

**For office use only:**

Surname:  Initial:

Reference number		Correspondence:	✓	Date	Medical Assessment		Date
Date Received		CB			CBL		
SPACE FOR DATE STAMP		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.***



ChoiceHomes@Pembrokeshire  
CartrefiDewisedig@SirBenfro

# Housing application form

housing application form

## The housing providers

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

## 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](http://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](http://www.pembrokeshire.gov.uk/housing)

## 1: Eligibility

### Your eligibility

We are required to carry out checks on your eligibility to join The Choice Homes @ Pembrokeshire Register. You will be asked to provide supporting evidence based on the answers provided.

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

#### Are you a:

British citizen:  Asylum seeker:  Refugee:  Overseas student:

Sponsored visitor to the UK:  Commonwealth citizen:

Are you or a family member a National of the European Union, EEA or a Swiss Citizen:

Other, please state:

If you or a family member are a National of the European Union, EEA or a Swiss Citizen have you applied to the EU Settlement Scheme? Yes or No

What settlement have you been provided with:

Pre Settled Status  Settled Status  Awaiting Outcome

If you have pre-settled status what is the expiry date?

#### Proof required:

If you are a UK Citizen please provide proof of your identity, for example a birth certificate or passport.

If you have been granted a settlement status please provide evidence of this status. Your letter from the Home Office is not considered evidence of this status. You will need to provide a sharing code which you can get from your Digital Application.

If you are awaiting an outcome of your settlement application please provide your Certificate of Application.

**Proof Required.**

**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
- ateb
- Wales and West Housing
- None of the above

### 2b – 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.

### 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 (Ms/Mrs/Mr/Other):  Is this a Joint or Sole Application? Joint  Sole

First name/s:  Last name:

Any other names you have used:

Address:

Postcode:  Length of time at this address:

Male:  Female:  Date of birth:

Home number:  Mobile number:

Work number:  Email address:

National Insurance number:

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:

## Your partner's details:

Title (Ms/Mrs/Mr/Other):  Relationship to main applicant:

First name/s:  Last name:

Any other names he / she has used:

Address:

Postcode:  Length of time at this address:

Male:  Female:  Date of birth:

Home number:  Mobile number:

Work number:  Email address:

National Insurance number:

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

Address:

Postcode:  Reason for contact address:

# Who lives with you?

**Who else is to be permanently rehoused with you?** Do not include yourself or your partner. Please let us know if any of the members of your household are already on the ChoiceHomes@Pembrokeshire waiting list. If there are more than four people, please continue on a separate sheet.

I don't live with anybody else

---

First name:  Last name:

Date of birth:  Male:  Female:  Relationship to you:

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

NI number (if applicable):

---

First name:  Last name:

Date of birth:  Male:  Female:  Relationship to you:

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

NI number (if applicable):

---

First name:  Last name:

Date of birth:  Male:  Female:  Relationship to you:

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

NI number (if applicable):

---

First name:  Last name:

Date of birth:  Male:  Female:  Relationship to you:

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

NI number (if applicable):

# Others?

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

Yes  No

**Proof Required.**  
**Your application will not be accepted without this information**

Please continue on a separate sheet if need be.

**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:

Reason for including on your application:  Already on waiting list? Yes  No

First name:  Last name:

Date of birth:  Male:  Female:  Relationship to you:

Current address and postcode:

Reason for including on your application:  Already on waiting list? Yes  No

# 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 addresses

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.

## You

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

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 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

**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

## Owning property or land

Do you or does your partner currently own a property or a piece of land in the UK or abroad?

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. This is not required if you are a current tenant of any of the Housing Providers.
- 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 (eg 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.**

# 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 bathroom  (walk-in shower)

Adapted kitchen  (lower vertical lift work surface)  Stairlift

Hoist or fixed platform  Additional room for specialist equipment

Wider doorways  Level access or ramped access  Other

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

Yes  No

**If you answered yes to the last question, 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?

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.

**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?

If Yes  please give details below No  If no, go 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 you answered YES, please provide details.** Continue on a separate sheet if necessary.

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

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

You will have to provide proof before this will be considered.

- Adapted (specifically designed for the disabled)
- Supported (various schemes available to provide support)
- Furnished (accommodation contains a limited amount of furniture)
- Homes for Life (modern accessible apartments including a lunch service)
- De Clare Court, Merlins Bridge – ateb
  - Kensington Court, Steynton – ateb
  - Bro Preseli, Crymych – Family Housing
- Sheltered (customers over 55 years old)
- Not applicable

## 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





# 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

### 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 ethnic group, 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?**

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

**7. What is your religion or belief ?**

---

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

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

- No  
 Yes, 1-19 hours a week  
 Yes, 20-49 hours a week  
 Yes, 50 or more hours a week  
 Prefer not to say

# 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.**

**If this is a joint application, please ensure both applicants sign below.**

## Applicant 1

Print name:

Signature:

Date:

## Applicant 2 (if joint application)

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:

Signature:

Contact details:

Date:

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



West Wales Office  
Cwrt y Llan, Church Lane  
Newcastle Emlyn  
SA38 9AB  
01239 712000  
[www.wwha.co.uk](http://www.wwha.co.uk)



Pembrokeshire County Council  
County Hall  
Haverfordwest  
SA61 1TP  
01437 764551  
[www.pembrokeshire.gov.uk](http://www.pembrokeshire.gov.uk)

**ateb**

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Meyler House  
St Thomas' Green  
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01437 763688  
[www.atebgroup.co.uk](http://www.atebgroup.co.uk)