

# Application for Rehousing

This form asks for information about you and your household. Please ensure that you read the enclosed guidance notes for assistance with completing this form.

Please fill in this form as fully as you can. The information you give us will help us decide whether or not, we are able to rehouse you. All information in this form will be treated as strictly private and confidential and complies with the Data Protection Act 1998.

If you need assistance completing this form please ask a member of Regenda staff. This form is also available in Braille, large print, on tape and in other languages.

the  
**regenda**  
group

making the North West a better place to live

For Official Use Only

Date received:

Ref num:

The Regenda Group  
Regenda House  
Enterprise Business Park  
Northgate Close, Horwich  
Bolton. BL6 6PQ

Reader Group Approved ✓

Large Print Available

Audio Tape Approved



Translation Available

এই দলিল বাংলায় পাওয়া যায়

Qoraalkaan oo turjuman waad heli kartaa

有中文翻譯版提供

આ પત્રીકા ગુજરાતીમાં મળી શકે છે

اس کا اردو میں ترجمہ دستیاب ہے

## 1. Applicant Details

1<sup>st</sup> Applicant

First Name:

Surname:

Title: [ Ms / Mr / Mrs / Other ]

Date of birth / /

Preferred Language:

Spoken:

Written:

National Insurance Number

Interpreter/Signer Required Yes / No

Tel: Mob:

Email:

2<sup>nd</sup> Applicant

If a joint application

First Name:

Surname:

Title: [ Ms / Mr / Mrs / Other ]

Date of birth / /

Preferred Language:

Spoken:

Written:

National Insurance Number

Interpreter Required/Signer Yes / No

Tel: Mob:

Email:

## 2. Equal Opportunities

Please tick the relevant box for each applicant. This will not negatively affect your application in any way and is used purely for monitoring purposes, and to improve the services provided to you.

### 2a: Ethnic Background

Please tick the box which best represents the ethnic group(s) of 1<sup>st</sup> and the 2<sup>nd</sup> applicant (if applicable).

White	1 <sup>st</sup>	2 <sup>nd</sup>	Black or Black British	1 <sup>st</sup>	2 <sup>nd</sup>
British	<input type="checkbox"/>	<input type="checkbox"/>	Caribbean	<input type="checkbox"/>	<input type="checkbox"/>
Irish	<input type="checkbox"/>	<input type="checkbox"/>	African	<input type="checkbox"/>	<input type="checkbox"/>
Other	<input type="checkbox"/>	<input type="checkbox"/>	Other	<input type="checkbox"/>	<input type="checkbox"/>
Mixed	1 <sup>st</sup>	2 <sup>nd</sup>	Asian or Asian British	1 <sup>st</sup>	2 <sup>nd</sup>
White & Black Caribbean	<input type="checkbox"/>	<input type="checkbox"/>	Indian	<input type="checkbox"/>	<input type="checkbox"/>
White & Black African	<input type="checkbox"/>	<input type="checkbox"/>	Pakisatani	<input type="checkbox"/>	<input type="checkbox"/>
White & Black Asian	<input type="checkbox"/>	<input type="checkbox"/>	Bangladeshi	<input type="checkbox"/>	<input type="checkbox"/>
Other	<input type="checkbox"/>	<input type="checkbox"/>	Other	<input type="checkbox"/>	<input type="checkbox"/>
Other	1 <sup>st</sup>	2 <sup>nd</sup>	1 <sup>st</sup>	2 <sup>nd</sup>	
Gypsy / Traveller	<input type="checkbox"/>	<input type="checkbox"/>	Prefer not to say	<input type="checkbox"/>	<input type="checkbox"/>
Other: Please specify					

### 2b: Religion

Please tick the box which best represents the religious belief(s) of you and your household.

Religion	1 <sup>st</sup>	2 <sup>nd</sup>	1 <sup>st</sup>	2 <sup>nd</sup>
None	<input type="checkbox"/>	<input type="checkbox"/>	Jewish	<input type="checkbox"/>
Christian (All denominations)	<input type="checkbox"/>	<input type="checkbox"/>	Muslim	<input type="checkbox"/>
Buddhist	<input type="checkbox"/>	<input type="checkbox"/>	Sikh	<input type="checkbox"/>
Hindu	<input type="checkbox"/>	<input type="checkbox"/>	Prefer not to say	<input type="checkbox"/>
Other	<input type="checkbox"/>	<input type="checkbox"/>	Other	<input type="checkbox"/>

## 2c:Nationality

Please tick the box which best represents your nationality

Nationality	1 <sup>st</sup>	2 <sup>nd</sup>		1 <sup>st</sup>	2 <sup>nd</sup>
Czech Republic	<input type="checkbox"/>	<input type="checkbox"/>	Latvia	<input type="checkbox"/>	<input type="checkbox"/>
Estonia	<input type="checkbox"/>	<input type="checkbox"/>	Lithuania	<input type="checkbox"/>	<input type="checkbox"/>
Hungary	<input type="checkbox"/>	<input type="checkbox"/>	Poland	<input type="checkbox"/>	<input type="checkbox"/>
Slovakia	<input type="checkbox"/>	<input type="checkbox"/>	Slovenia	<input type="checkbox"/>	<input type="checkbox"/>
Bulgaria	<input type="checkbox"/>	<input type="checkbox"/>	Romania	<input type="checkbox"/>	<input type="checkbox"/>
UK national resident in the UK				<input type="checkbox"/>	<input type="checkbox"/>
UK national returning from residence overseas				<input type="checkbox"/>	<input type="checkbox"/>
Other European Economic Area (EEA) country *				<input type="checkbox"/>	<input type="checkbox"/>
Prefer not to say	<input type="checkbox"/>	<input type="checkbox"/>	Any other country	<input type="checkbox"/>	<input type="checkbox"/>

\*EEA countries are Austria, Belgium, Cyprus, Denmark, Finland, France, Germany, Greece, Ireland, Italy, Luxemburg, Malta, Netherlands, Portugal, Spain, Sweden, Iceland, Liechtenstein, Norway and Switzerland

**2d:**Have you or any member of your household a Limiting Long Term Illness / Disability / Health Problems? Please tick the box (or boxes) which best represents them.

Physical disability	<input type="checkbox"/>	Wheelchair user	<input type="checkbox"/>	Acquired visual or hearing impairment	<input type="checkbox"/>
Hard of hearing	<input type="checkbox"/>	Visual impairment	<input type="checkbox"/>	General poor health (e.g. Asthma)	<input type="checkbox"/>
Mental health problems	<input type="checkbox"/>	Learning disability	<input type="checkbox"/>	Agoraphobic / panic attacks	<input type="checkbox"/>
Drug / Alcohol related condition	<input type="checkbox"/>	Progressive long term health condition	<input type="checkbox"/>	Difficulties with reading / writing	<input type="checkbox"/>

**2e:**If you have ticked any please state name(s) and relationship to you.

Name:	Relationship to you:
Name:	Relationship to you:
Name:	Relationship to you:

## 2f:Sexual Orientation

Please tick the box which best represents the sexual orientation(s) of each applicant.

Sexual Orientation	1 <sup>st</sup>	2 <sup>nd</sup>		1 <sup>st</sup>	2 <sup>nd</sup>
Hetrosexual	<input type="checkbox"/>	<input type="checkbox"/>	Gay Man	<input type="checkbox"/>	<input type="checkbox"/>
Gay Woman	<input type="checkbox"/>	<input type="checkbox"/>	Bi-sexual	<input type="checkbox"/>	<input type="checkbox"/>
Other	<input type="checkbox"/>	<input type="checkbox"/>	Prefer not to say	<input type="checkbox"/>	<input type="checkbox"/>

## 3.Housing

In this section please give details of your current accommodation and the people who will be living with you, if any.

### 3a:Present Accommodation Details

How many bedrooms are there in the property?	<input type="checkbox"/>
How many people live in this property? We may ask for evidence of this.	<input type="checkbox"/>

### 3b:Do you live in :

	1 <sup>st</sup>	2 <sup>nd</sup>
House	<input type="checkbox"/>	<input type="checkbox"/>
Flat	<input type="checkbox"/>	<input type="checkbox"/>
Bungalow	<input type="checkbox"/>	<input type="checkbox"/>
Prison	<input type="checkbox"/>	<input type="checkbox"/>
Bed & Breakfast	<input type="checkbox"/>	<input type="checkbox"/>
Hospital	<input type="checkbox"/>	<input type="checkbox"/>
Care / Support Home	<input type="checkbox"/>	<input type="checkbox"/>
Caravan / Mobile Home / Boat	<input type="checkbox"/>	<input type="checkbox"/>
Other (please describe)		

### 3c:Are you :

	1 <sup>st</sup>	2 <sup>nd</sup>
A Council Tenant	<input type="checkbox"/>	<input type="checkbox"/>
A Housing Association Tenant	<input type="checkbox"/>	<input type="checkbox"/>
A Private Landlord Tenant	<input type="checkbox"/>	<input type="checkbox"/>
A Tied tenant (property with job)	<input type="checkbox"/>	<input type="checkbox"/>
Living / lodging with friends	<input type="checkbox"/>	<input type="checkbox"/>
Living / lodging with relatives	<input type="checkbox"/>	<input type="checkbox"/>
Living / lodging with other	<input type="checkbox"/>	<input type="checkbox"/>
Other (please describe)		

**3d:**Please give details of any additional people to be rehoused

First Name	Surname	Sex	DOB	NI Number	Relationship to applicant
		M or F	/ /		
		M or F	/ /		
		M or F	/ /		
		M or F	/ /		
		M or F	/ /		
		M or F	/ /		

If you need to include more than 6 people or there are people living with you who will not be moving please provide this information in section 9.

**3e:**If any of the above people are not currently living with you, please give details below.

Name	Current Address	Reasons for living apart

**3f:**Are any of the above people expecting a baby?

Yes  No

**3g:**If Yes, who and when is the baby due?

Name	Expected Birth Date	Cert of confinement provided
	/ /	
	/ /	
	/ /	

**3h:**Is anybody mentioned on this application form affected by immigration rules?

Yes  No  If Yes, please give their details.

**3i:**Have you or anyone seeking rehousing with you, ever been convicted of any serious offences that have not been spent under the Rehabilitation of Offenders Act 1974?

Yes  No  If Yes, please give details.

#### 4. Household Income Details

4a Name	Type of income / Employer details	Weekly amount (£)

**4b:**Do you own any properties? Yes  No  If Yes, please give details.

**4c:**Have you ever been evicted from a property? Yes  No

If Yes, please give details – date of eviction and reason:

Date	/	/	Reason:
------	---	---	---------

## 5.Previous Addresses

Please give details of your current landlord and where you have lived in the past 3 years. If renting then the landlord's details **MUST** be given in order for us to consider your application. Please be aware that it must be necessary for us to contact your previous landlords in order to ascertain your suitability as a Regenda tenant. If you need more room please attach a separate sheet.

### 5a:Previous Addresses

1:Address _____ _____ Postcode	Date from /    /  To /    /	Lodging <input type="checkbox"/> Renting <input type="checkbox"/> Buying <input type="checkbox"/>
---	---	---

If renting please provide details of the landlord or Landlord's letting agent.

Name _____ _____ Postcode	Tel: _____	Reason for leaving _____ _____ _____ _____ _____ _____
------------------------------------	---------------	--

1:Address _____ _____ Postcode	Date from /    /  To /    /	Lodging <input type="checkbox"/> Renting <input type="checkbox"/> Buying <input type="checkbox"/>
---	---	---

If renting please provide details of the landlord or Landlord's letting agent.

Name _____ _____ Postcode	Tel: _____	Reason for leaving _____ _____ _____ _____ _____ _____
------------------------------------	---------------	--

1:Address

---



---

Postcode

Date from

/ /

To

/ /

Lodging

Renting

Buying

If renting please provide details of the landlord or Landlord's letting agent.

Name

Address

---



---

Postcode

Tel:

Reason for leaving

## 6: Reasons for application

6a: What in your view is the main reason for you wanting to move?	1 <sup>st</sup>	2 <sup>nd</sup>
Permanently decanted from another property owned by Regenda	<input type="checkbox"/>	<input type="checkbox"/>
Discharged from prison or from long stay hospital or other institution	<input type="checkbox"/>	<input type="checkbox"/>
End of Assured Shorthold (Fixed term) Tenancy	<input type="checkbox"/>	<input type="checkbox"/>
Domestic Violence	<input type="checkbox"/>	<input type="checkbox"/>
Asked to leave by family or friends	<input type="checkbox"/>	<input type="checkbox"/>
Other problems with neighbours	<input type="checkbox"/>	<input type="checkbox"/>
Under-occupation	<input type="checkbox"/>	<input type="checkbox"/>
Property unsuitable because of poor condition	<input type="checkbox"/>	<input type="checkbox"/>
To move nearer family / friends / school	<input type="checkbox"/>	<input type="checkbox"/>
To move to accommodation with support (e.g. sheltered housing)	<input type="checkbox"/>	<input type="checkbox"/>
Left your home country as refugee	<input type="checkbox"/>	<input type="checkbox"/>
Loss of tied accommodation (property with job)	<input type="checkbox"/>	<input type="checkbox"/>

Eviction or repossession

Non violent relationship breakdown with partner

Property unsuitable because of over-crowding

Property unsuitable because of ill health / disability

Can't afford rent or mortgage

To move nearer work

To move to independent accommodation

Other

**6b:** Please use the space below to tell us in more detail about the reasons you are moving.

---



---



---

**6c:** Where do you want to live?.

Do you want to live in a

House

Flat

Sheltered

Number of bedrooms required?

Which areas would you like to live in?

Please refer to the information enclosed for the areas where we have properties:

---



---



---

**6d:** Within these areas is there anywhere you would NOT accept a property?

---



---



---

**6e:**Do you have any special requirements? (e.g. ground floor flat, warden support, sheltered etc)

**6f:**Do you wish to register and advertise for a mutual exchange? (current Regenda tenants only)

Yes  No

**6g:**Do you have any pets? **6h:**Do you intend taking them with you? **6i:**Type of pet?

Yes  No  Yes  No

## 7.Relationship to staff or board member

**7a:**Are you related to any individual who currently or has in the past 12 months worked for the Group or been a member of the Board of Management?

Yes  No

If Yes, please give details

## 8.Where did you hear about us?

Please tick one or more

Family / Friends

Site Sign Board

Local Authority

Advice Centre

To-Let Board

Internet

Press Advert

Other

If other please give details

**9.** Please use this page to give any additional information to support your application. If adding extra information from questions in this application form please state the question number clearly above the information.

## 10. Please read and sign the statement.

I / We agree that Regenda can make any enquiries to confirm that what I / we have written on this application is true and that you can take up any references considered necessary in relation to this application (Please be aware that this may necessitate disclosure of your current accommodation to referees).

The information given on this form is a true statement. I understand that Regenda has the right to take action to repossess any property that has been obtained by failing to provide relevant information, or deliberately providing false information.

If your address / circumstances change, please let us know and request a new form.

All information that we hold concerning you as an individual will be held and processed by the organisation strictly in accordance with the provisions of the Data Protection Act 1998.

Such data will be used by the organisation to administer our relationship with you as a valued customer and to provide you with information about the organisation's activities and for related purposes. We will not, without your consent, supply your name and address to any third party except where (1) such transfer of information is a necessary part of the activities that we undertake, or (2) we are required to do so by operation of law.

As an individual, you have a right under the Data Protection Act 1998 to obtain information from us, including a description of the data that we hold on you. Should you have any queries concerning this right, please contact our Governance Department.

## 11. Data Protection Act 1998

Information provided by you on this form is covered by the provisions of the Data Protection Act and in signing this form you give permission for the exchange of information between The Regenda Group and other parties in order to verify the information you have provided.

If we are unable to help you, or you do not reply to any requests for further information, your application will be cancelled and all paperwork confidentially destroyed.

**11a:** Have you completed every question and marked any additional sheets with your name and address?

Yes  No

**11b:** Have you included any supporting documents?

Yes  No

**11c:** Have you told us where you want to live?

Yes  No

## Signatures

1<sup>st</sup> Applicant

Date / /

2<sup>nd</sup> Applicant

Date / /

# PDF- Acceptance

