



Housing Application Form

FOR OFFICE USE ONLY:

Reference Number		SPACE FOR DATE STAMP		
Date Received				
Correspondence:	✓	Medical Assessment:	✓	Date:
CB		CBL		
Proof of Pregnancy		Duty Officer		
Written		HSO – Monies Owed		
Access		Welcome Pack		

Guidance notes are provided to help you to complete this form. If you require any assistance in completing this form or for a copy of this publication in large print, braille, audio tape or an alternative language, contact any of the housing providers or call into a customer service centre.

This form is also available in Welsh/Mae'r ffurflen hon ar gael yn Gymraeg hefyd.

THE HOUSING PROVIDERS

Throughout this form, 'the housing providers' will mean the ChoiceHomes@ Pembrokeshire partners, Pembrokeshire County Council, Pembrokeshire Housing Association and Wales and West Housing.

PLEASE FILL IN THIS FORM IF YOU:

- Want to rent a home from one or all of the housing providers.
- Are already a tenant of the one of the housing providers and would like to move to another council or housing association property in Pembrokeshire.
- Are already a tenant of one of the housing providers and have found a mutual exchange.

COMPLETING THIS FORM

The information you give in this form allows us to assess the eligibility and housing need of you and the other people you include in this application. It is important that you give as much information as possible, answer all the questions that apply to you and provide copies of the documents requested. Once you have completed the form you must sign and date it before you submit it to us.

If your form is not complete or has not been signed it cannot be processed and will be returned to you. If you do not provide all the proof we need, this will also delay your application.

CONFIDENTIALITY

The information you provide is confidential and subject to the requirements of the Data Protection Act 1998. This personal data will be held and processed by the housing providers for the purpose of assessing your eligibility for social housing and your housing needs. The personal details that you provide may be shared with external agencies where disclosure is required and to protect social funds. Any data or information you provide may be used or shared to prevent crime, including fraud. It may also be used to prevent the misuse of resources. For further information as to how the housing providers will use your personal data, please ask each organisation individually.

HOUSING FRAUD

It is a criminal offence to knowingly provide a false statement or withhold information to assist you in obtaining accommodation from the housing providers. We will take legal action against anyone found committing an offence and may also seek possession of any property obtained. You have a legal obligation to ensure that all information is accurate.

CHANGE OF CIRCUMSTANCES

You must inform the **Housing Department** in writing about any change in your circumstances. Changes such as having a baby or someone in your household moving out may affect your housing application. Do this on our Change of Circumstances form which you can get from your local Customer Service Centre or online at www.choicehomespembrokeshire.org – 'How to Apply'.

Housing Application Form

The demand for social housing in Pembrokeshire is much greater than the number of available properties. It is important that you explore other housing options. For advice, call **01437 764551**, visit North Wing, County Hall, Haverfordwest, or check Pembrokeshire County Council's website at www.pembrokeshire.gov.uk/housing

1. ELIGIBILITY

YOUR ELIGIBILITY AND IMMIGRATION STATUS

Asylum seekers are not eligible for an allocation of accommodation under Part 6 of the 1996 Housing Act. Once they receive a positive decision on their claim for asylum and are awarded refugee status, humanitarian protection or discretionary leave, then they may be entitled to an allocation of accommodation. There are other restrictions, which may affect your application, which may mean that you will need to provide further information in order for your application to be assessed accurately. Please be aware that your application may take longer to assess.

The housing partners cannot include certain 'persons from abroad' on the Housing Register.

Continue...

The following questions will help us to determine if you are eligible.

ARE YOU:

British citizen Asylum seeker Refugee Overseas student

Sponsored visitor to the UK Commonwealth citizen

National or family member of a national of the European Union

Other, please state: _____

If you have limited leave to remain, what is the expiry date?: ____/____/____

PROOF REQUIRED:

One proof confirming your eligibility, for example passport or Home Office papers.
Please do not include original documents with your application, although we may ask to see original documents at a later date.

YOUR APPLICATION WILL NOT BE ACCEPTED WITHOUT THIS INFORMATION.

2. GENERAL INFORMATION

2a. Are you currently a tenant of any of the ChoiceHomes@Pembrokeshire partners?

Pembrokeshire County Council Pembrokeshire Housing Association

Wales and West Housing None of the Above

2a. Mutual Exchange

If you are currently a secure tenant of a Council or an assured tenant of a housing association you can register for a mutual exchange. If you find another tenant with whom you wish to exchange homes, please contact your landlord before making any arrangements. Written permission from your landlord must be obtained before carrying out a mutual exchange. Failure to do so could put your tenancy at risk.

Yes, I would like to register for a mutual exchange

PLEASE NOTE:

By ticking this box you are giving permission for your details on the Mutual Exchange Register (name, contact number and address) to be made available to anyone registered with ChoiceHomes@Pembrokeshire. Please be aware that access to this information is not restricted in any way.

Continue...

2c. In what language would you like to receive future correspondence?

English Welsh Other, please state: _____

2d. How would you like to receive future correspondence?

Post Email (please provide your email address): _____

3. ABOUT YOU

Please write in BLACK BLOCK CAPITALS.

Please read the questions carefully before you start to fill in the form.

YOUR DETAILS:

Title: Mr Mrs Miss Ms

Is this a joint or sole application? Joint Sole

First name: _____ **Last name:** _____

Address: _____

_____ **Postcode:** _____

Length of time at this address: _____

Date of birth: ____/____/____ Male Female

Is there a different address at which you would prefer us to contact you? Yes No

If **YES**, please complete details below...

Address: _____

_____ **Postcode:** _____

Reason for contact address: _____

Home number: _____ **Mobile number:** _____

Work number: _____ **Email address:** _____

National insurance number: _____

YOUR PARTNER'S DETAILS:

Title: Mr Mrs Miss Ms

Is this a joint or sole application? Joint Sole

First name: _____ **Last name:** _____

Address: _____

_____ **Postcode:** _____

Continue...

Length of time at this address: _____

Date of birth: ____/____/____ Male Female

Is there a different address at which you would prefer us to contact you? Yes No

WHO LIVES WITH YOU?

Please give details about each person who lives with you now. Do not include yourself or your partner. Please let us know if any of the members of your household are already on theChoiceHomes@Pembrokeshire waiting list. If there are more than four people, please continue on a separate sheet.

I don't live with anybody else

1 First name: _____ Last name: _____

Date of birth: ____/____/____ Male Female Relationship to you: _____

Moving with you? Yes No Already on waiting list? Yes No

National insurance number (if applicable): _____

2 First name: _____ Last name: _____

Date of birth: ____/____/____ Male Female Relationship to you: _____

Moving with you? Yes No Already on waiting list? Yes No

National insurance number (if applicable): _____

3 First name: _____ Last name: _____

Date of birth: ____/____/____ Male Female Relationship to you: _____

Moving with you? Yes No Already on waiting list? Yes No

National insurance number (if applicable): _____

4 First name: _____ Last name: _____

Date of birth: ____/____/____ Male Female Relationship to you: _____

Moving with you? Yes No Already on waiting list? Yes No

National insurance number (if applicable): _____

Continue...

OTHERS?

Do any children aged 16 or under stay overnight with you under an access agreement?

Yes No

Please continue on a separate sheet if need be.

PROOF REQUIRED: Your application will not be accepted without this information.

CHILD 1

First name: _____ **Last name:** _____

Date of birth: ____/____/____ Male Female **Relationship to you:** _____

How often (nights/week): _____

CHILD 2

First name: _____ **Last name:** _____

Date of birth: ____/____/____ Male Female **Relationship to you:** _____

How often (nights/week): _____

Are you pregnant, or is anyone being rehoused with you pregnant? Yes No

First name: _____ **Last name:** _____

Expected due date: ____/____/____

If someone is not currently living with you but will be re-housed with you, please give their name, their current address and briefly explain why they will be moving in with you.

First name: _____ **Last name:** _____

Date of birth: ____/____/____ Male Female **Relationship to you:** _____

Current address and postcode: _____

Already on waiting list? Yes No

Reason for including on your application:

If someone is not currently living with you but will be re-housed with you, please give their name, their current address and briefly explain why they will be moving in with you.

First name: _____ **Last name:** _____

Date of birth: ____/____/____ Male Female **Relationship to you:** _____

Current address and postcode: _____

Already on waiting list? Yes No

Reason for including on your application:

CONNECTIONS TO EMPLOYEES OF THE HOUSING PARTNERS AND COUNCILLORS

Are you or is anyone else included in this application:

Related to, or associated with, someone working in the housing services of the housing partners (including a housing association board member)? Yes No

If YES, please provide the following information:

First name: _____ **Last name:** _____

Your relationship (for example self, father, partner): _____

The position they hold: _____

Workplace address and postcode: _____

Please continue on a separate sheet if you need to give more than one person's details. Your application will then be dealt with by the partner landlord.

PROOF REQUIRED

You must provide:

- One proof of identity for you (and your partner) including your date(s) of birth, for example, a passport, driving licence, birth certificate or Home Office papers.
- One proof of address for every person, including children, who will be moving with you, for example, an official HM Revenue and Customs letter.
- Proof of pregnancy if relevant, for example a MAT B1 form or letter from your doctor or midwife.
- Proof of access arrangements if relevant.

Please do not include original documents with your application, although we may ask to see original documents at a later date.

YOUR APPLICATION WILL NOT BE ACCEPTED WITHOUT THIS INFORMATION.

4. PREVIOUS ADRESSES

Please give details of all the addresses where you have lived in the PAST FIVE YEARS. Start with your present address. Please note that we may carry out checks and ask for references.

YOUR DETAILS:

Address: _____

When did you live there? From: ____ / ____ / ____ To: ____ / ____ / ____

Were you: A tenant? The owner? Living with relatives? Other?

Reason for leaving: _____

Address: _____

When did you live there? From: ____ / ____ / ____ To: ____ / ____ / ____

Were you: A tenant? The owner? Living with relatives? Other?

Reason for leaving: _____

Address: _____

When did you live there? From: ____ / ____ / ____ To: ____ / ____ / ____

Were you: A tenant? The owner? Living with relatives? Other?

Reason for leaving: _____

YOUR PARTNER'S DETAILS:

Address: _____

When did you live there? From: ____ / ____ / ____ To: ____ / ____ / ____

Were you: A tenant? The owner? Living with relatives? Other?

Reason for leaving: _____

Continue...

Address: _____

When did you live there? From: ____/____/____ To: ____/____/____

Were you: A tenant? The owner? Living with relatives? Other?

Reason for leaving: _____

Address: _____

When did you live there? From: ____/____/____ To: ____/____/____

Were you: A tenant? The owner? Living with relatives? Other?

Reason for leaving: _____

YOUR APPLICATION WILL NOT BE ACCEPTED WITHOUT THIS INFORMATION.

5. YOUR CONDUCT

Unacceptable Behaviour

Have you, or has anyone else included in this application:

- Ever had an order for possession of a property, or ever been evicted from a property? Yes No
- Ever had an order for possession of a property, or even been evicted from a property due to unacceptable behaviour? Yes No
- Have any outstanding debt to any private landlords, housing associations, or local authority properties (for example, rent arrears, court costs, rechargeable repairs)? Yes No
- Been given an order made in civil court that is linked to a property, or to the locality of a property? Yes No
- Been subject to a non-molestation order, an injunction order, an occupation order, or a restraining order? Yes No

Continue...

If you have answered yes to any of these questions, please give full details including dates and addresses (please continue on a separate sheet if necessary):

The Housing Partners may suspend a customer from the Register where satisfied that the customer, or a member of their household, committed unacceptable behaviour serious enough to make them unsuitable to be a tenant.

6. YOUR HOME

PREVIOUS COUNCIL OR HOUSING ASSOCIATION TENANCIES

Have you, or has anyone else included in this application, ever been a council or housing association tenant? Yes No

Name of council or housing association: _____

Name on the tenancy agreement: _____

Address of previous tenancy: _____

Postcode: _____

Please continue on a separate sheet if you need to give details of more than one property.

Continue...

OWNING PROPERTY OR LAND

Have you, or has anyone else included in this application, ever been a council or housing association tenant? Yes No

Have you or your partner owned a property or a piece of land in the UK or abroad in the past five years? Yes No

Do you or your partner have shared ownership of any property in the UK or abroad? Yes No

Have you or your partner ever exercised your Right To Buy or Right To Acquire to purchase a property from a local authority or housing association? Yes No

If you answered YES to any of these questions above, please provide the following information:

Name of owner: _____

Property address or land location: _____

_____ **Postcode:** _____

What is the value of the property or piece of land?

£

If you own a property and have a mortgage, how much is the outstanding mortgage?

£

If you no longer own the property, if you sold it how much equity did you make on the sale?

£

Do you have any arrears? Yes No If so how much? £

If so would you like help addressing these? Yes No

PROOF REQUIRED:

- If you have a mortgage, you must provide a current mortgage statement and land registry details.
- If you no longer own the property, you must provide details, for example a copy of the sale completion statement from your solicitor.

YOUR APPLICATION WILL NOT BE ACCEPTED WITHOUT THIS INFORMATION.

Are you able to afford your current property?

If **NO**, please explain here (continue on a separate sheet if necessary) and provide supporting information.

In what type of accommodation do you currently live?

House Bungalow Maisonette Caravan Bedsit Flat

Which floor?

Ground First Second or above Other (please specify): _____

In your present accommodation, are you?

- | | | | |
|----------------------------------|--------------------------|--|--------------------------|
| A council tenant | <input type="checkbox"/> | A housing association (HA) tenant | <input type="checkbox"/> |
| Renting from a private landlord | <input type="checkbox"/> | An owner-occupier | <input type="checkbox"/> |
| Living with relatives or friends | <input type="checkbox"/> | In a hostel, refuge or bed and breakfast | <input type="checkbox"/> |
| In lodgings with meals provided | <input type="checkbox"/> | In supported housing | <input type="checkbox"/> |
| In armed forces accommodation | <input type="checkbox"/> | In housing tied to a job | <input type="checkbox"/> |
| In a hospital or nursing home | <input type="checkbox"/> | In prison | <input type="checkbox"/> |

Other, please state: _____

PROOF REQUIRED:

- Copy of your tenancy agreement if applicable.
- If you are currently in prison, you must provide your discharge papers or a release letter or equivalent.

YOUR APPLICATION WILL NOT BE ACCEPTED WITHOUT THIS INFORMATION.

If you are currently renting your home (private, council or housing association tenants) please provide the following details:

Landlord's name: _____ **Landlord's contact number:** _____

Landlord's address: _____

_____ **Rent (per week/per month):** £

Do you get help with your rent from Housing Benefit or Local Housing Allowance?

Yes No How much? (per week / per month): £

Do you have any arrears? Yes No If so how much? £

If so would you like help addressing these? Yes No

Is your home in a poor state of repair? Yes No

If **YES**, has an Environmental Health Officer visited your property due to the disrepair in the past 12 months? If yes, please give details below:

If your property is in a poor state of repair, you should report it to your landlord/your landlord's repair service. If your privately rented property in Pembrokeshire is in a poor state of repair and your landlord is unable or unwilling to fix the issues, you can call Pembrokeshire County Council's Private Rented Sector Team on 01437 764551 for advice.

Facilities – Does your current property have:

Toilet	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes, but shared with others <input type="checkbox"/>
Bath/shower	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes, but shared with others <input type="checkbox"/>
Kitchen	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes, but shared with others <input type="checkbox"/>
Electricity	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes, but shared with others <input type="checkbox"/>
Hot water	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes, but shared with others <input type="checkbox"/>
Heating	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes, but shared with others <input type="checkbox"/>

Please state what kind of heating: _____

If you are sharing any facilities with someone who is not moving with you, what is your relationship to them (e.g. family/friend)? _____

How many bedrooms in your property do you have the use of?

Include any spare bedrooms, but do not include any bedrooms that are being used by someone who is not going to move with you.

Do you have any pets that will be rehoused with you? Yes No

If yes, please give details:

Number: Type (e.g dog/cat/bird): _____

Breed(s): _____

Pembrokeshire County Council allows up to two domestic pets in their properties. Housing Association partners do not allow dogs in flats.

Continue...

7. HEALTH AND HOUSING

ADAPTATIONS

Is your property adapted for a person with mobility issues? Yes No

Who was the property adapted for? _____

Please tick which adaptations you have:

Vertical lift Adapted kitchen Hoist or fixed platform Wider doorways

Adapted bathroom (Lower vertical lift work surface) (Walk-in shower)

Additional room for specialist equipment Level access or ramped access

Stairlift Other

Do you, or you does anyone else included in this application need an adapted home?

Yes No **If you answered YES, please contact our Choice Based Lettings Team.**

HEALTH

Do you consider yourself, or does anyone else included in the application consider themselves to have a disability? Yes No

Do you, or does anyone else included in the application have a medical condition or disability that would be improved if you or they moved to a more suitable home? Yes No

Do you, or does anyone else included in this application, need to move in order to give or receive support? Yes No

Are you, or is anyone else included in this application, a registered carer for another person? Yes No

Do you, or anyone else included in this application require an extra bedroom for a non-resident carer? Yes No

If you answered YES to any of the above, please give details. Continue on a separate sheet if necessary.

Name of person(s): _____

What is the medical condition or disability/support or care needs?

What treatment/medication/support/care are they receiving?

Continue...

How are these needs affected by their current home?

How would moving improve the condition/needs?

Name and contact details of support worker/doctor/organisation providing support

If you require a bedroom for a non-resident carer, provide a copy of the DLA carers award. A bedroom for a carer will not be considered without this.

PROOF REQUIRED: You will have to provide proof before this will be considered.

8. CONNECTIONS TO PEMBROKESHIRE

8a. Have you been living in Pembrokeshire for the past 12 months?

Verification checks may be carried out. Yes If yes, go to **8c** No If no, continue to **8b**

8b. Do you have a connection to Pembrokeshire?

Yes If yes, please give details below No If no, continue to **8c**

Connection details: e.g., family (name, address, reasons for moving closer):

Employment (company/position – full time/part time/permanent):

Returning forces personnel (date of discharge/previous address):

Or other reason: _____

Some properties are advertised with preference for people who have a rural or urban communities connection to that area. If you have a connection to a particular area, tell us about it here.

8c. Do you have a connection to a specific area in Pembrokeshire?

Yes Please state which: _____ No If no, continue to **10**

If you answered YES, please provide details. Continue on a separate sheet if necessary.

Continue...

If you have provided details above an officer may contact you to request further information. If you have stated you have a connection to an electoral ward, provide copies of any supporting documentation.

9. HOUSING NEEDS

9a. Are you, or any persons included in this application, at risk of losing your home?

Ticking YES does not constitute an application for assistance as homeless.

If you are homeless or threatened with homelessness, please contact the duty Officer on 01437 764551, or attend the drop in service at North Wing, County Hall, Haverfordwest, Monday to Friday, 9:30 to 16:00. **EVIDENCE MAY BE REQUESTED.**

Yes No If YES, please provide details: _____

9b. Have you been served with a 'Notice Seeking Possession' or a 'Notice to Quit' at your present home?

Yes No If YES, please attach a copy. Expiry date of notice ____/____/____

9c. What type of property are you looking for?

House Bedsit Bungalow Flat/maisonette Other

10. SPECIALIST HOUSING

PROOF REQUIRED: You will have to provide proof before this will be considered.

Please indicate whether you require special accommodation with a mix of service designed to help you live independently in your home:

- | | |
|---|--------------------------|
| Adapted (Specifically designed for the disabled) | <input type="checkbox"/> |
| Supported (Various schemes available to provide support) | <input type="checkbox"/> |
| Furnished (Accommodation contains a limited amount of furniture) | <input type="checkbox"/> |
| Homes for Life (Modern accessible apartments including a lunch service) | <input type="checkbox"/> |
| • De Clare Court, Merlins Bridge – Pembrokeshire Housing | <input type="checkbox"/> |
| • Kensington Court, Steynton – Pembrokeshire Housing | <input type="checkbox"/> |
| • Bro Preseli, Crymych – Family Housing | <input type="checkbox"/> |
| Sheltered (Customers over 55 years who require a warden service) | <input type="checkbox"/> |
| Not applicable | <input type="checkbox"/> |

Continue...

How many bedrooms do you require?

Applications will be assessed in accordance with the policy.

1 bedroom 2 bedrooms 3 bedrooms 4 bedrooms 5+ bedrooms

Where in Pembrokeshire would you like to live?

Please note, it is not always possible to accommodate applicants in the area of their choice. You should balance your wish to live in a particular area against your need to be housed.

Do you receive support from any organisations?

(For example – consultant, social worker, probation worker, drug or alcohol advisor, MIND, PATH).

Yes No

Will you need someone to help you to apply for properties?

You can ask someone to contact us on your behalf to tell us about properties you may be interested in, e.g. a relative, friend, carer, support worker. Please check with this person in advance that they are happy to apply for properties for you.

Yes No

**If YES to either of the above, please provide details below.
If necessary, please record additional support on a separate sheet.**

Name: _____ **Relationship to you:** _____

Address: _____

_____ **Tel:** _____

Are you willing for us to discuss your application with this person (for example, if they contact us on your behalf)?

Yes No

CONVICTIONS

We need to know about any relevant convictions in your household as this may impact on the type and location of housing we can provide.

Have you, or has anyone included in this application, ever been convicted or cautioned, or have any proceedings pending, of an offence?

Yes No

Have you, or has anyone included in this application, ever been found guilty of, or have proceedings pending for any crime relating to benefits, social housing or any related matters?

Yes No

If **YES to either question**, please give further information regarding your conviction as well as details of any criminal justice agencies that were involved (for example Probation Service, Youth Offending Team). We will check information you provide here.

Full name: _____

Date: ____ / ____ / ____ **Reason for conviction:** _____

Criminal justice agency: _____

ADDITIONAL AVAILABLE SCHEMES

Do you require additional information regarding the local workers scheme?

Yes No

Do you require additional information regarding buying a home on a low cost Home Ownership or Shared Ownership basis?

Yes No

Is there any other information that you feel is relevant to your housing application?

11. EQUALITY AND DIVERSITY MONITORING

We ask for the following information to help us ensure that all applicants are treated fairly and that everyone receives a service that takes account of their needs. The following sections are voluntary, you do not have to answer these questions, it will not affect the service that we give you.

1. How would you describe your ethnic group?

White

Welsh/English/Scottish/Northern Irish/British

Irish

Gypsy or Irish Traveller

Any other White Background, please describe: _____

Continue...

Mixed/Multiple Ethnic Groups

- White and Black Caribbean
- White and Black African
- White and Asian
- Any other Mixed/Multiple Ethnic background, please describe: _____

Asian/Asian British

- Indian
- Pakistani
- Bangladeshi
- Chinese
- Any other Asian background, please describe: _____

Black/African/Caribbean/Black British

- African
- Caribbean
- Any other Black/African/Caribbean background, please describe: _____

Other Ethnic Group

- Arab
- Any other Asian background, please describe: _____
- Prefer not to say

2. What is your nationality?

- British
- Polish
- Romanian
- Other, please state

3. Is your gender identity the same as the gender you were assigned at birth?

- Yes No Prefer not to say

4. Do you or anyone moving with you suffer from a disability or health problem?

- Yes, limited a lot Yes, limited a little No Prefer not to say

5. It helps us to know whether we are reaching all disabled people. If you have ticked 'Yes' above please can you tick the relevant box(es) below. You are welcome to tick more than one box if appropriate.

- Deafness or hearing impairment
 - Blindness or vision impairment
 - Physical disability/impairment or mobility issues
 - Learning disability
 - Learning difficulty, such as dyslexia
 - Mental health condition, such as depression or schizophrenia
 - Social/communication impairment such as asperger's syndrome/other autistic spectrum disorder
 - Long term health condition, such as cancer, HIV, diabetes, chronic heart disease or epilepsy
 - A disability, impairment or medical condition that is not listed above, please describe:
-

Prefer not to say

6. Please say how you would describe your sexual orientation?

- Lesbian/Gay Woman Gay Man Bisexual Heterosexual Other
- Prefer not to say

7. What is your religion or belief?

- Buddhist
 - Christian
 - Hindu
 - Jewish
 - Any other religion/belief, please describe:
 - Muslim
 - Sikh
 - No religion
 - Prefer not to say
-

12. DECLARATION

Please read this declaration carefully before you sign and date it.

If there is any part of the declaration you do not understand, it is your responsibility to find someone to explain it to you. Contact one of the housing partners to speak to trained staff who can explain anything you do not understand.

- To the best of my knowledge and belief the information that has been provided on this form is true, complete and correct.
- I understand that the information I have provided will be used to help determine my eligibility to housing.
- Where other people's personal information is given on the form, I confirm that they have consented to its use.
- I understand that any information given by me relating to this housing application, or given with my consent by others, will be placed on the ChoiceHomes@Pembrokeshire housing register.
- I will immediately declare any changes in the information I have provided while I am waiting to be offered accommodation. I understand that failure to do so may be regarded as a criminal offence, possibly affecting my application and resulting in court action against me.
- I give permission for the housing partners to contact individuals or agencies referred to by me on this form when necessary; also other individuals and agencies such as the health authority, social, education or housing services, the Probation Service, the police, courts and other local authority directorates in order to process my application.
- I understand that if I give false or misleading information or I omit information for the purpose of obtaining housing, it may be regarded as a criminal offence and action could be taken against me, including court action, recovery of property and a fine of up to £5000.

I confirm that I have read, understand and agree to the terms laid out in the declaration.

If someone completed this form on my behalf, I give my permission for the Housing Department to discuss my application with that named person.

Print name: _____

Signature: _____ **Date:** ____/____/____

If you have completed this form on behalf of someone else, please put your name, contact details, relationship to applicant, date and signature here.

Print name: _____

Relationship to applicant: _____ **Contact details:** _____

Signature: _____ **Date:** ____/____/____

**If your form is not signed and dated, we will return it to you.
We cannot process unsigned applications.**

By ticking the below box I am allowing ateb to use my personal data to respond to this service request. My personal data will be securely held and used to fulfil the selected service request in accordance with the ateb privacy statement. Please refer to the ateb privacy statement to understand how we protect your personal data www.atebgroup.co.uk/privacy-cookie-policy. For personal data queries, data access requests, amends or removal please email mydata@atebgroup.co.uk

I agree for you to use my personal data