

**1 APPLICANT DETAILS**

Mr/Mrs/ Miss/Ms	Surname	First Names	Date of Birth	Sex M/F
<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>

National Insurance No.

**JOINT APPLICANT'S DETAILS**

Mr/Mrs/ Miss/Ms	Surname	First Names	Date of Birth	Sex M/F
<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>

National Insurance No.

Address

  


Home Tel No.

Mobile Tel No.

Work Tel No.

To the best of your knowledge are you or any member of your household related to a member of staff or Board Member of the Association or to a person who has held a position within the past twelve months?

YES  NO

If YES, please give details

  


**2 Are you receiving Disability Living Allowance?**

YES  NO

If YES, please supply evidence of your Disability Living Allowance Entitlement

**3 APPLICATION DETAILS**

Are you already an AHA garage tenant? YES  NO  Is this application for a Transfer/Exchange? YES  NO

If YES, please state address of present Garage

Please state Parish in which garage is required

Please list Road or Street where garage is required, in order of preference

1.  2.

Make and type of vehicle to be garaged

Registration No.

**I/We declare that the above information is true and correct**

**APPLICANT**

SIGNED:

DATE:

**JOINT APPLICANT**

SIGNED:

DATE:

**Office Use**

App no.

Reg Date

AHA/PRI

ARRS

## EQUAL OPPORTUNITIES

The Association is committed to Equal Opportunities; ensuring that all applicants are treated with fairness and equity. To enable us to demonstrate this being carried out, records are maintained and monitored for all applicants and subsequent offers of tenancy.

To help the Association achieve and monitor equality of opportunity, it would be much appreciated if you would complete the following:

### ETHNIC ORIGIN (Please indicate your ethnic origin by ticking the boxes below)

✓ one only	Applicant		Joint applicant		Applicant		Joint applicant	
White	British	<input type="checkbox"/>	<input type="checkbox"/>	WBR	White Irish	<input type="checkbox"/>	<input type="checkbox"/>	WIR
White	Other	<input type="checkbox"/>	<input type="checkbox"/>	WOT	White & Black African	<input type="checkbox"/>	<input type="checkbox"/>	MBA
Mixed	White & Black Caribbean	<input type="checkbox"/>	<input type="checkbox"/>	MBC	Mixed Other	<input type="checkbox"/>	<input type="checkbox"/>	MOT
	White & Asian	<input type="checkbox"/>	<input type="checkbox"/>	MWA	Bangladeshi	<input type="checkbox"/>	<input type="checkbox"/>	ABA
Asian or Asian British	Indian	<input type="checkbox"/>	<input type="checkbox"/>	AIN	Asian Other	<input type="checkbox"/>	<input type="checkbox"/>	AOT
	Pakistani	<input type="checkbox"/>	<input type="checkbox"/>	APA	Gypsy Traveller	<input type="checkbox"/>	<input type="checkbox"/>	GTR
Black or Black British	Caribbean	<input type="checkbox"/>	<input type="checkbox"/>	BCA	Not know	<input type="checkbox"/>	<input type="checkbox"/>	UNK
	African	<input type="checkbox"/>	<input type="checkbox"/>	BAF	Prefer not to disclose	<input type="checkbox"/>	<input type="checkbox"/>	REF
Black	Other	<input type="checkbox"/>	<input type="checkbox"/>	BOT	Other ethnic origin Please state			
Chinese		<input type="checkbox"/>	<input type="checkbox"/>	CCH				

### RELIGION (Please indicate your religion by ticking the boxes below)

✓ one only	Applicant		Joint applicant		Applicant		Joint applicant		Applicant		Joint applicant	
Christian (Including Church of England, Catholic, Protestant and all other Christian)	<input type="checkbox"/>	<input type="checkbox"/>	CHR	Jewish	<input type="checkbox"/>	<input type="checkbox"/>	JUD	Other religion	<input type="checkbox"/>	<input type="checkbox"/>	OTH	
Hindu	<input type="checkbox"/>	<input type="checkbox"/>	HIN	Muslim	<input type="checkbox"/>	<input type="checkbox"/>	MSM	None	<input type="checkbox"/>	<input type="checkbox"/>	NON	
Buddhist	<input type="checkbox"/>	<input type="checkbox"/>	BUD	Sikh	<input type="checkbox"/>	<input type="checkbox"/>	SKH	Unsure	<input type="checkbox"/>	<input type="checkbox"/>	UNS	
Prefer not to disclose	<input type="checkbox"/>	<input type="checkbox"/>	REF									

### SEXUAL ORIENTATION (Please indicate your sexuality and tick all that apply)

✓ one only	Applicant		Joint applicant		Applicant		Joint applicant		Applicant		Joint applicant	
Heterosexual	<input type="checkbox"/>	<input type="checkbox"/>	HTL	Gay man, Lesbian	<input type="checkbox"/>	<input type="checkbox"/>	SSP	Bisexual	<input type="checkbox"/>	<input type="checkbox"/>	BSL	
Prefer not to disclose	<input type="checkbox"/>	<input type="checkbox"/>	REF									
								Unsure	<input type="checkbox"/>	<input type="checkbox"/>	UNS	

### DISABILITY: Do you have a disability? YES / NO. If YES, please tick all that apply.

✓ one only	Applicant		Joint applicant		Applicant		Joint applicant		Applicant		Joint applicant	
Visual impairment	<input type="checkbox"/>	<input type="checkbox"/>	Physical impairment	<input type="checkbox"/>	<input type="checkbox"/>	Hearing impairment	<input type="checkbox"/>	<input type="checkbox"/>				
Mental health	<input type="checkbox"/>	<input type="checkbox"/>	Other Please state									

Feb 2010

Please return your completed form to :

**Aragon Housing Association**  
**2 Shannon Court**  
**High Street**  
**Sandy**  
**Beds**  
**SG19 1AG**