

Bedfordshire Housing Register Application Form

The main housing providers in Bedfordshire operate a Joint Allocations Policy using a banding system to assess housing need. For information on the Allocations Policy and banding system please see the leaflet 'Housing Register Summary'.

In order to apply to a housing register in Bedfordshire please complete this application form and provide all the relevant documentation to support your application. (see page 21 for a list of required documentation).

The Bedfordshire Sub-Region operates in three areas of Bedfordshire:

- **Bedford Borough**
- **Central Bedfordshire**
- **Luton**

You will need to complete one form for each local authority area you wish to apply to.

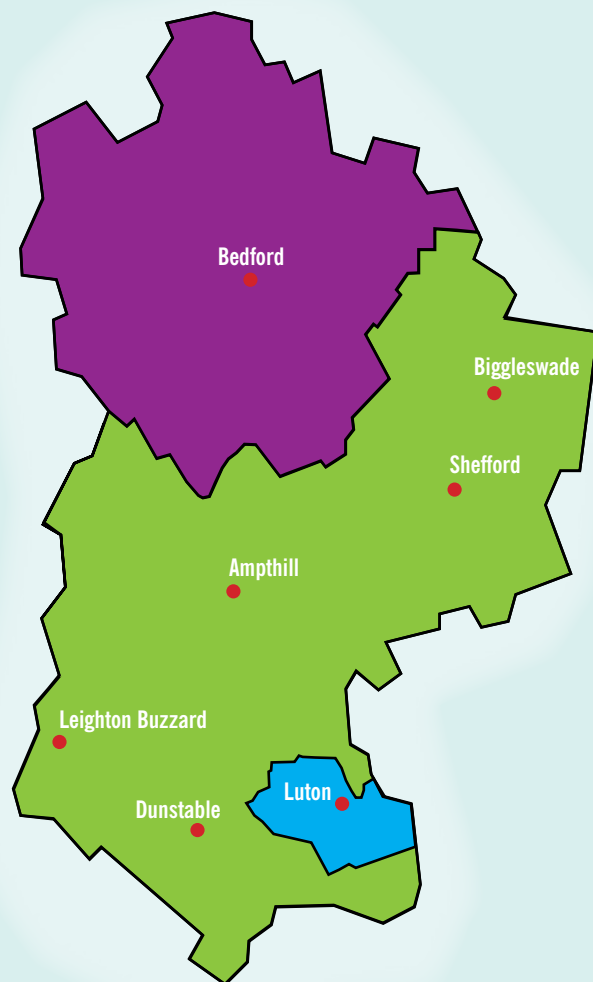
Please return your application form to the relevant Housing Provider:

Bedford Borough bpha, Pilgrims House, Horne Lane, Bedford, MK40 1NY.

Central Bedfordshire Aragon Housing Association, Katherine's House, Dunstable St, Ampthill, MK45 2JP.

Central Bedfordshire Central Bedfordshire Council, High Street North, Dunstable, Bedfordshire, LU6 1LF.

Luton Luton Borough Council, Town Hall, Luton, LU1 2BQ.



Your application will have a higher priority in an area where you have a local connection.

If you require help completing this form please contact your local housing provider:

bpha: Tel. 01234 79 10 00

Aragon Housing Association: Tel. 01525 84 05 05 / 01767 68 58 00

Central Bedfordshire Council: Tel. 0300 300 8000

Luton Borough Council: Tel. 01582 51 03 70



Bedford Borough Council



Equalities monitoring

The Bedfordshire Partners are against any form of unfair discrimination and have a legal duty to make sure that we treat our employees and people who use our services fairly and that we do not discriminate on grounds of race, gender or disability. However, it is not enough to say that we do not unfairly discriminate. We must be able to demonstrate fairness by taking active steps to collect information about employees and people who use our services.

This collection of equality information is a positive way for us to check whether people from all sections of the community are benefiting from our services.

Checking this information also helps us plan for the future and make the most effective use of our money and other resources.

To help us collect this information, please fill in the information below:

You	Your partner/joint applicant
<p>Ethnic background/nationality</p> <p>White</p> <p><input type="checkbox"/> British <input type="checkbox"/> Irish</p> <p><input type="checkbox"/> Gypsy or Irish Traveller</p> <p>Any other white background:</p> <p><input type="checkbox"/> Bulgarian <input type="checkbox"/> Cypriot</p> <p><input type="checkbox"/> Czech <input type="checkbox"/> Estonian</p> <p><input type="checkbox"/> Hungarian <input type="checkbox"/> Italian</p> <p><input type="checkbox"/> Latvian <input type="checkbox"/> Lithuanian</p> <p><input type="checkbox"/> Maltese <input type="checkbox"/> Polish</p> <p><input type="checkbox"/> Portuguese <input type="checkbox"/> Romanian</p> <p><input type="checkbox"/> Slovakian <input type="checkbox"/> Slovenian</p> <p>Other: please state</p> <input type="text"/> <p>Mixed</p> <p><input type="checkbox"/> White & Black Caribbean</p> <p><input type="checkbox"/> White & Black African</p> <p><input type="checkbox"/> White & Asian</p> <p>Any other mixed background: please state</p> <input type="text"/>	<p>Ethnic background/nationality</p> <p>White</p> <p><input type="checkbox"/> British <input type="checkbox"/> Irish</p> <p><input type="checkbox"/> Gypsy or Irish Traveller</p> <p>Any other white background:</p> <p><input type="checkbox"/> Bulgarian <input type="checkbox"/> Cypriot</p> <p><input type="checkbox"/> Czech <input type="checkbox"/> Estonian</p> <p><input type="checkbox"/> Hungarian <input type="checkbox"/> Italian</p> <p><input type="checkbox"/> Latvian <input type="checkbox"/> Lithuanian</p> <p><input type="checkbox"/> Maltese <input type="checkbox"/> Polish</p> <p><input type="checkbox"/> Portuguese <input type="checkbox"/> Romanian</p> <p><input type="checkbox"/> Slovakian <input type="checkbox"/> Slovenian</p> <p>Other: please state</p> <input type="text"/> <p>Mixed</p> <p><input type="checkbox"/> White & Black Caribbean</p> <p><input type="checkbox"/> White & Black African</p> <p><input type="checkbox"/> White & Asian</p> <p>Any other mixed background: please state</p> <input type="text"/>

1
Applicant 1

2
Applicant 2

	You	Your partner / joint applicant
	<p>Asian or Asian British</p> <p><input type="checkbox"/> Indian <input type="checkbox"/> Bangladeshi</p> <p><input type="checkbox"/> Pakistani <input type="checkbox"/> Kashmiri</p> <p><input type="checkbox"/> Chinese</p> <p>Any other Asian background: please state</p> <input type="text"/>	<p>Asian or Asian British</p> <p><input type="checkbox"/> Indian <input type="checkbox"/> Bangladeshi</p> <p><input type="checkbox"/> Pakistani <input type="checkbox"/> Kashmiri</p> <p><input type="checkbox"/> Chinese</p> <p>Any other Asian background: please state</p> <input type="text"/>
<p>3 Applicant 1</p> <input type="text"/> <p>4 Applicant 2</p> <input type="text"/>	<p>Black or Black British</p> <p><input type="checkbox"/> Caribbean <input type="checkbox"/> African</p> <p>Any other Black background: please state</p> <input type="text"/>	<p>Black or Black British</p> <p><input type="checkbox"/> Caribbean <input type="checkbox"/> African</p> <p>Any other Black background: please state</p> <input type="text"/>
<p>5 Applicant 1</p> <input type="text"/> <p>6 Applicant 2</p> <input type="text"/>	<p>Other ethnic group</p> <p><input type="checkbox"/> Arab</p> <p>Any other ethnic group: please state</p> <input type="text"/>	<p>Other ethnic group</p> <p><input type="checkbox"/> Arab</p> <p>Any other ethnic group: please state</p> <input type="text"/>
	<p>Faith/religion/belief</p> <p><input type="checkbox"/> Baha'i <input type="checkbox"/> Buddhist</p> <p><input type="checkbox"/> Christian <input type="checkbox"/> Hindu</p> <p><input type="checkbox"/> Muslim <input type="checkbox"/> Jain</p> <p><input type="checkbox"/> Jewish <input type="checkbox"/> Rastafarian</p> <p><input type="checkbox"/> Shinto <input type="checkbox"/> Sikh</p> <p><input type="checkbox"/> Taoist <input type="checkbox"/> Zoroastrian</p> <p><input type="checkbox"/> None <input type="checkbox"/> Prefer not to say</p> <p>Any other faith/religion: please state</p> <input type="text"/>	<p>Faith/religion/belief</p> <p><input type="checkbox"/> Baha'i <input type="checkbox"/> Buddhist</p> <p><input type="checkbox"/> Christian <input type="checkbox"/> Hindu</p> <p><input type="checkbox"/> Muslim <input type="checkbox"/> Jain</p> <p><input type="checkbox"/> Jewish <input type="checkbox"/> Rastafarian</p> <p><input type="checkbox"/> Shinto <input type="checkbox"/> Sikh</p> <p><input type="checkbox"/> Taoist <input type="checkbox"/> Zoroastrian</p> <p><input type="checkbox"/> None <input type="checkbox"/> Prefer not to say</p> <p>Any other faith/religion: please state</p> <input type="text"/>
	<p>Do you consider yourself to have a disability?</p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>If yes, please tick which of the following describes your disability</p> <p>Sensory <input type="checkbox"/> Physical <input type="checkbox"/></p> <p>Mental <input type="checkbox"/> Learning <input type="checkbox"/></p> <p>Hidden <input type="checkbox"/></p>	<p>Do you consider yourself to have a disability?</p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>If yes, please tick which of the following describes your disability</p> <p>Sensory <input type="checkbox"/> Physical <input type="checkbox"/></p> <p>Mental <input type="checkbox"/> Learning <input type="checkbox"/></p> <p>Hidden <input type="checkbox"/></p>
	<p>7 Applicant 1</p> <input type="text"/> <p>8 Applicant 2</p> <input type="text"/>	<p>Sexuality</p> <p>Heterosexual <input type="checkbox"/></p> <p>Gay Man <input type="checkbox"/></p> <p>Lesbian <input type="checkbox"/></p> <p>Bi Sexual <input type="checkbox"/></p> <p>Prefer not to say <input type="checkbox"/></p>

Your personal details

Office use only

You

Mr Mrs Miss Ms

Other

Sex: Male Female

Marital Status: Single

Married Divorced

Separated Widowed

Living together as partners

Surname / Family Name

First Name(s)

Any previous/other names *(including name before you married)*

Date of Birth

National Insurance Number

Address *(incl. Postcode)*

Your partner / joint applicant

Mr Mrs Miss Ms

Other

Sex: Male Female

Marital Status: Single

Married Divorced

Separated Widowed

Living together as partners

Surname / Family Name

First Name(s)

Any previous/other names *(including name before you married)*

Date of Birth

National Insurance Number

Address *(incl. Postcode)*

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Applicant 1

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Applicant 2

You

Your partner / joint applicant

Contact details

Home tel:

Work tel:

Mobile tel:

E-mail Address:

Correspondence address (if different to home address provided above)

Are you currently a tenant of Luton Borough Council/Central Bedfordshire Council/bpha/Aragon Housing Association?

Yes

No

Have you ever applied to any of the partner landlords for housing?

Yes

No

If yes, please give details below:

Name of person who applied

Address from which he/she applied

Date of application

Application number (if known)

Contact details

Home tel:

Work tel:

Mobile tel:

E-mail Address:

Correspondence address (if different to home address provided above)

Are you currently a tenant of Luton Borough Council/Central Bedfordshire Council/bpha/Aragon Housing Association?

Yes

No

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No

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Name of person who applied

Address from which he/she applied

Date of application

Application number (if known)

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Applicant 1

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Applicant 2

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Applicant 1

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Applicant 2

Have you or your partner ever had a housing application refused by another council or housing association?

Yes No

If YES, please give details below:

Have you or your partner ever applied to a council or housing association for housing and been found to be intentionally homeless?

Yes No

If Yes, please give details below:

Name of council/housing association

Date

Reason for being intentionally homeless

Have you or any member of your household been accused of anti-social behaviour in any of your homes over the past five years?

Yes No

If Yes, please give details below:

Please note: *The Bedfordshire Allocations Policy awards no priority to:*

- *Applications where a household member is subject to an Acceptable Behaviour Contract, Anti-Social Behaviour Order, Injunction or other Order relating to anti-social behaviour, or*
- *Applicants who have knowingly worsened their housing circumstances or have been determined as intentionally homeless.*

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Do you, or any member of your household, have, or have previously had, a legal or financial interest in any rented or owned property in this country or abroad?

Yes No

If Yes, please give details below:

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Do you or your partner have any rent / mortgage arrears for the home in which you live?

Yes No

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Do you or your partner have any rent / mortgage arrears for any property in which you have lived during the past three years?

Yes No

If you have answered Yes to either of these questions, please give details explaining why you have arrears and how much you owe:

Applicant with Arrears	Address	Arrears Outstanding	Reason for debt

Please note: *The Bedfordshire Sub-regional Allocation Policy awards no priority to households with rent or mortgage arrears.*

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Have you, or your partner/joint applicant, lived in Bedfordshire for either:-

Six out of the last 12 months? Yes No

or:-

Three out of the past five years? Yes No

Are you permanently employed in Bedfordshire? Yes No

If you have family in the area, please supply details of immediate relatives (i.e. mother, father, brother, sister, son or daughter) who have lived within the area you wish to be housed in and have done so for at least five years. (Proof of five years residency will be required)

Name	Address	Date from/to	Relationship to you

Please note: *The Bedfordshire Allocations Policy awards no priority to applicants with no local connection to the authority to which they have applied.*

Reasons why you need rehousing

Please tell us the principle reason(s) why you have applied for rehousing:

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People included in your application

Please give details of all the people included in your application, including yourself.

Surname or Family name	First names	Sex M/F	Date of birth	Relationship to you	National Insurance Number
				<i>Applicant</i>	

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Is anybody included in your application pregnant?

Yes No

If Yes, please give details below:

A copy of the Maternity Plan, showing the expected due date, is required for confirmation.

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Bedrooms
needed

Do all those who wish to be rehoused with you live with you now on a full time basis?

Yes No

If NO, give the following details:

Name	How often do they live with you?	At what other address do they live?	Reason they do not live with you all of the time

Has anyone on your application come to the UK from another country?

Yes No

Office use only

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If YES, please give details and confirm whether you have secured accommodation in the UK since your arrival.

Name	Country of Origin	Date of arrival in UK	Have you secured accommodation in the UK? Y/N

If English is not your first language, main language spoken:-

Is anybody included in your application subject to immigration control?

Yes No

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If YES, please give details below:

Do you have any pets?

Yes No

If YES, please give details below:

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You should note that some accommodation is not considered to be suitable for certain pets.

Medical, disability and other special circumstances

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Do you, or anyone included in your application, have any health problems that are made worse by your present housing?

Yes No

If YES, please provide brief details below.

Name of person	What is the medical problem?	How does your current accommodation make the condition worse?

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Do you, or anyone included in your application, have a disability?

Yes No

If YES, and the disability affects the type of housing you require, please provide brief details below.

Name of person	Details of disability	Why is your present accommodation unsuitable?

Have you, or anybody on your application, received support from a social worker, probation officer, community psychiatric nurse or any other support services in the last three years?

Yes No

If YES, please give details below:

Name of person receiving support	Date of last contact	Profession (social worker, probation officer, etc)	Name of Support Worker	Agency name and address

If you are 60 years old or over and interested in sheltered accommodation, do you require assistance with your care needs?

Yes No

If you are not currently receiving support from a professional worker but wish to nominate a person to act on your behalf in relation to matters concerning your housing application, please give details on page 20.

Income/ savings / accommodation costs

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Current income

Please complete income details for all household members who are not in full time education (please note that documentary evidence of household income will be required).

Name	Name and Address of Employer	Job Title	Details of all Welfare Benefits / pensions received	Gross Income Please specify if amount is weekly / monthly / yearly
Total Household Income				£

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Savings and investments

Please provide details of savings and investments held by all household members – please note that documentary evidence will be required.

Name	Bank / Building Society Accounts / Investments / Shares etc (please specify)	Total (£s)
Total household income/savings/investments		£

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Current accommodation costs

Please specify the current costs of your accommodation. (This is the rent or mortgage that you pay for your current address and should **NOT** include utility bills, insurance policy costs etc)

£ : weekly / monthly / yearly* (*please delete as appropriate)

Your current accommodation

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Which of the following best describes your current housing situation?

Owner occupier*	<input type="checkbox"/>	Tied accommodation with job	<input type="checkbox"/>
Council tenant*	<input type="checkbox"/>	Armed Forces	<input type="checkbox"/>
Renting from a private landlord	<input type="checkbox"/>	Living with relatives	<input type="checkbox"/>
Renting from a resident landlord	<input type="checkbox"/>	Living with friends	<input type="checkbox"/>
Renting from a Housing Association / Registered Social Landlord*	<input type="checkbox"/>	In hospital / institution	<input type="checkbox"/>
Hotel / Hostel / Bed and Breakfast	<input type="checkbox"/>	Roofless / No fixed abode	<input type="checkbox"/>
		Living with parents	<input type="checkbox"/>
		Other	<input type="checkbox"/>

*Please note that the The Bedfordshire Allocations Policy awards no priority to:

- Homeowners (unless specific circumstances apply)
- Local Authority or Housing Association tenants where their current property is suitable.

Do you currently reside in supported housing? (i.e. you receive on-site support from a warden, key worker etc.)

Yes No

If YES, please give details of who provides this support for you:

If you are renting your home please provide us with your landlord's details:

Name of Landlord	Address of Landlord (incl. Postcode)

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Type of current accommodation

House Flat Maisonette

Bungalow Bedsit/Studio Caravan/Mobile Home

Other (give details)

On what floor is your property situated?

Is there a lift for you to use?

Yes No

Do you share your home with any persons who will not live with you at your new home?

Yes No

If YES, please give their name(s) and relationship to you.

How many bedrooms are there in the property?

How many bedrooms does your household have exclusive use of?

How many living rooms does the property have (not including the kitchen, bathroom, toilet, hall or bedrooms)

One Two More than two

Do you have access to the following:

An inside W.C.? Yes No

An inside water supply? Yes No

Are you being asked to leave your current accommodation?

Yes No

If Yes, please give details below (please note proof will be required):

Alterations and adaptations to your home

Does your home have any adaptations or equipment to make it suitable for someone with a disability or mobility needs?

Yes No

If YES, please give details below:

Did you receive a grant from your Local Authority to help pay for this work?

Yes No

Will you need any adaptations or work done to your new home?

Yes No

If YES, please give details below *(we may refer you to Social Services for an assessment):*

Accommodation History

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Please give details of where you have lived for the past five years, starting with your current address.

You

Address	Date from/to	Tenure (<i>private landlord/council/living with relatives, owner etc</i>)	Name and address of landlord	Reason for leaving

Your partner / joint applicant

Address	Date from/to	Tenure (<i>private landlord/council/living with relatives, owner etc</i>)	Name and address of landlord	Reason for leaving

Has anybody on your application ever had a council or housing association tenancy before?

Yes No

If YES, please provide the name of the person who held the tenancy, the dates, the name of the landlord and the reason for leaving:

Is anybody included on this application currently registered on any other council or housing association's housing waiting list?

Yes No

If YES, please give details below:

Has anybody included on this application ever been evicted or had a property repossessed?

Yes No

Name	Address	Date to and from	Name of landlord / mortgage company

Have you, or any member of your household, ever been convicted of a criminal offence?

Yes No

Please provide details of any convictions against you, or anyone on your application, involving "offences against the person", including offences of a sexual nature but not convictions which are spent under the Rehabilitations of Offenders Act 1974. (*"Spent" convictions stay on your criminal record but you no longer have to declare them after a certain period of time.*)

If YES, please give details below:

Name of person convicted	Date of conviction	Nature of conviction

Other relevant information

Please use the space below to inform us of any further information you feel should be taken into account when we consider your application for housing:

Please list all supporting documentation that you have attached to this application:

Authority to disclose

If you want a person to discuss details of your housing application with us, please provide us with their details below:

Name	Address	Telephone contact details / E-mail address	Relationship to you
		<i>Home Phone Number</i> <i>Mobile Phone Number</i> <i>E-mail address</i>	

Authority to act on your behalf

If you want a person to act for you (e.g. bid for properties, accept properties on your behalf etc.) please give details below:

Name	Address	Telephone contact details / E-mail address	Relationship to you
		<i>Home Phone Number</i> <i>Mobile Phone Number</i> <i>E-mail address</i>	

Information required

Please note that your application cannot be processed unless you provide the following documentary evidence (*please do not send original documents through the post*):

For the main applicant and, where applicable, joint applicant:

- Passports / driving licence
- **Proof of your National Insurance Number** such as your National Insurance Number card, payslips or P45/P60, Benefit award letters or books
- A recent utility bill in your name(s)
- Home Office letters confirming your immigration status, where appropriate
- Two passport sized photographs with your name on reverse.

About children:

- Copies of all Birth Certificates
- Child Benefit notification letter
- CSA maintenance notice, where applicable.

About your household's income:

The following are required for all family members, where applicable

- **Proof of all state benefits received, including Tax Credits**
- **Confirmation of earnings, where applicable** (*this can be your last two payslips if you are paid monthly, or last four if weekly/fortnightly; alternatively a copy of the contract of employment*)
- Evidence of any other income.

About your current accommodation:

- Copy of your tenancy agreement, including Evidence of Tenancy Deposit Protection scheme, or mortgage statements
- Copy of rent statements / rent book.

About your household's savings and investments

For all family members, where applicable:

- Bank/building society statements or passbooks (showing two month's transactions)
- Share certificates
- Premium bonds
- National Savings Certificates
- ISA/PEP/TESSA statements
- Redundancy notice
- Solicitors letters regarding proof of inheritance/sale of property

Declaration

Are you or anyone on your application:

- Employed by Luton Borough Council, Central Bedfordshire Council, Bedford Borough Council, Aragon Housing Association or bpha, or any of their contractors?
- Related to someone who works for Luton Borough Council, Central Bedfordshire Council, Bedford Borough Council, Aragon Housing Association or bpha?
- Related to a Councillor or Board Member of Luton Borough Council, Central Bedfordshire Council, Bedford Borough Council, Aragon Housing Association or bpha?

Yes No

If YES please give details:

Data Protection Statement

The information that you have given on this form shall be treated as proprietary and confidential. It will only be used to carry out the activities for which it was collected.

Central Bedfordshire Council, Luton Borough Council, Bedford Borough Council, Aragon Housing Association and bpha are registered under the Data Protection Act 1998 for the purpose of processing personal data in the performance of its legitimate business. Any information held by us will be processed in compliance with the eight principles of the Act.

Local authorities are under a duty to protect the public funds they administer, and to this end may use the information you have provided on this form within the authority for the collection of funds and the prevention and detection of fraud. It may also share this information with other bodies administering public funds solely for these purposes and with other bodies as required for legal reasons.

Declaration

DECLARATION AND CONSENT

- I declare that the information I have given is correct & complete
- I undertake to inform the Council/Housing Association of any changes in my circumstances as soon as they take place
- I understand that if I give any information that is false or incomplete, I am committing an offence and that legal action may be taken to bring my tenancy to an end resulting in my eviction
- I give permission for information to be disclosed to other parts of the Council/Housing Association and other organisations, including the police and probation authorities for verification, assessment and nomination purposes
- I give permission for the Council/Housing Association to contact any social worker, probation officer, community psychiatric nurse, or other similar worker to discuss my application in order to assess my housing need
- I give permission for the Council / Housing Association to make any enquiries necessary to verify and/or assess my housing application.

If this is a joint application, both applicants must sign this form

Signature of Applicant:

Print Name:

Date:

Signature of Joint Applicant:

Print Name:

Date:

Where would you like to move to?
TICK AS MANY AREAS AS POSSIBLE THAT YOU WOULD CONSIDER

Ampthill	AMPT	Lidlington	LIDL
Arlesey	ARLE	Marston Mortaine	MARS
Aspley Guise	ASPG	Maulden	MAUL
Aspley Heath	ASPH	Meppershall	MEPP
Astwick	ASTW	Milbrook	MILL
Battlesden	BATT	Milton Bryan	MBRY
Beeston	BEES	Moggerhanger	MOGG
Biggleswade	BIGG	Northill & Ickwell	NOIC
Blunham	BLUN	Old Warden	OWAR
Brogborough	BROG	Pegsdon	PEGS
Broom	BROO	Potsgrove	PGRV
Caldecote	CALD	Potton	POTT
Campton & Chicksands	CAMP	Pulloxhill	PULL
Clifton	CLIF	Ridgmont	RIDG
Clophill	CLOP	Sandy	SAND
Cranfield	CRAN	Shefford	SHFD
Dunton	DUNT	Shillington	SHIL
Edworth	EDWO	Silsoe	SILS
Eversholt	ESHT	Southill	SOUT
Everton	EVTN	Stanford	STND
Flitton	FTTN	Steppingley	STEP
Flitwick	FLWK	Stondon	STON
Gravenhurst	GRAV	Stotfold	STFD
Greenfield	GREE	Sutton	SUTT
Harlington	HARL	Tempsford	TEMP
Hatch	HATC	Tingrith	TING
Haynes	HAYN	Westoning	WEST
Henlow	HENL	Woburn	WOBN
Houghton Conquest	HCON	Woburn Sands	WSDS
Hulcote & Salford	HUSA	Wrestlingworth, Eyeworth	WECH
Husborne Crawley	HCRA	& Cockayne Hatley	
Langford	LANG		

Please state the type of property you would consider:

Bungalow House Ground Floor Flat Upstairs Flat Studio Maisonette

Retirement Housing

If you would like to be considered for retirement accommodation, please indicate by ticking one of the boxes below

Essential Preferred Not Needed

Extra Care (please contact the Retirement Housing Team on 01525 840505 for more information)

Extra Care Needed

Exchange Register

If you are currently a Council/Housing Association tenant would you like your details entered onto our Mutual Exchange List?*

Yes No

Main Applicant Name: _____ Signature: _____ Date: _____

Joint Applicant Name: _____ Signature: _____ Date: _____

*Please Note: your name and details will be displayed on the Exchange Register which will be reproduced electronically and made publicly available on the internet and the Association's offices