

# HOUSING REGISTER APPLICATION FORM

**PLEASE RETURN THIS FORM TO:**

Housing Services, Gosport Borough Council,  
Town Hall, High Street, Gosport, Hants, PO12 1EB  
Phone Number: 023 9258 4242



**The application must be fully completed otherwise it will be returned to you. This will prevent you from bidding for a new home.**

[www.gosport.gov.uk/gosportchoice](http://www.gosport.gov.uk/gosportchoice)

## PERSONAL DETAILS

<b>1 1st Applicant</b>	
Title	First Name(s)
Surname	Previous Name(s)
Date of Birth	National Insurance Number
Current Address	
Postcode	
Are you pregnant? Yes/No	Due date / / (Please send us proof of pregnancy)
Date moved to this address	
Home Tel:	Mobile:
Work:	email:
<b>2nd Applicant</b>	
Title	First Name(s)
Surname	Previous Name(s)
Date of Birth	What is your relationship to 1st Applicant?
National Insurance Number	
Current Address	
Postcode	
Are you pregnant? Yes/No	Due date / / (Please send us proof of pregnancy)
Date moved to this address	
Home Tel:	Mobile:
Work:	email:

**2 Please give an address for correspondence if it is not to be sent to the above address**

Address:

Our Sheltered Gosport Choice partners are:



Our Gosport Choice partners are:



**3 Please give details of all other persons to be re-housed with you and who will reside with you full time**

Any person over the age of 18 must complete the applicants' details and sign the form (use a second form as required).

First Name	Surname	D.O.B.	Sex	Relationship to you	Are you pregnant? Yes or No	Living separately? Yes or No	If child, % of time they reside with you?

**If pregnant:** Due date / / (Please send us proof of pregnancy)

**ETHNIC ORIGIN**

We will keep this information confidential. It will only be used to monitor how we allocate properties. If you do not want to fill in this section, please tick this box.

**4 Please tick the boxes which you feel best describes you:**

1st App	2nd App	1st App	2nd App	1st App	2nd App
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Black	British	Asian	Mixed	African	White
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other	European	Bangladeshi	Indian	Caribbean	Other
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Irish	Chinese	Pakistani	Other	
	<input type="checkbox"/>	<input type="checkbox"/>	Any other		
	<input type="checkbox"/>				

Asian background

**LOCAL CONNECTION AND ADDRESS HISTORY**

**5 Are you currently?** (Please circle)

- Gosport Borough Council Tenant / Housing Association Tenant?

(Name and phone number of Housing Association:)

- Private Tenant / MOD Tenant / Tied Accommodation

(give details of Landlord)

- Owner Occupier / Parents / Friends / Family
- Homeless / Lodgings / Bed and Breakfast / Hostel / Private rented via Gosport Borough Council
- Other –

**HOUSING REGISTER DECLARATION**

The information I have given on this form is true. I understand if I have given any false information, you can reject my application. I understand that if you have given me a tenancy because of false or misleading information I have given, you will end the tenancy, and I may have to pay a fine of up to £5,000 under Section 171 of the Housing Act 1996.

I will tell you if any of my details change and I understand that any changes may alter my entitlement to housing. This declaration covers any further information we receive at any time in respect of this application.

I agree that you can contact all the organisations where I have held a Council/Housing Association or Private tenancy, including all previous and current landlords for the purpose of checking tenancy information and rent arrears. I also agree that you can contact all the companies where I have held a mortgage for the purpose of checking for mortgage arrears.

I understand that any of the organisations I have said that I would like to be housed by may check the details on this form. I agree that you may give any relevant information to any of these organisations, to help them to consider my case. I also agree that my file can be passed to these organisations, if I am to be re-housed by them.

I agree that you can make a search with a credit reference agency and can contact the Criminal Records Bureau and/or local police for the purposes of verifying the statements in this application.

This Council is registered with the Information Commissioner and any information so received from third parties will be held confidentially and only used for the specified purposes strictly in accordance with the provisions of the Data Protection Act 1998.

I understand that under Section 214 of the Housing Act 1996, it is an offence to knowingly give a false statement or withhold information in order to obtain social housing. It is also an offence if you do not notify the Council of any material change in your circumstances as soon as possible. Anyone guilty of such an offence is liable, on conviction, to a fine not exceeding £5,000.

1st Applicant's Signature:	Date: / /
2nd Applicant's Signature:	Date: / /

29 Why do you want to move?

Please turn over

6 Is anyone on the application subject to Immigration Control?

Yes What is their name?

No

7 What is your local connection with the Gosport area?

- You are living in Gosport and have been for less than 6 months
- You are living in Gosport and have been for more than 6 months
- You lived in Gosport for at least 6 months out of the last 12 months
- You lived in Gosport for 3 out of the last 5 years
- MOD Tenant
- Work in Gosport
- You have family living in Gosport (they must have lived here for at least the last 5 years)

(Their Name, Address & Relationship to you:)

8 Please list all previous addresses over the last 5 years both inside and outside of Gosport.

1st Applicant Address	Postcode	Date from	Date to	Tenancy Type See Key

2nd Applicant Address	Postcode	Date from	Date to	Tenancy Type See Key

Key:

- |                |                            |          |         |
|----------------|----------------------------|----------|---------|
| Owner Occupier | Housing Association Tenant | Lodgings | Family  |
| Council Tenant | Private Tenant             | Hostel   | Friends |

**9 How many complete years have you been resident in the Borough of Gosport?**  
If you have moved away and then returned you can include both periods of living in Gosport.

1st applicant  Years  Months      2nd applicant (if applicable)  Years  Months

**10 Have you been accepted as homeless by another council?**

Yes  
(please give details:)

No

## INCOME

**11 Please give details of your income:**

**a) Combined monthly gross income (before tax and including benefits) of all over 18's on this application form:**

or  NIL (please circle if nil)

**b) Please confirm the combined capital (including savings and investments) of all over 18's on this application form:**

or  NIL (please circle if nil)

**c) Do you have any outstanding housing debt or rent arrears?**

Yes  No

(If yes, please give details of the amount and reason for debt)

**12 Do you or anyone on this application form own a property or own a share/interest in a property?**

Yes  No

If yes, please give us the following details:

What is the address?	What is its value? (Please give the full market value of the property)	How much mortgage is outstanding on the property?	What is your share/ interest? (i.e. 50%)	Give the name(s) of each person on the property deeds?

## YOUR CURRENT HOME

**13 Your current property type:** House  Bungalow  Maisonette   
Flat  Other (please specify)

**14 Your current floor level:**

**15 Number of bedrooms in your current home:**

**27 Has anyone on the application been evicted from a tenancy?**

Yes  No

Property Address:

Reason:

Date:

## YOUR HOUSING REQUIREMENTS

In order to be considered for a property through the Housing Register you must have first bid for a property.

All of the properties we have available to rent are advertised. You decide whether you would like to be considered for any of the properties and you bid. Bidding doesn't involve any money, it is just a way of you letting us know that you are interested in moving to an available property.

**Unless you bid, or someone bids on your behalf, you will not normally be considered for an advertised property.**

**A change of policy has resulted in customers receiving a minor penalty for refusing a reasonable offer of accommodation that they have bid for.**

We will provide you with as much information as we can on the property, to help you make a decision as to whether you would like it to be your new home. We will also give clear information on who can bid for the property.

**28 Do you want to apply for Sheltered Housing?**  Yes  No

(Sheltered Housing has a Scheme Manager, communal lounge and an emergency alarm system. You should have support needs and generally be over the age of 60 years to apply for sheltered housing – a support assessment must be completed before we can confirm you will be able to bid for sheltered housing)

## MEDICAL & SOCIAL PRIORITY

Medical Priority can only be awarded if a person who requires re-housing has a chronic or degenerative illness; or a physical, mental, learning or sensory impairment and their home is having a detrimental effect on their condition. If your home meets your medical needs, you will not be awarded medical priority for re-housing.

Social Priority can only be awarded if someone requires re-housing to provide / or receive care and support. Or; if someone is at risk due to their home environment, e.g. racial harassment. If you consider that you are at risk, then you will have to be able to provide documentary evidence that you have reported all relevant incidents and be able to provide supporting letters from Victim Support, your Housing Officer or any other agency that may be providing you with support at this time

If you would like to apply for Medical or Social Priority please contact our Medical & Social Priority Assessment Officer on (023) 9254 5261.

## ABOUT YOU

**25 Have you, or anyone on the application ever had one or more of the following?**

	Yes	No	Date
An anti-social behaviour order / contract			
An injunction / undertaking to stop you going near someone else or a property			
An injunction / undertaking to stop you harassing anyone else			
An injunction / undertaking against you, to protect anyone else			

**26 Has anyone on the application been convicted of any of the following crimes?**

	Yes	No	Conviction Date
Sex Offence			
3 or more burglaries			
Class A drug supply			
Violent Offence			

## Our definition of a spent conviction (This mirrors the Rehabilitation Of Offenders Act 1974 provision)

Sentence order	Period from the date of conviction to this application where you must answer yes to the above
Between 6 & 36 months imprisonment or detention in youth custody/corrective training/young offender's institution	<b>10 Years</b>
6 months or less imprisonment or detention in youth custody/corrective training/young offender's institution	<b>7 Years</b>
A fine	<b>5 Years</b>
Probation	<b>5 Years (if under 18 years old this will be 2.5 years or length of sentence, whichever is lower)</b>
Absolute discharge	<b>6 Months</b>
Conditional discharge or bindover	<b>The longer of one year or expiry of the order</b>

If under 18 at the date of conviction the above quoted period should be halved unless otherwise stated.

**16 How many bedrooms do you and other people on your application have for your use? (Please circle)**  
None / Bed sit / 1 / 2 / 3 / 4 Please advise us if any of your bedrooms are less than 50 square feet.

**17 What use of facilities do you have?**

	Private Use	Shared Use	None
Living Room	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bath or Shower Room	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Kitchen / Cooking Facilities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Electricity Supply	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Gas Supply	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hot Water	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cold Water	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Heating	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Garden	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**17(a) If shared facilities, with whom?**

**17(b) Their relationship to you (i.e. Family member, friend etc.)**

**18 Is your home in a poor state of repair or unfit for habitation?**  Yes  No

If you have ticked 'yes' you should contact the Environmental Health Department regarding your issues. If the Environmental Health Department believe the property is in serious disrepair/unfit they will contact us so we can consider your case further.

**19 Have you been served with 'Notice to Quit' your current tenancy?\***  Yes  No

\*\*If you have not already done so, please provide documentary evidence of this, we cannot register notice until we have this.

**19(a) Have you been issued with a 'Notice of Seeking Possession' from the Courts for your current tenancy?\***  Yes  No

\*\*If you have not already done so, please provide documentary evidence of this, we cannot register your pending eviction until we have this.

## YOUR RELATIONSHIP TO COUNCILLORS, COMMITTEE MEMBERS OR EMPLOYEES

**20 Are you or anyone on this application related to a Gosport Borough Councillor, a Housing Association Committee member, or anyone who works for Gosport Borough Council or for a Housing Association involved in the register?**

Yes  No

If yes please give us the following details:

## CARE AND SUPPORT IN YOUR CURRENT HOME

**21 Do you or anyone on this application form fall into the following categories of people:**

Please tick all the boxes that apply:

- People with physical disabilities or problems with their sight or hearing
- People with learning difficulties
- People with mental health problems
- People who are addicted to drugs or alcohol
- People with serious health problems
- Elderly and frail people
- Young person previously in care
- Person needing low level support to resettle into accommodation
- Ex offender
- None

**If you have ticked any of the above, please give details**

**22 Would you like someone else (for example relatives/friends/support workers) to deal with this application for you?**

(Please note these people can also bid on your behalf)

- Yes  No

Name of Person:	Relationship:
Address:	Contact Number:

**23 Do you receive any of the following support services?**

Yes  No

Please tick all the boxes that apply.

- |   |   |                                     |
|---|---|-------------------------------------|
| <input type="checkbox"/> Social worker  | <input type="checkbox"/> Community nurse                | <input type="checkbox"/> Key worker |
| <input type="checkbox"/> Occupational therapist   | <input type="checkbox"/> Probation officer              | <input type="checkbox"/> Home carer |
| <input type="checkbox"/> Community psychiatric nurse  | <input type="checkbox"/> Support or Resettlement worker |                                     |
| <input type="checkbox"/> Other services (please state) <input style="width: 280px;" type="text"/> |   |                                     |

If you have ticked any of the boxes above, please give the following details:

Person's name:

Address:

Phone number:

If you need further space, provide details here.

**24 Do you think you will be able to stay in your own home if you receive extra care and support (for example, social services, home help, a community alarm, equipment and adaptations)?**  
**If "Yes", please give details below.**

Yes  No