

# Application Form



If English is not your first language please call 0800 655 6785 and we can call you back with an interpreter. Alternatively you can access our website at [www.selectmove.co.uk](http://www.selectmove.co.uk) and complete an application form online using the Google Translation service.

If you have any other specific communication requirements, for example large print, please contact any of the Select Move partners on **0800 655 6785**

## Checklist

When you have completed your application form please read through the following checklist and ensure the information / documents needed have been provided.

**Please note:** you will not be able to express any interest in properties until the following information and necessary documents have been provided

- **Proof of ID** for all household members that will be moving with you, including children
- Full past 5 year **Address History**
- **Declarations** have been signed on pages 7 and 14
- **All sections** on the form have been completed as fully as possible
- **All sections** marked with an \* have been carefully read and the information or document provided

Please **do not** send original forms of ID via post. Please only send photocopies or visit a partner office and photocopies can be taken.

*Office use only*

Registration Number

Date



## Your details

Applicant 1

Applicant 2

Title	<input type="text"/>	<input type="text"/>
First name	<input type="text"/>	<input type="text"/>
Last name	<input type="text"/>	<input type="text"/>
Any previous names	<input type="text"/>	<input type="text"/>
Relationship to applicant 1	<input type="text"/>	<input type="text"/>
Male / Female	<input type="text"/>	<input type="text"/>
Date of birth	<input type="text" value="dd / mm / yyyy"/>	<input type="text" value="dd / mm / yyyy"/>
National Insurance number	<input type="text"/>	<input type="text"/>

## Your current address

Applicant 1

Applicant 2

Address	<input type="text"/>	<input type="text"/>
Postcode	<input type="text"/>	<input type="text"/>
Date moved in	<input type="text" value="dd / mm / yyyy"/>	<input type="text" value="dd / mm / yyyy"/>
Telephone	<input type="text"/>	<input type="text"/>
Mobile	<input type="text"/>	<input type="text"/>
Email	<input type="text"/>	<input type="text"/>
Contact address <small>If you don't want letters sent to your home address, please provide an alternative correspondence address. This can be a support agency working with you</small>	<input type="text"/>	<input type="text"/>

## Have you or any joint applicant ever lived outside of the UK?

Applicant 1	<input type="checkbox"/> Yes	<input type="checkbox"/> No	* If yes, further information may be required so we will send you a questionnaire to complete.
Applicant 2	<input type="checkbox"/> Yes	<input type="checkbox"/> No	

## What is your Nationality?

Applicant 1

Applicant 2

## Equal Opportunities

Select Move has an Equal Opportunities policy and we wish to ensure we provide fair and unbiased service to everyone who applies for housing. You do not need to answer this part of the application form but it would help us to ensure that we are treating everyone fairly.

**Please choose whichever you feel best describes your family's faith. (Please tick one box)**

<input type="checkbox"/> Bahai	<input type="checkbox"/> Buddhist	<input type="checkbox"/> Christian Faiths	<input type="checkbox"/> Hindu	<input type="checkbox"/> Judaism
<input type="checkbox"/> Muslim	<input type="checkbox"/> Pagan	<input type="checkbox"/> Rastafarian	<input type="checkbox"/> Sikh	<input type="checkbox"/> No faith
<input type="checkbox"/> Prefer not to give	<input type="checkbox"/> Other (please specify)	<input type="text"/>		

**Do you consider your household to be part of a travelling community?** ☐ Yes ☐ No

**What do you consider to be your sexuality?**

Applicant 1

<input type="checkbox"/> Bisexual	<input type="checkbox"/> Gay male	<input type="checkbox"/> Heterosexual	<input type="checkbox"/> Lesbian
<input type="checkbox"/> Prefer not to say	<input type="checkbox"/> Other (please specify)	<input type="text"/>	

Applicant 2

<input type="checkbox"/> Bisexual	<input type="checkbox"/> Gay male	<input type="checkbox"/> Heterosexual	<input type="checkbox"/> Lesbian
<input type="checkbox"/> Prefer not to say	<input type="checkbox"/> Other (please specify)	<input type="text"/>	

**Please state what you consider to be your ethnic origin. (See Ethnic Origin Codes on page 15)**

Applicant 1

Applicant 2

**Is anyone in your household disabled?**

☐ Yes ☐ No If yes, whom?

Please note that if you have a disability or medical condition you will need to complete a separate Medical Questionnaire

**Is anyone listed on this application pregnant?**

☐ Yes\* ☐ No

If yes who is pregnant?

Due date

\*Please provide copy of MatB1 Form

**Does the gender of anyone listed on this application differ to that on their birth certificate?**

☐ Yes ☐ No

## Local Connection

To join the Select Move Common Housing Register you must either be a current/former member of the Armed Forces or their spouse or be able to demonstrate a local connection to at least one of the local authorities by way of residence, employment, giving/receiving support or volunteering. Additional priority will be awarded for properties in each area you have a local connection to.

Please select all local connection reasons that apply and specify the Local Authority area the connection applies to.

Currently live in the area:

Preston

☐

South Ribble

☐

Chorley

☐

If you have lived within the Select Move area for: 6 months out of the last 12 months OR for 3 years out of the last 5 years a Local Connection to the area will exist.

**Please note:** proof of current address will be required: driver's licence/utility bill/bank statement

Name of household member	Address	Date in	Date out
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Immediate family live in the area:

Preston

☐

South Ribble

☐

Chorley

☐

If you have immediate family members that permanently live in the area please give details of the relationship to you and their full name and address. **Please note:** immediate family members are mother, father, son, daughter, sister or brother.

Name	Address	Relationship
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

Employed in the area:

Preston

☐

South Ribble

☐

Chorley

☐

If you are in permanent employment in the area please provide details.

**Please note:** permanent employment is not temporary or seasonal employment and must be for at least 16 hours per week. You must have worked 9 out of the last 12 months and be working at the point an offer of a tenancy is made.

Name of employer	Address of employer
<input type="text"/>	<input type="text"/>

### Voluntary work / positive contribution in the area:

Preston ☐

South Ribble ☐

Chorley ☐

If you make a positive contribution or undertake voluntary work in the area please give details including addresses(es)

**Please note:** voluntary work must be for at least 10 hours per month over the last 12 months

Type of work / positive contribution

Address

To offer support in the area: Preston ☐

South Ribble ☐

Chorley ☐

If you offer care or support to somebody who permanently resides in the area who could not manage without the care provided and the need to move is directly related to the need to provide care please give details of the relationship to you and the person's full name and address.

**Please note:** you will need to demonstrate you are the long-term carer.

Name

Address

Relationship

Details of care / support

To receive support in the area: Preston ☐

South Ribble ☐

Chorley ☐

If you feel you need to move to the area to receive care/support from a person who permanently resides within the area please give details of the relationship to you and the person's full name and address. **Please note:** you will need to demonstrate you are in need of a long-term carer

Name

Address

Relationship

Details of care / support

## Armed Forces

Are you currently serving, or have you previously served within the last 5 years, in the Armed Forces? (Armed Forces includes Royal Navy, Army and RAF).

☐

Yes

☐

No

If yes\*, please give details. Including dates from and to of service.

\* Please provide a copy of your discharge papers or proof of length of service

## Income Details

Does your household have an annual income of £60,000 or more?

☐

Yes

☐

No

Does your household have savings or assets of £30,000 or more?

☐

Yes

☐

No

**Please note:** Households with a gross annual income of £60,000 or more or savings or assets of £30,000 or more will not qualify to join the Select Move Common Housing Register. However these households will be eligible to join the Select Move Open Property Register.

Do you or any member of your household own a property within or outside of the UK?

☐

Yes

☐

No

**Please note:** Homeowners will not qualify to join the Select Move Common Housing Register unless the Local Authority has a statutory duty to provide assistance or your housing needs can only be met by social housing. However home owners will be eligible to join the Select Move Open Property Register.

What is your weekly household income? (Please tick)

☐

£0 - £60

☐

£151 - £200

☐

£351 - £400

☐

£601 - £800

☐

£61 - £100

☐

£201 - £250

☐

£401 - £500

☐

£801 - £1000

☐

£101 - £150

☐

£251 - £300

☐

£501 - £600

☐

£1001 +

## Criminal / Anti-social behaviour

Do you or any member of your household have any unspent\* criminal convictions or court orders?

☐

Yes

☐

No

Have you or any member of your household had legal action taken against you because of anti-social behaviour i.e. ASBO / ASBI

☐

Yes

☐

No

Do you or any member of your household have any pending cases in relation to the above?

☐

Yes

☐

No

If yes to any, please give details below:

Name	Offence	Date of offence	Sentence imposed
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Please provide details of any pending action:

### \* Does not necessarily exclude from housing

\* Under the Rehabilitation of Offenders Act 1974, after a certain period of time all convictions (except those listed below) become spent. The length of time between the date of conviction and the date it becomes spent depends upon the nature of the sentence imposed, the age of the offender at the date of conviction and can be extended by subsequent convictions. Once convictions are spent they need not be disclosed for the purpose of a housing application. We will contact you if we need further information. If you have a further conviction you must inform us. Convictions which can never become spent are those for which a sentence of life imprisonment or a sentence of over 2 ½ years imprisonment or detention or youth custody or a corrective training was imposed.

**You must inform us of any further convictions you receive or pending action prior to being re-housed.**

**I / We confirm that this section has been completed as fully as possible and the details provided are true.**

Applicant 1

Applicant 2

## Communication Needs

What is your preferred method of communication? (please tick)

☐

Letter

☐

Telephone

☐

Email

☐

Other (please specify)

Please note: It may not always be possible to contact you in this preferred way.

Do you have any particular communication requirements that mean you need help to access the Select Move service? E.g. You speak another language, Braille or audio CD.

☐

Yes

☐

No

If yes what help do you need?

What is your main language?

☐

Bengali

☐

English

☐

Farsi

☐

Gujarati

☐

Hindi

☐

Polish

☐

Punjabi

☐

Urdu

☐

Other (please specify)

Do you speak English?

☐

Yes

☐

No

Are you hard of hearing?

☐

Yes

☐

No

If yes do you have a type talk telephone at home?

Please supply details of any family, friends or support workers assisting you with your application

Name

Telephone contact number

Relationship

Support details

Please give details of anyone you wish to have Third Party Authorisation with regards to your application. This person will be able to act on your behalf throughout the process of your application and applying for properties

Name

DOB

Telephone contact number

Relationship

Name

DOB

Telephone contact number

Relationship

**Please note:** we request date of births to confirm the identity of the person acting on your behalf

## Your Household

**Please give details of every individual who will be living in the household**

\* Please request a Child Access Form for children who do not live with you permanently

First Name	Surname	DOB	Relationship to Applicant 1	Living with you Y/N	Ethnic Origin Code *

**Please give details of anyone currently living with you that will NOT be moving with you**

First Name	Surname	DOB	Relationship to Applicant 1	Ethnic Origin Code *

\*Please see Ethnic Origin codes on page 15

**Will you be adopting or fostering children in the near future?**

☐ Yes
 ☐ No
 If yes, please provide details and evidence from Social Services

## Address History

Please give all your addresses within the past 5 years.

Applicant 1 address	Date in	Date out	Name of landlord / family / friends (address & contact number)
	dd/mm/yyyy	dd/mm/yyyy	

Applicant 2 address	Date in	Date out	Name of landlord / family / friends (address & contact number)
	dd/mm/yyyy	dd/mm/yyyy	

Address history for anyone on the application who is 16 years old or over and will be moving with you

Name	Address	Date in	Date out	Name of landlord / family / friends (address & contact number)
		dd/mm/yy	dd/mm/yy	

Has any household member EVER held a tenancy with a Council or Social Landlord?

☐

Yes

☐

No

Name of person

Please state landlord name

Dates

**Please note:** Landlord references may be requested from all previous landlords.

If your current tenancy is with a private landlord and you **do not** wish for us to contact them for a reference please state why.

## Your Housing Details

Please state your current landlord's name and address

Name

Address

Telephone

In your current home are you:

☐

Home owner\*

☐

Private tenant

☐

Supported housing

☐

Local Authority

☐

Housing Association

☐

Staying with friends / relatives

☐

Other

\* Proof of sale of property will be required if you are a home owner

Do you live in a:

☐

Bedsit

☐

Bungalow

☐

Ground floor flat

☐

Upper floor flat

☐

Maisonette

☐

House

☐

Other (please state)

How many bedrooms in your current home?

How many bedrooms in use by your household?

Are you overcrowded by 1 bedroom or more?

*N.B. We expect children of same sex to share bedroom until 16yrs; different sex to 10 yrs*

Are you about to lose your home?

☐

Yes

☐

No

If yes, please state the approximate date by which you have to leave:

Do you lack any of the following facilities? (Please tick)

☐

Inside toilet

☐

Hot water supply

☐

Kitchen/cooking facilities

☐

Electricity / gas

☐

Bath / shower

Why do you want to move? (Please tick all that apply)

☐

Anti-social behaviour

☐

To be near family to provide support

☐

To a smaller property

☐

Over crowding

☐

To be near family to receive support

☐

To a larger property

☐

Property condition

☐

To be near to work / voluntary work

☐

Financial reasons

☐

The area in general

☐

Domestic violence

☐

Leaving Armed Forces

☐

Medical needs

☐

To be near local facilities (e.g. shops)

☐

Into sheltered accommodation

☐

Other (please state)

**Are you interested in moving into Sheltered Accommodation?**

☐ Yes ☐ No

**Please note:** this will not limit you to Sheltered Accommodation only.

**Are you experiencing financial difficulty in paying a shortfall in Housing Benefit due to under-occupancy?**

☐ Yes ☐ No

**Is your current property adapted and you no longer require these adaptations? (Yes/No)**

☐ Yes ☐ No

If yes, please give details of adaptations:

**Please specify your first choice of area**

This does not limit where you can bid for

**Does anyone named on the application own a pet?**

☐ Yes ☐ No

If yes, please give details of the type of pet:

**Do you currently have a bank account or credit union account?**

☐ Bank Account ☐ Credit Union Account ☐ None

Universal Credit, a welfare benefit that will be paid to people of working age if they claim welfare benefit support, is due to be introduced from October 2013.

Universal Credit will include an amount for a person's housing or rent costs.

An aim of Universal Credit is to make people more responsible for the management of their income and so Universal Credit will be paid directly to the person or family making a claim.

**You will need to have a bank or credit union account for the benefit to be paid into.**

**A direct debit agreement will then need to be made to ensure your rent is paid.**

Please contact a Select Move partner if you require help or advice to set up an account.

## Relationship to interested parties

Are you, or any member of your household, a local councillor of Preston City Council or South Ribble Borough Council or Chorley Borough Council, currently employed by any member of the Select Move partnership, sitting on any board or tenant committee of one of the partners, an employee of a contractor or sub-contractor or are you related to anyone else who is a councillor, employee or a board or tenant committee member?

If yes, please give details

☐ Yes

☐ No

Applicant 1

Applicant 2

## Special Circumstances

Are there any special circumstances (such as you being homeless or about to become homeless, fleeing domestic violence, having a disability or medical condition) that we need to consider?

\*Please note that if you have a disability or medical condition you will need to complete our separate Medical Questionnaire

☐ Yes

☐ No

If yes, please give details:

## Mutual Exchange

If you are a tenant of a Select Move partner and are eligible, please tick below if you would like for your property to be added to the Mutual Exchange Register

☐ Yes

☐ No

If yes, the contact details provided on this application form will be used on the property advert. Photographs of your property can be added to the advert via

[www.selectmove.co.uk](http://www.selectmove.co.uk)

## Enhanced Housing Options

Select Move provides an Enhanced Housing Options service.

Please visit [www.selectmove.co.uk](http://www.selectmove.co.uk) and after entering a few details regarding yourself and your circumstances you will be provided with information for suitable housing options available for you.

# DECLARATION

The partner organisations which make up “Select Move” reserve the right to check the information on this form and as part of checking the information we may check with or pass information onto organisations such as: Police, Local Councils, Hospitals, Employers, Probation, Former/Current Landlords, Banks or Building Societies, Health Visitors, Social Services, Doctors, Credit Reference Agencies, organisations that may lend you money or any other organisation or bodies administering public funds, if the law allows this.

When you sign this Declaration you give us permission to approach these organisations to get information about you or to give them information about your household in accordance with our policies. In assessing your application, to ensure accuracy, prevent fraud and protect public funds, Select Move may seek information from other agencies, organisations, local authorities or government departments. We may also disclose details of your application to such agencies. Select Move may keep your information for a reasonable period for these purposes. We may need to share your information with our service providers and agents for these purposes.

I/We confirm that the details I/we have given in this application are true. I/We understand that I/we have given false information, or omitted relevant information, my/our application may be refused, any offers withdrawn or I/we may lose any tenancy I/we have been granted.

I/We undertake to keep the Select Move partners informed of any changes in my/our circumstances – e.g. change of address, criminal convictions, childcare access, pregnancy, medical conditions. (Where a landlord has granted a tenancy as a result of a false statement made knowingly or recklessly by the tenant, this is ground for which any landlord of the partnership can seek possession of the premises).

The Select Move partners include: Accent Foundation, Adactus Housing Association, Chorley Community Housing, Chorley Borough Council, Community Gateway Association, Contour Housing, Eaves Brook, Great Places, New Progress Housing Association, Places for People, Preston City Council and South Ribble Borough Council.

## Data Protection Act

Information in respect of your Housing Application will be processed by computer for the proper conduct of Select Move’s housing function. Data will also be used for statistical purposes. Although individuals will not be identified you have a right to ask for information which is being held about you and to correct any inaccuracies, with certain limited exceptions, i.e. information provided by other professionals which is exempt from disclosure. Statistical data that does not identify the applicant is not subject to Data Protection. Any information collected which identifies sensitive personal data (race, sexual orientation, religion, disability) requires explicit consent from the data subject before this can be released to you.

You should ask a member of the customer services team at any of the Select Move partners if you wish to exercise this right, for which there may be a potential charge. We will treat your information with the highest level of security and confidentiality.

If you provide Select Move with information about another person, you confirm that they have appointed you to act for them, to consent to the processing of their personal data including sensitive personal data and that you have informed them of our identity and the purposes for which their personal data will be used.

Some of the information you have provided is regarded as sensitive personal data by the Data Protection Act 1998. By law, you must give us your explicit consent to use this information. The reason we request this information from you is to provide us with a clear understanding of all your needs so that we can ensure our service caters for any special requirements you may have and to help maintain your well being, for administering services and providing customer services such as keeping our databases up to date and providing information on local services. We may disclose personal data in order to comply with a legal or regulatory obligation. By providing us with your personal data you consent to our processing your sensitive data, such as health data, for the above purposes.

☐

Please tick here to confirm that you agree to the sharing of your information in accordance with the Declaration.

Signature

Date

Applicant 1

Applicant 2

## Ethnic Origin

Please choose from the codes below to describe ethnic origin

Code	Description
A	White British
B	White Irish
C	White Other
D	Mixed White and Black Caribbean
E	Mixed White and Black African
F	Mixed White and Asian
G	Mixed Other
H	Asian or Asian British Indian
J	Asian or Asian British Pakistani
K	Asian or Asian British Bangladeshi
L	Asian or Asian British Other
M	Black or Black British Caribbean
N	Black or Black British African
P	Black or Black British Other
R	Chinese
S	Other ethnic group
Z	Not stated (to be used if you do not wish to give your ethnic origin)

## Next Steps

When we receive your completed application we will register your details and write to you to confirm we have done this. You will be given a unique registration number, which you should quote in all future enquiries.

### Please now

- Check you have completed all sections of the form
- Have enclosed all necessary documents marked with **an \*** throughout the application

Please contact any Select Move partner for further guidance on free-phone 0800 655 6785 or visit the website at [www.selectmove.co.uk](http://www.selectmove.co.uk)

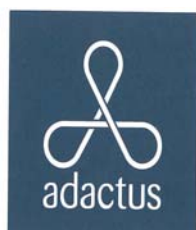
Please ensure correct postage is paid when returning application forms in the post. Please see overleaf for all partner organisation addresses and contact numbers.



19-21 Alder Close  
Moss Side  
Leyland  
PR26 7TT  
**0845 678 0581**



Deltic House  
West Strand  
Preston  
PR1 8UY  
**0800 953 0213**



Turner House  
56 King Street  
Leigh  
WN7 4LJ  
**0845 505 3355**



729 Princess Road  
Manchester  
M20 2LT  
**0300 123 1966**



Ann James House  
32/34 St Thomas' Road  
Chorley  
Lancs  
**01257 244800**



Sumner House  
21 King Street  
Leyland  
PR25 2LW  
**01772 450600**



Civic Offices  
Union Street  
Chorley  
PR7 1AL  
**01257 515151**



Unit 18 South Rings  
Business Park  
Craven Drive  
Preston  
PR5 6BZ  
**01772 666308**



Quay Plaza 2  
1<sup>st</sup> Floor, Lowry Mall  
Salford Quays  
M50 3AH  
**0345 602 1120**



Housing Advice  
Birley Street  
Preston  
PR1 2QE  
**01772 906412**



Unit 2 Tustin Court  
Portway  
Preston  
PR2 2YQ  
**01772 765600**



Civic Centre  
West Paddock  
Leyland  
PR25 1DH  
**01772 421491**

**Free-phone 0800 655 6785**