

Application for Acis Group Housing



Please note that this application form is **not** for West Lindsey Housing Register

Please fill in this form carefully, giving as much information as possible in support of your request for rehousing. Please tick the correct boxes, give further details where requested, and read and sign the declaration at the end. Please let us know by contacting **FREEPHONE 0800 027 2057** if you have any difficulty completing this form, or wish to discuss anything further.

1. PERSONAL DETAILS

Your details	Yourself	Joint applicant (a joint applicant is a partner/other person who is to share the tenancy)
Title:	Mr/Mrs/Miss/Ms *please circle	Mr/Mrs/Miss/Ms *please circle
First name(s):		
Last name:		
Previous names:		
Date of Birth:	/ /	/ /
National Insurance Number		
Main language and faith/religion:		
Address:		
Telephone: Home		
Telephone: Work		
Email:		
Relationship to main applicant	<i>Not applicable</i>	
Correspondence address if different from above:		

2. YOUR HOUSEHOLD

Please give details below of all people living with you in your current home, even if they won't be moving with you. Also give details of people who need housing with you, but don't live with you at the moment.

Last name	First names	Male/ Female	Date of birth	Relationship to you	Are they living with you now?	Do they need rehousing with you?	If under 16, which school do they attend?

Are you, or anyone in your household, subject to immigration control or have restrictions on working or receiving public funds in the United Kingdom?

Yes No If yes, please explain:

.....

Are you, or any of the people listed above, current tenants of Acis Group Limited?

Yes No

Have you or any of the people in the household had a tenancy with Acis Group, West Lindsey District Council or any other Housing Association or other Local Authority?

Yes No If yes, please give details:

.....

2. PRESENT HOUSING

Please tick the box which best describes your current home:

House <input type="checkbox"/>	Bungalow <input type="checkbox"/>	Bedsit <input type="checkbox"/>	Flat/Maisonette <input type="checkbox"/>
Caravan <input type="checkbox"/>	Hostel <input type="checkbox"/>	Park Home <input type="checkbox"/>	Other <input type="checkbox"/>

If you live in a flat, which floor do you live on?

How many bedrooms are there? 1 2 3 4 5 5+

How many bedrooms do you have for the use of your household?

Do you have to share any room with anyone not included in this application?

Yes No If yes, please explain:

.....

When did you move into your present home?

Please tell us if any of the following problems affect your home severely:

Leaking roof/walls <input type="checkbox"/>	Rotten window/door frames <input type="checkbox"/>	Damp <input type="checkbox"/>
Lack of heating <input type="checkbox"/>	Lack of inside bathroom <input type="checkbox"/>	Faulty wiring <input type="checkbox"/>

Anything else? Please describe:

.....

.....

MAIN APPLICANT

Apart from where you live now, please tell us where you have lived in the last five years:

Address	Rented/ Owner/ Other	Landlord	From	To	Reason for leaving

JOINT APPLICANT

Apart from where you live now, please tell us where you have lived in the last five years:

Address	Rented/ Owner/ Other	Landlord	From	To	Reason for leaving

Do you:

Rent your home <input type="checkbox"/>	Own your home <input type="checkbox"/>
Live with friends <input type="checkbox"/>	Live with relatives <input type="checkbox"/>
Is your home tied to employment? <input type="checkbox"/>	Other? (please specify)

Name, address and telephone number of the landlord of your home:

Do you think you will have to leave your current home within the next 6 months?

Yes No Is there a specific date when you have to leave?

4. EMPLOYMENT/INCOME

	YOU	JOINT APPLICANT
Are you currently working?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Name and address of employer		
Full time or part time?	FT <input type="checkbox"/> PT <input type="checkbox"/>	FT <input type="checkbox"/> PT <input type="checkbox"/>

Please tell us which best describes your source of income?

- All from state benefits/state pensions
- Some from state benefits/state pensions
- None from state benefits/state pensions

(Do not include child benefit, housing benefit or council tax benefit)

5. ABOUT YOUR HEALTH

Are you, or anyone who wants to live with you, pregnant?

Yes No If yes, please give their name and due date:

..... *Please provide proof of pregnancy.*

Do you, or anybody that wants to live with you, have a disability?

Yes No If yes, please use the codes below and enter a number(s) in the box which best describes their disability:

Name	Code

- | | | |
|------------------------|------------------------|----------------------------------|
| 01 Wheelchair user | 02 Mobility issues | 03 Breathing difficulties/Asthma |
| 04 Hearing impairment | 05 Visual impairment | 06 Learning impairment |
| 07 Mental health | 08 Speech impairment | 09 Long term health condition |
| 10 Physical impairment | Other (please specify) | |

Do you, or anybody that wants to live with you, have a medical condition which you think is affected by where you live?

Yes No If yes, we will send you a self-assessment form to complete.

6. REASON FOR YOUR HOUSING APPLICATION

Please tick the reason(s) why you have applied for housing:

Actual or threat of domestic abuse <input type="checkbox"/>	Overcrowding <input type="checkbox"/>
Asked to leave by friends or relatives <input type="checkbox"/>	Rent or mortgage problems <input type="checkbox"/>
Health or disability problems <input type="checkbox"/>	Notice to quit/Court order* <input type="checkbox"/>
To be near friends or relatives <input type="checkbox"/>	Anti-social behaviour <input type="checkbox"/>
To give or receive support <input type="checkbox"/>	Leaving care <input type="checkbox"/>
To be near work* <input type="checkbox"/>	To move to independent accommodation <input type="checkbox"/>
Relationship breakdown <input type="checkbox"/>	Other

*Please provide written evidence where appropriate:

.....

Do you want to move to either give or receive essential support on medical grounds?

Yes No If yes, we will ask you for more information about this.

7. SUPPORT

Do you, or anyone in your household, get help from an agency, such as Social Services, Probation or Women's Aid?

Yes No

If yes, please provide the names and contact details of the main people you deal with:

.....
.....

If no, but you have within the last two years, please let us know which agencies were involved:

.....
.....

Do you have anyone else who provides you with care or support?

Yes No

If yes, please explain:

.....
.....

Have you held a tenancy or licence in the last five years, which you have lost because of something you did or failed to do?

Yes No Not sure

If yes, please provide brief details:

.....
.....

Do you think you would need help to maintain a tenancy if we offered you somewhere to live?

Yes No Not sure

If you move to a new home, do you think you will need some help with paying bills, furniture or setting up gas/electricity accounts?

Yes No Not sure

Would you be interested in accommodation with another provider who helped you to get ready to take on a tenancy?

Yes No Not sure

8. THE HOUSING YOU WOULD LIKE

Please be as specific as possible in telling us about the type of housing you require and why:

First Choice:

Area/Neighbourhood	Number of bedrooms	Type of property (house, flat etc)	Floor level (if flat)

(Please indicate all your preferred areas on the Area Choice List on the next page)

Please tick all the property types that you would be prepared to consider. *Please see the back of this form for details of who we let our properties to.*

House <input type="checkbox"/>	Bungalow <input type="checkbox"/>
Flat/Maisonette <input type="checkbox"/>	Sheltered <input type="checkbox"/>

Please tell us if there is something any property must have, or that you prefer.

Please note that we may not offer you a property that lacks a "must have" feature.

INSIDE	Must have	Would prefer to have
Managed by a warden	<input type="checkbox"/>	<input type="checkbox"/>
Gas or oil central heating	<input type="checkbox"/>	<input type="checkbox"/>
Full wheelchair access	<input type="checkbox"/>	<input type="checkbox"/>
Wheelchair access to the ground floor	<input type="checkbox"/>	<input type="checkbox"/>
Stairlift	<input type="checkbox"/>	<input type="checkbox"/>
Separate shower	<input type="checkbox"/>	<input type="checkbox"/>
OUTSIDE		
Large garden	<input type="checkbox"/>	<input type="checkbox"/>
Back garden	<input type="checkbox"/>	<input type="checkbox"/>
Driveway	<input type="checkbox"/>	<input type="checkbox"/>
Storage for mobility scooter	<input type="checkbox"/>	<input type="checkbox"/>
SURROUNDING AREA		
Shops within walking distance	<input type="checkbox"/>	<input type="checkbox"/>
Shops within 3 miles	<input type="checkbox"/>	<input type="checkbox"/>
School within 3 miles	<input type="checkbox"/>	<input type="checkbox"/>
Regular bus service	<input type="checkbox"/>	<input type="checkbox"/>
Daily bus service	<input type="checkbox"/>	<input type="checkbox"/>
Mostly elderly residents living near by	<input type="checkbox"/>	<input type="checkbox"/>

8A. AREA CHOICE LIST

Please tick one or more of the boxes to let us know where you wish to live:

Anywhere within West Lindsey

Gainsborough:

Anywhere within Gainsborough

Central Gainsborough

Park Springs Estate

Middlefield Lane Estate

Newlands/Queensway area

Outside Gainsborough:

Anywhere outside Gainsborough

Bardney

Blyton

Caistor

Market and Middle Rasen

Morton

Sturton by Stow

Saxilby

Other villages*:

Anywhere within the Lincoln Fringe

Rural villages north and east of Gainsborough

Rural villages south of Gainsborough

Rural villages near Caistor

Rural villages near Market Rasen

Rural villages south of Market Rasen

* The villages in each of the above categories are listed on the front page of the accompanying leaflet 'Information about the Housing Register'. Please note that some of the villages have few or no services, such as shops, schools or regular public transport.

If you have more specific requirements please list these. For example, 'Keelby only' or 'not Back Street `.

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.....

.....

9. OTHER INFORMATION

Would you be interested in receiving information about other housing options?

Shared Ownership Mutual Exchange Private renting

Do you have any pets? Yes No

If yes, please give details:

Do you drive? Yes No

Do you have access to a vehicle? Yes No

Please use this section to include any other relevant information which has not been covered in this application:

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.....

.....

.....

.....

Do you have any criminal convictions (other than those 'spent' under the Rehabilitation of Offenders Act)?

Yes No If yes, please give details:

.....

.....

10. RELATIONSHIP TO STAFF OR BOARD MEMBERS

Are you, or any member of your household who is included in this application, related to an employee or member of the Board of Management of Acis Group or any of the following social housing providers?

Yes No

Longhurst Housing Association <input type="checkbox"/>	Axiom Housing Association <input type="checkbox"/>	North British Housing Association <input type="checkbox"/>	Havelok Housing Association <input type="checkbox"/>
West Lindsey District Council <input type="checkbox"/>	Wolds Housing Association <input type="checkbox"/>	Other	

11. EQUALITY AND DIVERSITY

As part of our monitoring of the equality and diversity of our customers, please tick the box which best reflects the ethnicity of the main applicant, the joint applicant and your household

	Main applicant	Joint applicant	Household
White British	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
White Irish	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
White Other (specify)			
White/Black Caribbean	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
White/Black African	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
White/Asian or Asian British	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mixed Other (specify)			
Asian Indian	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Asian Pakistani	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Asian Bangladeshi	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Asian Other (specify)			
Black British	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Black Caribbean	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Black African	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Black Other (specify)			
Chinese	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Gypsy/Traveller	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other (specify)			
I'd rather not say	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

12. COMMUNICATION NEEDS

Do you, or any member of your household, have a communication need? If yes, please use the codes below and enter a number into the box that best describes their need.

Name	Code

01 Large print

04 Language requirement

08 Minicom/Text

02 CD/Audio tape

06 BSL interpreter needed

99 None

03 Braille

07 Telephone call preferred

Other (please specify)

IMPORTANT

Please check that you have completed all the sections on the form. You may also need to include evidence such as proof of pregnancy, Notice to Quit or Court Order or overnight access to your children.

13. DECLARATION

I declare that to the best of my knowledge, the above information is correct.

I understand that if I have knowingly or recklessly given false information, or withheld information, the application for housing may be refused, and any offer(s) withdrawn or I may lose any tenancy granted.

I hereby give authority for Acis Group Limited to obtain relevant information considered necessary in respect of this application.

Acis Group Limited reserves the right to check the information provided by applicants against records held by other agencies, including the police. All information provided may be held on computer and may be used or disclosed in accordance with the Data Protection Act 1998.

Your signature: Date:

Joint applicant's signature: Date:

14. HOUSING APPLICATION SUMMARY

Making a Housing Application:

Acis Group has one application form for customers to apply for housing. This includes customers who want to live in an Acis property for the first time and existing tenants.

We keep two waiting lists, which we call the Housing Register. One of these lists is kept on behalf of West Lindsey District Council and there are some rules about who can go on this, these are explained below.

Who can go on the West Lindsey District Council list?

People who are at least sixteen years old and currently live in West Lindsey. People who are employed in the district. People who live outside the district, but need to move to give or receive essential medical support. People who have close family who have lived in West Lindsey for at least five years'

The Acis list is open to anyone who is at least sixteen years old.

We have an agreement with West Lindsey District Council that at least 75% of our properties will be let to people on their waiting list. West Lindsey District Council are also able to nominate people from their list for some vacancies with other social housing landlords in the district. The above categories may not apply if you are subject to immigration control or there are certain rules which apply to your stay in the United Kingdom'

What happens when we receive an application?

We will check the form and add the details to our computer system, as well as checking that you are eligible for housing.

We aim to do this within ten working days and send a letter to confirm whether the details are now on the Housing Register and how many Housing Need Points have been given. If we need more information before we can do this we will explain why.

What happens after that?

We will send a newsletter once every three months giving details about the properties we have let and other information such as new housing developments. We will review the application each year or every three months if you are not in settled accommodation. We will also telephone or write to you if we are able to offer a property.

How do we decide who to offer housing to?

We give each customer on the Housing Register some points to reflect their need for housing. We then use these points to decide who should be offered a property when they become available.

If two or more customers have the same points we look at their applications to decide who has the most housing need and how long they have been waiting.

All offers are authorised by two people and clear records kept of how the decision was made.

Who do we not re-house?

Anyone who is subject to immigration control unless they belong to one of several categories of people specified by the government.

Customers who have been excluded from the Housing register because of serious anti-social behaviour.

We may also suspend an application if there are rent arrears, or other housing related debts, owing to a social housing or private landlord.

Who do we let our properties to?

1 bedroom flats	Single person or couple
2 bedroom flats*	Single person or couple with one child
3 bedroom maisonette	Household with one or more children over five years old
1 bedroom bungalow	Single person or couple. Either over fifty-five years old or in need of a ground-floor property on medical grounds
2 bedroom bungalow**	Single person or couple. Either over fifty-five years old or in need of a ground-floor property on medical grounds
2 bedroom house*	Household with one child or pregnant and baby due within three months
3 bedroom house	Household with one child or pregnant and baby due within three months. Preference given to households with two children
4 bedroom house	Households with three or more children
Sheltered accommodation	Single person or couple over sixty years old
Property adapted for disabled	Suitable size household that will benefit from the adaptations

* Some lower demand two bedroom properties will be available to households with limited access to a child. Other family size properties will be offered to households with children who will use the property as their principal home .

** Some two-bed bungalows outside Gainsborough will be available to households with one child

PLEASE RETURN THIS APPLICATION FORM TO:

ACIS GROUP, ACIS HOUSE, BRIDGE STREET, GAINSBOROUGH, LINCOLNSHIRE, DN21 1GG.

FREEPHONE 0800 027 2057