



Application No: []

in partnership with Ribble Valley Borough Council

You must complete all sections of this form and return it to your local Ribble Valley Homes Office or contact our Customer Service Centre on 0800 111 4448

PLEASE USE BLOCK CAPITALS TO COMPLETE THIS FORM

1 Your details

Main

Title Surname First Name [] [] []

Male or Female Date of Birth [] []

Present Address [] []

Postcode []

If not, please give an address where we can contact you [] []

Home Telephone Number Mobile Telephone Number [] []

Email Address (if applicable) []

Can we contact you by email? Yes [] No []

National Insurance Number []

Joint

Title Surname First Name [] [] []

Male or Female Date of Birth Relationship to Main Applicant [] [] []

Present Address [] []

Postcode []

Home Telephone Number Mobile Telephone Number [] []

Email Address (if applicable) []

Can we contact you by email? Yes [] No []

National Insurance Number []

housing application

Have you or the other joint applicant ever held any other tenancy? Yes No

If Yes, give details of address

Postcode

2 What is your present situation?

Are you one of the following? (Please tick one box)

Owner Occupier	Council Tenant	Housing Association Tenant
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tenant of a private landlord	Live with relatives/friends	Lodger
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other -	If Other - Please describe	
<input type="checkbox"/>	<input type="text"/>	
	<input type="text"/>	

3 Reasons why you want to become a Ribble Valley Homes tenant

Tick the boxes that best describe why you need re-housing

Ribble Valley Home's reputation	To leave home	Need a smaller property	Taking work in the area	Landlord selling property	Living apart from family
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Asked to leave by friends or relatives	Split up from partner	Neighbourhood problems	Over-crowding	Mortgage repossession	Losing home with job
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
To receive support	Cannot afford present housing	Eviction Order	Victim of crime or fear of crime		
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		

Health reasons

↓

Please give details

Other Please give details

Please provide any other relevant information in support of your application

4 Your present home

Do you live in a:

House	Bungalow	Maisonette	Flat	Bedsit	Other
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



Number of bedrooms

How many bedrooms do you have personal use of?

If you live in a flat/bedsit please tell us what floor you live on

Number of bedrooms

5 Your household

Please give details of who will be rehoused with you other than yourself and joint applicant

Surname	First Name	Male or Female	Date of Birth	Relationship

Does everyone above currently live with you? If not, please provide their current address details.

Does anyone live with you currently who does not require rehousing?

Are you, or any person who will be housed/rehoused with you, pregnant? **If yes, proof will be required.**

Yes

No

If yes, please give due date

Do you have any pets (cats and dogs)?

Yes

No

If yes, what are they and how many?

Please supply details of close relatives living in the Ribble Valley

Name	Address	Telephone No	Relationship to you

6 Choice of areas/estates (please tick any box of your choice)

Clitheroe

WATERLOO ROAD AREA

CENTRAL CLITHEROE

STANDEN AREA

LOW MOOR AREA

HENTHORN AREA

PEEL STREET AREA

Longridge

WINDSOR AVENUE/QUEENS DRIVE

WELLBROW DRIVE/BEACON VILLAS

KESTOR LANE/BEECH DRIVE

JEFFREY/FAIRSNAP & PARLICK AVENUES

Villages

WHALLEY

BILLINGTON

BARROW

MELLOR

RIBCHESTER/HOTHERSALL

HURST GREEN

CHIPPING

WADDINGTON

NEWTON/DUNSOP BRIDGE

GRINDLETON

WEST BRADFORD

CHATBURN

GISBURN/RIMINGTON

SABDEN

READ

Accent North West

Quarry Farm Court, Chatburn



Mearley Brook Fold, Clitheroe



Old Station Court, Station Road, Clitheroe



The Smithy, Station Road, Whalley



Green Lane, Longridge



Greenacres, Read



Albermarle Street, Clitheroe



Harvest Housing Group, Eaves Brook Homes

Fairsnape Avenue, Longridge



Places for People

Whittle Close, Clitheroe



Carlton Place / Highfield Road, Clitheroe



Henthorn Road, Clitheroe



Weavers Croft, Billington



The Sidings, Clitheroe



Rockmount, Pimlico Road, Clitheroe (New Leaf)



6 Trafford Gardens, Barrow



Housing 21

Fairways Court / Whalley Road, Wilpshire



Sanctuary Housing Association

The Plantation, Tosside



St Vincent's Housing Association

Black Lane Croft / Chester Avenue, Clitheroe



Tower Hill / Lime Street / Salthill Road, Clitheroe



Nightingale Close, Calderstones Park, Whalley



Holme Bank, Sabden



**Lancashire
Heritage**

Church Street, Slaidburn



Space

Travellers Court, Gisburn



Colthirst Drive area, Clitheroe



Co-op Building, Berry Lane, Longridge



Whitewell Drive, Clitheroe



Siddows Avenue, Clitheroe



Petre Wood, Langho



Contour Homes

George Street, Clitheroe



Rose Bank / Alderford Close / George Street



**Manchester
Methodist Housing
Association**

Jubilee Street, Read



Buckshaw Terrace, Simonstone



Whalley Road, Sabden



Ribblesdale View, Chatburn



**New Progress
Housing
Association**

Curzon Street / Hayhurst Street / Holden Street / Monk Street / Primrose Street / Clitheroe



Longworth Road, Billington



Downham Road, Chatburn



Mersey Street, Longridge



Whalley Road, Clitheroe



Railway Terrace, Simonstone



Park Avenue, Chatburn



**Adactus
Housing and
options
available**

Clitheroe



Longridge



Chipping



Chatburn



Read



7 Nomination to another landlord

Do you wish to be considered for nomination for rehousing to any housing association development of your choice within the Ribble Valley?

Yes

No

Do you wish to be considered for nomination to any private landlord within Ribble Valley?

Yes

No

8 Type of accommodation you would accept

Please tick which of the following you would accept, if offered.

Please note that normally we offer houses only to applicants who have children living with them on a permanent basis and your family circumstances will determine the type of accommodation you may be offered.

A house

For a flat or bedsit, would you accept:

A flat

any floor

A bedsit flat

ground floor only

* NB

First floor flats would not normally be offered to families with children under 8 years of age

* first floor or above

9 Your housing history

Please give details of all the addresses you have lived at during the past five years

Address	Date		Type of Tenancy	Landlord Details
	from	to		

Please explain your reason for leaving

10 Your current circumstances

	Yes	No
Do you own a property with equity in excess of £50,000?	<input type="checkbox"/>	<input type="checkbox"/>
Have you ever been convicted of a criminal offence?	<input type="checkbox"/>	<input type="checkbox"/>
Has any legal action ever been taken against you in relation to antisocial behaviour?	<input type="checkbox"/>	<input type="checkbox"/>
Do you have any outstanding debts with the Landlord?	<input type="checkbox"/>	<input type="checkbox"/>
Are you or your partner under 18 years of age?	<input type="checkbox"/>	<input type="checkbox"/>
Are you an asylum seeker and subject to UK immigration restrictions?	<input type="checkbox"/>	<input type="checkbox"/>
Are you and your partner included on any local authority exclusion register?	<input type="checkbox"/>	<input type="checkbox"/>
Are you or your partner a victim of racial harassment?	<input type="checkbox"/>	<input type="checkbox"/>
Are you or your partner a victim of any other forms of harassment or nuisance?	<input type="checkbox"/>	<input type="checkbox"/>
Are you related to any Ribble Valley Homes staff or committee member?	<input type="checkbox"/>	<input type="checkbox"/>
Can you be contacted at your current address?	<input type="checkbox"/>	<input type="checkbox"/>

Please explain your reasons for leaving

You are required to provide at least one reference, preferably from your current landlord (if applicable) or most recent landlord. Please see attached pro forma.

* Please provide 1 form of ID (passport, driving licence etc) and 1 form of proof of address (if applicable) ie utility bill.

Declaration

Ribble Valley Homes is registered under the Data Protection Act 1998. The Data Protection Act 1998 regulates the use of information about an individual and requires that we obtain your consent before using any information you have provided. Ribble Valley Homes will hold and use the information you give us in this form to assess your eligibility for housing, provided you have first given your consent. We may share the information you have given with other agencies, for statutory purposes and for the purposes of processing your application for housing. We may also contact other agencies to verify that the information you have provided is an accurate reflection of your current circumstances.

Please read and sign the declaration below.

I consent to the processing of the information I have given, for the purposes outlined above. As far as I / we are aware, the answers given within this application for housing are true and accurate. I / we understand that I / we may lose any offer of housing or tenancy provided by Ribble Valley Homes, if it is found that false information has been provided.

Signed (Main Applicant)

Signed (Joint Applicant)

To be signed by you

As far as I know, the answers I have written on this form are true. I / we may lose any housing Ribble Valley Homes may offer if I / we have given any false answers. I / we understand my / our form will be checked to confirm my / our circumstances.

If this application is in joint names, both applicants need to sign below.

Signed (Main Applicant)

Date

Signed (Joint Applicant)

Date

The Housing Act 1985 – It is your right to check this or any information you have given.

Return this form to our Ribble Valley Homes Office or contact our Customer Services Centre on 01200 444290.

**Ribble Valley Homes
Unit 2
King Lane
Clitheroe
Lancashire BB7 1AA**

Checklist

- Are all areas of this form filled in?**
- Have you provided a reference?**
- Have you provided proof of ID?**
- Have you provided proof of address?**

SELF-ASSESSMENT MEDICAL QUESTIONNAIRE

Please complete if you have indicated that you have medical reasons for needing rehousing.

Name of person for whom medical priority is being claimed

Name: _____ Date of Birth: ____ / ____ / ____

GP Name: _____ Surgery: _____

Tel No: _____ Address: _____

Are you registered disabled? YES NO

If yes, what is your registration number? _____

Please state all relevant medical conditions you wish to be considered, how long you have had the condition and list prescribed medication.

CONDITION	WHEN DIAGNOSED	PRESCRIBED MEDICATION	
		1	1
		2	2
		1	1
		2	2

Are you receiving treatment from a consultant physician as a hospital outpatient? YES NO

If yes, which hospital and how often do you attend the hospital? _____

Who is your Consultant? _____

Have you recently been in hospital in relation to this condition? YES NO

Have you had any time off work during the last 12 months due to this condition? YES NO

If yes, state how many times duration? _____ weeks _____ months

If you do not work, are you retired? YES NO

Do you receive any of the following allowances:

Retirement Pension Attendance Allowance Other Please state:
 Disability Living Allowance Pension Credit _____

Do you currently receive support to assist with your daily living needs? YES NO

<i>Please tick as appropriate</i>	Family	Friend	Care Agency	District Nurse	Warden	Other
Shopping						
Personal Care						
Getting up/Going to bed						

Household chores						
Other (specify)						

Mobility In general:

is your mobility inside your home:

Very Good Good Reasonable Poor Very Poor

is your mobility outside your home:

Very Good Good Reasonable Poor Very Poor

Do you have difficulty with stairs/steps?

Severe Moderate Slight No

Do you use a walking aid? YES NO

If yes, please state type _____ Is this for: inside use outside use

Do you use a wheelchair? YES NO

If yes, is this for: outside use inside use

Which type of transport do you rely on?

My own car Public transport Relatives car

What disabled adaptations, if any, have been installed in your current accommodation?

Who installed them? _____

In your opinion why is your present accommodation unsuitable for your needs?

Are you supplying any additional information to support your application eg Doctor/Social Worker letter?

YES NO

Please note that should you ask your GP to support your application that it is not done at the request of an officer of RVH. However we may, in certain instances, wish to contact your GP for further clarification. Would you have any objection?

YES NO

Signed

Background Information

The following background information questions are optional, but by answering these questions you will help RVH to ensure that we do not discriminate against anyone. The information provided will be treated in the strictest confidence and will only be held and used in accordance with the Data Protection Act 1998.

A Are you male or female? *(Tick one box only)* Male Female

B Which of the following age bands do you fall into? *(Tick one box only)*

16-24 25-34 35-44 45-54
55-59 60-64 65-74 75+
Refused

C Do you require information in any of the following formats?

(please tick all that apply)

Braille	Another Language	Large Print
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Audio Version	Via Email	No alternative formats
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

D Do you or anyone in your household have any long-term illness, health problems or disability which limits their daily activities or the work they can do, including any problems which were due to old age? *(please tick one box only)* Yes No

E How would you describe the composition of your household?

(please tick one box only)

One adult under 60	<input type="checkbox"/>
One adult aged 60 or over	<input type="checkbox"/>
Two adults both under 60	<input type="checkbox"/>
Two adults, at least one 60 or over	<input type="checkbox"/>
1-parent family with at least one child under 16	<input type="checkbox"/>
2-parent family with at least one child under 16	<input type="checkbox"/>
Three or more adults, 16 or over	<input type="checkbox"/>
Other	<input type="checkbox"/>

F Which of the following best describes your present employment situation? (please tick one box for each)

- Employee in full-time job (30 hours or more per week)
- Employee in part-time job (less than 30 hours per week)
- Self-employed - full or part-time
- Government supported training
- Unemployed and available for work
- Wholly retired from work
- Full-time education at school, college or university
- Looking after family/home
- Permanently sick/disabled
- Doing something else
- Prefer not to say

G What is your ethnic group? (please tick one box only)

- | | | | |
|-------------------------------|--------------------------|--------------------------------|--------------------------|
| White | | Black or Black British | |
| British | <input type="checkbox"/> | Caribbean | <input type="checkbox"/> |
| Irish | <input type="checkbox"/> | African | <input type="checkbox"/> |
| Any other white background | <input type="checkbox"/> | Any other Black background | <input type="checkbox"/> |
| Mixed | | Other ethnic background | |
| White & Black Caribbean | <input type="checkbox"/> | Chinese | <input type="checkbox"/> |
| White & Black African | <input type="checkbox"/> | Gypsy/Romany/Traveller | <input type="checkbox"/> |
| White & Asian | <input type="checkbox"/> | Any other background | <input type="checkbox"/> |
| Any other mixed background | <input type="checkbox"/> | Prefer not to say | <input type="checkbox"/> |
| Asian or Asian British | | | |
| Indian | <input type="checkbox"/> | | |
| Pakistani | <input type="checkbox"/> | | |
| Bangladeshi | <input type="checkbox"/> | | |
| Any other Asian background | <input type="checkbox"/> | | |

H What is your religion? (Tick one box only)

- | | | | |
|---------------------------------|--|--|------------------------------------|
| None <input type="checkbox"/> | Christian <input type="checkbox"/>
<small>(all denominations)</small> | Buddhist <input type="checkbox"/> | Hindu <input type="checkbox"/> |
| Jewish <input type="checkbox"/> | Muslim <input type="checkbox"/> | Sikh <input type="checkbox"/> | Any other <input type="checkbox"/> |
| | | Prefer not to say <input type="checkbox"/> | |

I How would you describe your sexual orientation? (Tick one box only)

- | | | |
|---------------------------------------|----------------------------------|--|
| Heterosexual <input type="checkbox"/> | Gay Man <input type="checkbox"/> | Gay Woman <input type="checkbox"/> |
| Bisexual <input type="checkbox"/> | Other <input type="checkbox"/> | Prefer not to say <input type="checkbox"/> |

Reference

Name of Applicant

.....

Address of Applicant

.....

Referee's Comment's

.....

.....
.....
.....
.....
.....
.....
.....
.....

Please note that we will not accept any application forms that do not have this personal reference completed. Ideally we would like this to be completed by your current Landlord, a person in a professional capacity, or preferably a Rodney Housing tenant. If the reference is completed by your current landlord, please provide tenancy dates, rent account details and conduct of tenancy i.e. any history of ASB etc.

Signed (Referee)

.....

.....

Current Address

.....

.....

Contact Telephone Number

.....

Please note that we may contact you for further information.

Company Stamp



