private and social housing)
- employers
- financial institutions and third party credit agencies
- Department of Work and Pensions and welfare benefits agencies
- medical and healthcare professionals and agencies
- services delivered or contracted by local authorities to promote the well-being of children (such as Children's Social Services and mental health services)
- services delivered or contracted by local authorities to promote the well-being of adults (such as Adult Social Care and mental health services)
- police, probation and criminal justice services.

Applicant's name

Fir	st na	ame	(s)																		
Su	rnar	ne			·																
Ар	plic	ant	's si	igna	ture	e				Dat	te										
										Day	/		Mor	nth	Yea	r					
										D	D]	Μ	Μ	Υ	Y	Y	Y			
	int a st na		lica (s)	nt's	nan	ne															
Su	rnar	ne						 	 	 					 					 	
Jo	int a	app	lica	nt's	sigı	natu	ire			Dat	te										
									 	Day]	Mor M	nth M	Yea	r V	v	v]		
													IVI	IVI]		

FOR OFFICIAL USE ONLY

I confirm the identity of the above signatory/ies

First name(s)			
Surname			
Job title			
Signature	Date		
	Day Mo	onth Year	

D D

MM

Y Y Y

Υ

Section 12 Equality Monitoring Form

You do not have to complete this part of the form, but if you do it will help us to monitor our services and ensure we provide fair access.

The personal information that you provide will be handled by the Council in line with the Data Protection Act 1998. Your information will be used for the purpose of this housing application and will only be shared with those departments that you have indicated in this form.

A. Please indicate in the box titled 'you' the ethnic category that applies to you (and to the joint applicant if applicable)

A.1. White	You	Your partner
English		
Irish		
Northern Irish		
Scottish		
Welsh		
Gypsy or Irish Traveller		
Other White background – Please specify		

Your partner		
	1	
	1	

A.3. Black	You	Your partner
African		
Somali		
Caribbean		
Black British		
Other Black – Please specify		

A.4. Asian	You	Your partner
African Indian		
Indian		
Bangladeshi		
Chinese		
Pakistani		
Other Asian background – Please specify		

You

Arab	
Moroccan	
Iranian	
Filipino	
Other ethnic group – Please specify	

_
_
_