



Application for Rented Accommodation

Please answer all questions as fully as possible so that we can assess your application properly. If we do not have enough information we will return the form to you and you will not be registered on our waiting list. If you need any help with the completion of this form please call the contact centre on 0800 1835757 or 01745 536800.

Section 1: About you

	First Applicant	Second Applicant
Title (Mr/Mrs/Miss/ Ms	<input type="text"/>	<input type="text"/>
etc) Gender	<input type="text"/>	<input type="text"/>
First Name(s)	<input type="text"/>	<input type="text"/>
Surname	<input type="text"/>	<input type="text"/>
Relationship to first Applicant	<input type="text"/>	<input type="text"/>
Date of Birth	<input type="text"/>	<input type="text"/>
National Insurance Number	<input type="text"/>	<input type="text"/>
Address	<input type="text"/>	<input type="text"/>
Postcode	<input type="text"/>	<input type="text"/>
Date you moved into this Address	<input type="text"/>	<input type="text"/>
Home Telephone Number	<input type="text"/>	<input type="text"/>
Mobile Telephone Number	<input type="text"/>	<input type="text"/>
Email Address	<input type="text"/>	<input type="text"/>
Name and Address of your current landlord	<input type="text"/>	<input type="text"/>

Section 2: Other people who live with you

Tell us about anybody else who lives with you now and if they are moving with you or not.

Name	Relationship to Applicant	Date of Birth	Gender	Moving with you?
				Yes No
				Yes No
				Yes No
				Yes No
				Yes No
				Yes No
				Yes No
				Yes No

Please tell us about anybody else who will be living with you when you move.

Are you or anybody who is moving with you pregnant? Yes No

Name	Relationship to Applicant	Date of Birth	Gender	Current Address

If yes when is the baby due?

Please send a copy of your MAT B1 form with your application.

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Section 3: About where you live now

Brief description of your current home.

Are you...	Main Applicant		Joint Applicant	
Renting from a Housing Association	Yes	No	Yes	No
Renting from a Council	Yes	No	Yes	No
Renting from a private landlord	Yes	No	Yes	No
An Owner Occupier	Yes	No	Yes	No
Living with friends or family	Yes	No	Yes	No
In tied Accommodation	Yes	No	Yes	No
In the Armed Forces	Yes	No	Yes	No
Living in a hostel or other temporary accommodation	Yes	No	Yes	No
Other (please state)	Yes	No	Yes	No

Please tell us what type of home you are living in at the moment.

Are you living in a...	Main Applicant		Joint Applicant	
A bedsit	Yes	No	Yes	No
A ground floor flat	Yes	No	Yes	No
An upper floor flat	Yes	No	Yes	No
A bungalow	Yes	No	Yes	No
A house	Yes	No	Yes	No
A hostel	Yes	No	Yes	No
A caravan	Yes	No	Yes	No
Bed & Breakfast	Yes	No	Yes	No
Other (Please describe)	Yes	No	Yes	No

Please tell us how many rooms you have and if you have to share these with anyone who isn't a member of your household.

Room	Number	Sharing?	
Double bedrooms		Yes	No
Single bedrooms		Yes	No
Living room		Yes	No
Dining room		Yes	No
Bathroom		Yes	No
Toilet		Yes	No
Kitchen		Yes	No

Section 4: Previous addresses

Please tell us where you have lived for the past **5 years**. If you have had a tenancy before we will contact your landlord to ask for a reference. Please continue on a separate sheet if necessary.

First Applicant's Address	From	To	Name & Address of Landlord	Reason for leaving

Please tell us about anybody else who will be living with you when you move.

Second Applicant's Address	From	To	Name & Address of Landlord	Reason for leaving

Section 5: Why do you need to move?

Please tick to indicate which of the following apply to you.

You will need to supply evidence to support your application. Please refer to pages 8 to 12 in the guidance notes to see what type of evidence is acceptable.

Homelessness

Please note that if you are homeless or are likely to become homeless within the next 28 days you should contact your local authority to see if you can make a homelessness application. Please send us a copy of the letter you receive from the local authority telling you what they have decided about your homelessness application as this may affect your priority banding.

Tick which applies to you

I / we are staying with family or friends but have been confirmed as homeless and in priority need by the local council **(Page 12)**

I / we are staying with family and friends but the local authority have not accepted us as homeless and in priority need **(Page 9)**

I am single and homeless and have been told by the council that I am 'not in priority need' **(Page 9)**

I am going to be homeless within the next 2 months **(Page 9)**

I / we are homeless and are living in temporary accommodation provided by the council **(Page 12)**

Problems with your present home

My property does not have a kitchen/ bathroom or indoor toilet **(Page 8)**

My property is in a serious state of disrepair and has been declared as 'unsafe' or hazardous to health by an Environmental Health Officer **(Page 8)**

I need to move because my current home is over crowded **(Page 10)**

I / we have children under 10 years of age and we live in an upper floor flat without access to a garden (Verified at home visit)

Social/ Personal Issues

I need a new home because my family cannot live together in my current home **(Page 9)** I

need to move because I am escaping a violent situation **(Page 8)**

I need to move because I need to leave my home following the breakdown of a relationship **(Page 11)**

I need to move to be closer to work **(Page 11)**

I need to move because I have financial problems which may cause me to lose my home (please complete the financial details form and return with your application) **(Page 11)**

I currently live in housing association or council property which is too big for me **(Page 10)**

I need to move because I have to share a bathroom or kitchen with people who are not part of my household **(Page 11)**

I want to move because I want to set up home for the first time **(Page 11)**

I need to move because I am being affected by frequent incidents of anti-social behaviour I need to move in order to give or receive support or care **(Page 9)**

Section 5 continued on the next page

Section 5: Why do you need to move? ... continued

Long term illness/ disability

If you need to move because of a long term illness or disability please have the enclosed medical questionnaire completed and returned with your application form.

Tick which applies to you

I am currently in hospital or residential care and cannot be discharged as my home is unsuitable (Page 8) ☐

I cannot stay in my current home because I need adaptations and my current home cannot be adapted (Page 8) ☐

I need to move because I cannot get into or out of my home or I can not get to the toilet in my home (Page 8) ☐

I need to move because I have a long term illness or disability which is made worse by my current housing conditions (Page 9) ☐

Additional Information

Please use this space to tell us about anything else which you feel may be relevant to your application

Section 6: Special requirements

If you need a property which is adapted to accommodate a disability please let us know what adaptation/ features you require. Please only tick those features which are essential to avoid reducing the options available to you.

Tick which applies to you

Level/ ramped access ☐ Wheelchair adapted ☐

Level access shower ☐ Property ground floor toilet ☐

Clos o mat toilet ☐ High rise bath ☐

Stair lift ☐ Through floor lift ☐

Designated Car parking ☐

Other (Please state)

Section 7: Where do you want to live?

Please look at the enclosed list showing where ClwydAlyn has homes and tell us which areas to move to in order of preference.

1.

3.

2.

4.

In the areas you have chosen are there any streets or schemes where you do not want to live?

Please tell us if there are any areas where we do not have homes at the moment, where you would like to live if we are able to build in the future?

Not all of our properties are suitable for pets. Please give details of any pets you want to move with you.

Section 8: Connections with ClwydAlyn

Are you or your partner an employee of ClwydAlyn?

Yes No

Are you or your partner related to an employee or board member of ClwydAlyn?

Yes No

If yes please give details below

Name of employee/ board member

What is their relationship to you?

Section 9: Monitoring information

ClwydAlyn wants to assist all sections of the community. In order to monitor how successful, we are we need to collect information for monitoring purposes. This information will be treated in confidence and will only be used for equality monitoring purposes. It will not be taken into account when we are deciding who will be offered a property.

We will respect your privacy and you do not have to answer all of the questions but the more questions you answer the more you will help us to improve our services.

ClwydAlyn is committed to the protection of personal information and is subject to the General Data Protection Regulation. Your information will be held securely in accordance with our privacy notice which can be found at www.clwydalyn.co.uk/privacy-policy

Are you... **Main Applicant** **Joint Applicant**

Male

Female

Prefer not to say

Is your Gender Identity the same as the gender you were assigned at birth? ☐ Yes ☐ No ☐ Yes ☐ No

Religion / Belief

Are you... **Main Applicant** **Joint Applicant**

Buddhism

Christianity

Islam

Hinduism

Judaism

Sikhism

No religion

Prefer not to say

Other (Please state)

Others Living in your home...

Do you consider any other member of your household over the age of 18, to have a Religious Belief that is different from what you have mentioned in the Religious Belief Section?

☐ Yes ☐ No ☐ Prefer not to say

Full Name	D.O.B	Religion

Section 9 continued on the next page

Section 9: Monitoring information

What is your Sexual Orientation?

Are you...	Main Applicant	Joint Applicant
Heterosexual		
Homosexual		
Lesbian		
Bi-Sexual		
Prefer not to say		
Other (Please state)		

Others Living in your home...

Do you consider any other member of your household over the age of 18, to have a Sexual Orientation that is different from what you have mentioned in the above section?

Yes No Prefer not to say

Full Name	D.O.B	Religion

Section 9 continued on the next page

Section 9: Monitoring information... continued

Disability

The 'Equality Act 2010' says that a disability is a physical or mental impairment that has a significant and long-term effect on a person's ability to carry out daily activities.

Are your day-to-day activities limited because of a health condition or disability which has lasted, or is expected to last, at least 12 months?

First Applicant

Yes No Prefer not to say

Second Applicant

Yes No Prefer not to say

Please tick the boxes that apply

Main Applicant

Joint Applicant

Mobility Problems

Deaf / Hearing impaired

Blind / Visually impaired

Mental Health

Speech impaired

Learning Disability

Alcohol related problem

Drug related problem

Leaving Care / Institution

Social / communication impairment

Prefer not to say

Other health issue (Please state)

Others Living in your home...

Does anyone else in the household have their day-to-day activities limited because of a health condition or disability which has lasted, or is expected to last, at least 12 months?

Yes No

If yes, please state their name(s) and describe their disability or vulnerability

Do any other members of the household use a wheelchair?

Yes No

If yes, please state which members

Section 9 continued on the next page

Section 9: Monitoring information... continued

What is your race?

How would you describe your ethnic origin?

Please tick...

Main Applicant

Joint Applicant

White Mixed/multiple
ethnic groups

Black/African/Caribbean

Asian Gypsy or Irish

Traveller

Arab

Other, please describe

Prefer not to say

And...

How would you describe your national identity?

British

Welsh

English

Scottish

Northern Irish

Irish

Other, please describe

Prefer not to say

Do you consider yourself to be a refugee?

Yes No

Do you consider your partner to be a refugee?

Yes No

Others Living in your home...

Do you consider any other member of your household over the age of 18, to have an Ethnic Origin or National Identity that is different from what you have mentioned in the above Section?

Yes No Prefer not to say

Full Name	Date of Birth	Ethnic Origin	National Identity

Section 9 continued on the next page

Section 9: Monitoring information... continued

What is your employment status?

Please tick...

First Applicant

Second Applicant

Employed in full-time work (30+hrs)

Employed part time (less than 30 hrs)

Zero Hours Contract

Job seeker

Self employed (full or part time)

Retired

Full-time education

Looking after family/home

Permanently sick/disabled

Not in Education, Employment or Training

Government supported training

Other (please state)

Do you look after, or give any help to support family members, friends, neighbours or others because of either: long term physical or mental ill health/disability or problems related to old age?

First Applicant

Yes

No

Prefer not to say

Second Applicant

Yes

No

Prefer not to say

General Household information

Do you have a bank account from which you can make direct debits?

Yes

No

If no, would you like information about how to set up a bank account?

Yes

No

Do you have a computer/laptop in your household?

Yes

No

Do you have access to the internet in your household (for example smartphone or computer)?

Yes

No

Would you be interested in training and support to improve your IT skills?

Yes

No

Section 10: Communication needs

We know people don't always have the same communication needs — you may need us to provide a service more suited to your needs. Please indicate the method of communication in your order of preference, 1, 2, 3, 4. Please indicate as many or as few as you wish to do so.

How would you like to contact us?

E-mail Text Letter Telephone

Other (please state)

How would you like us to contact you?

E-mail Text Letter Telephone

Other (please state)

Which language would you prefer us to use when we contact you?

English Welsh English written Welsh written

Other including British Sign Language (please state)

If you have problems reading English and you would like information in another way please tell us how you would like it.

In Braille In Large Print Audio on CD Face to face

Other (please state)

I would like information sent to my Carer/Support Worker/Other member of my family (please tell us details below):

If nobody in your household speaks English or Welsh we can arrange for an interpreter to translate the call. If you need this service please tell us which language you speak.

When we call you on the telephone, would like us to use an Interpreter? Yes

I need a British Sign Language (BSL) interpreter to be there. Yes

When we visit you in your home, is there anything we should know? Yes

I would like to know when you are coming to visit so I can arrange to have someone else there with me Yes

I would like you to knock loudly and give me time to get to the door Yes

Other (please state)

Section 10 continued on the next page

Section 10: Communication needs... continued

Are there any days of the week it would be inconvenient to contact you (please state):

Section 11: Emergency contact information

Please give us details of the person we should contact in the event of an emergency.

PLEASE DO NOT GIVE DETAILS OF ANYBODY FROM YOUR HOUSEHOLD AS WE WOULD AUTOMATICALLY TRY TO CONTACT THEM BEFORE TRYING TO CONTACT ANYBODY ELSE.

Person to contact in case of an emergency

Their relationship to you

Emergency contact phone number

Please keep us up to date with any changes.

Section 12: Marketing consent

Here at ClwydAlyn we take your privacy seriously and will only use your personal information to administer any account you have with us and to provide the products and services you have requested from us.

However, from time to time we would like to contact you with details of other housing-related products or services we provide. If you consent to us contacting you for this purpose, please tick to say how you would like us to contact you:

Post ☐ Email ☐ Telephone ☐ Text message ☐ Automated call ☐

We may also like to pass your details onto other housing-related product or service companies, so that they can contact you by post with details of goods and services that they provide. If you consent to us passing on your details for that purpose, please tick to confirm:

I agree ☐

If you have changed your mind about being contacted for marketing purposes, please contact our Customer Services Team on **0800 1835757** to update your preferences.

Our full privacy notice is available at www.clwydalyn.co.uk/privacy-policy

Section 13: Declaration

The information supplied by you at sections 1-10 above will be held by ClwydAlyn Housing Ltd in accordance with our obligations under the General Data Protection Regulation. We will use this information for the purpose of processing your application. We will also use this information in anonymised form to help us plan and deliver our services. We will also use your contact details to advise you of any new products or services provided by ClwydAlyn. We will treat your information as confidential and will not share your information with any organisation outside ClwydAlyn unless you agree or unless disclosure is permitted or required by law. For more information about how we use your data please ask to see our privacy policy or view it on line at www.clwydalyn.co.uk

Please show this notice to anyone else whose details are included on this form

Please read the Declaration below and sign to confirm that we may store and use the information you have supplied in the way we have described above.

- I / we confirm the details and information provided on this form are to the best of my knowledge true, and that legal action may be taken against any person who obtained accommodation as a result of giving false or misleading information.
- I / we authorise the ClwydAlyn Housing Ltd to make any enquiries necessary to confirm the accuracy of the details supplied on this form.
- I / we authorise the ClwydAlyn Housing Ltd to contact other persons/organisations to obtain verification of any details provided in this application, or to obtain further information relevant to this application, including Housing Benefit information.

First Applicant	Second Applicant
Signature	Signature
Print name	Print name
Date	Date

Please return your completed application form together with any supporting documents to:

ClwydAlyn
72 Ffordd William Morgan
St Asaph Business Park
St Asaph
Denbighshire
LL17 0JD