

CARTREFI
C  **NWY**
creu cymunedau i fod yn falch ohonynt
creating communities to be proud of

In conjunction with



IT reference number

Name

Date Stamp

Application Form for Housing

Official use only. Please do not write below this line

This form is available in Welsh and in larger font, audio tape or Braille on request.

Also, if you require this form in any other language other than Welsh or English, please contact the relevant Area Office.

Please complete this form in full, as failure to do so may result in it not being processed.

This is the joint application form of Cartrefi Conwy and Conwy County Borough Council Housing. All information given in this application form will be shared with both organisations.

LOCAL COMMUNITY

Other housing options you may be interested in:

Low Cost Home Ownership Schemes

(For example Homebuy, Shared Ownership).

Contact the Housing Strategy Team on 01492 574000

OTHER HOUSING ASSOCIATIONS CONTACT DETAILS:

Cymdeithas Tai Clwyd	0845 230 3140
Clwyd Alyn Housing Association	01745 536 800
North Wales Housing Association	01492 572 727
Wales and West Housing Association	0870 013 1930

SECTION A: PERSONAL DETAILS

PLEASE ANSWER ALL QUESTIONS

A1.

APPLICANT

PARTNER / JOINT APPLICANT

Miss/Mr/Mrs/Ms/Other

Miss/Mr/Mrs/Ms/Other

First Name(s)

First Name(s)

Surname

Surname

Date of Birth

Date of Birth

National Insurance Number

National Insurance Number

Address

Address

Postcode

Postcode

Phone (home)

Phone (home)

Phone (work/mobile)

Phone (work/mobile)

Email address

Email address

Address for mail to be sent, if different from above

Address for mail to be sent, if different from above

SECTION B: ACCOMODATION DETAILS

B1.

Please tick (✓) whichever of the following describes your present housing circumstances.

Owner Occupier

Council tenant

Living in Bed and Breakfast

Hostel

Roofless

Private tenant

Housing provided with job

HM Forces

Housing Association Tenant

Prison

Living friends / family

PROOF REQUIRED 

If other - please give details:

B2.

Please tick (✓) whichever of the following describes your present accommodation.

House

Mobile home

Bungalow

Temporary accommodation

Flat

Rooms

Maisonette

Bed and Breakfast

Bedsit

Hostel

If other - please give details:

B3.

If you live in a flat, please tick (✓) which floor it is on and whether there is a lift:

Basement

Second

Other

Ground

Third

First

Fourth

Is there a lift? YES NO

B4.

Are you Homeless or about to be made Homeless? YES NO

If YES, please contact Housing Options and Support Team (HOST) on 01492 576271 as soon as possible.

SECTION B: ACCOMMODATION DETAILS (continued)

B5.

Please give details of where you (and your partner / joint applicant) have lived over the past ten years.
Please start with your current address, and continue on a separate sheet if necessary:

	Address	Date to / Date from		Landlord	Reasons for Leaving
		DD/MM/YY	DD/MM/YY		
APPLICANT					

PARTNER / JOINT APPLICANT					



PROOF REQUIRED

SECTION C: HOUSEHOLD DETAILS

PROOF REQUIRED



C1.

Please give details of any people who are to be re-housed with you.

You need to give proof of child access arrangements, proof of Child Benefit for any children living with you, proof of residence for any adult / adult children living with you currently. You will also need to confirm the address of those persons who are to be re-housed with you but are not currently living with you.

	Surname	First Name(s)	Date of Birth	Address	Relationship to you
APPLICANT					
PARTNER / JOINT APPLICANT					

C2.

PROOF REQUIRED



Are you or your partner pregnant?

YES NO

If YES, please give the expected date of delivery:

SECTION C: HOUSEHOLD DETAILS (continued)

C3.

How many bedrooms do you (and any persons to be re-housed with you) currently have?

C4.

So that any overcrowding can be taken into account, please indicate where **ALL** persons living in your current accommodation sleep (including yourself):

Bedroom / room	Name of occupants	Male / Female	Age	Relationship to you

C5.

Do you share any of the following with another household i.e. somebody not due to be housed with you?

Living Room YES NO

Kitchen YES NO

Bathroom YES NO

If yes please provide details of who you share with:

SECTION D: PROPERTY CONDITION

This section will assess any potential risks to the health and safety of occupants in residential properties. Points can only be awarded if proof of disrepair is provided-it is your responsibility to provide proof of disrepair. You may wish to contact the Housing Enforcement Section of Conwy County Borough Council on 01492 574000, or your own Local Authority if you live outside of the Conwy borough, to assess the disrepair at your property.

D1.

Please indicate if your home has:

- a kitchen with worktops, food storage and cooking facilities YES NO
- adequate insulation against external noise i.e. traffic YES NO
- a bathroom with a bath/shower, toilet and wash hand basin YES NO
- a suitable and sufficient cold and hot water supply YES NO
- a fixed form of heating in all your main rooms i.e. radiators, fires YES NO
- smoke alarm(s) fitted YES NO

D2.

Please indicate how likely is it that someone in your home would fall because of the lack of handrail, steepness, layout or design of the staircase(s)?

- Very likely Likely Possible Unlikely Very unlikely Not applicable

D3.

How likely is it that an accident may occur in your home as a result of the design of the property / windows? (e.g. change in floor levels, slippery surfaces, low level glazing). If very likely please provide details on page 9

- Very likely Likely Possible Unlikely Very unlikely Not applicable

D4.

- Does your home suffer with severe damp or mould growth? YES NO

D5.

- Have you got any problems with your electrics? YES NO

D6.

- If you have gas, have the appliances been checked in the last year? YES NO

D7.

Do you have to pass through your kitchen or lounge to make your only exit from your home? YES NO

D8.

Can you escape via windows in the event of a fire? YES NO

Please detail below your health and safety concerns in relation to your current accommodation

SECTION E: EMPLOYMENT DETAILS

EI.

If you or your partner are currently in work, please provide details of your employment over the last 5 years.

	Employer Name & Address	Date Commenced Work	Date Ceased Work
		DD/MM/YY	DD/MM/YY
APPLICANT			

PARTNER / JOINT APPLICANT			

PROOF REQUIRED



SECTION F: HOUSEHOLD INCOME AND CAPITAL

F1.

Are you or your partner / joint applicant an owner-occupier?

YES NO

F2.

Please give details of any earnings, pensions, benefits or other income that you or a member of your household receives:

Name	Type of Earnings, Pension, Benefit or other Income	Amount	Frequency Weekly / Monthly

F3.

Please give details of any savings and capital that you or a member of your household holds:

Total Value of Savings and investments

£

Value of all property you own (including your present home)

£

Total £

F4.

Please confirm the Total Weekly / Monthly Household income:

£

F5.

Rent or Mortgage details:

How much is your rent or mortgage?

Monthly Weekly

£

If you have a mortgage what is the total amount outstanding?

£



What is the amount outstanding on secondary mortgage/additional loans?

£



Are there any rent or mortgage arrears?

YES NO

£



F6.

Are you trying to sell your home?

YES NO

PROOF REQUIRED



SECTION G: HOUSING OPTIONS AND PREFERENCES

G1.

Please tick (✓) the type of accommodation you require:

House

Flat

Maisonette

Bungalow

Sheltered Housing

Bedsit

Adapted accommodation

Any

G2.

If you would accept a flat / maisonette, what is the highest floor you would accept?

G3.

What is the minimum number of bedrooms you need?

G4.

If a member of your household has special requirements, please give details:
(For example; religious / cultural or health reasons)

G5.

Please specify choice of areas

1st 2nd 3rd

Please note you could be offered any of these three areas.

SECTION H: OTHER INFORMATION

H1.

Please tell us why you want to be re-housed and give any further details you think are relevant, for example, nuisance, harassment, etc;

H2.

Are you or anyone in your household related to any employee working for Cartrefi Conwy or Cartrefi Conwy Board Member?

YES NO

If yes, please give details:

Householders name	Employees name	Relationship

H3.

Have you or any member of your household been the subject of any legal action or complaints concerning violence, harassment, racial harassment, threatening or abusive words or behaviour, misuse of drugs or alcohol, or any other form of anti-social behaviour?

YES NO

If yes, please give details:

SECTION i: ELIGIBILITY

PLEASE ANSWER ALL QUESTIONS

i1.

APPLICANT

Are you already a tenant of Cartrefi Conwy?

YES NO

PARTNER / JOINT APPLICANT

Are you already a tenant of Cartrefi Conwy?

YES NO

In the next questions we will be asking about your residency in the UK. **We will require proof**, which may include your passport, national identity card, National Insurance Number, benefit books, wage slips or Home Office documents.

i2.

APPLICANT

What is your nationality?

PARTNER / JOINT APPLICANT

What is your nationality?

i3.

Have you lived in the UK, Republic of Ireland, Isle of Man or the Channel Islands for the last year?

YES NO

Have you lived in the UK, Republic of Ireland, Isle of Man or the Channel Islands for the last year?

YES NO

If **NO**, when did you come to this country?

If **NO**, when did you come to this country?

PROOF REQUIRED



PROOF REQUIRED

If you have answered **YES** and you are a National of a European Union Country, please go to **Section J** (Page 16).

If you have answered **NO** continue with the questions opposite.

If you have answered **YES** and are not a National of one of the above countries, please continue with the questions opposite.

i4.

APPLICANT

Are you in receipt of benefits?

YES NO

PARTNER / JOINT APPLICANT

Are you in receipt of benefits?

YES NO

PROOF REQUIRED



PROOF REQUIRED

SECTION i: ELIGIBILITY (continued)

i4.

APPLICANT

PARTNER / JOINT APPLICANT

Are you working?

YES NO

PROOF REQUIRED



Are you working?

YES NO

PROOF REQUIRED

Do you have indefinite leave to remain in the UK?

YES NO

PROOF REQUIRED



Do you have indefinite leave to remain in the UK?

YES NO

PROOF REQUIRED

Do you have exceptional (extended) leave to remain in the UK?

YES NO

PROOF REQUIRED



Do you have exceptional (extended) leave to remain in the UK?

YES NO

PROOF REQUIRED

Have you been accepted as a refugee?

YES NO

PROOF REQUIRED



Have you been accepted as a refugee?

YES NO

PROOF REQUIRED

Are you an asylum seeker waiting for a decision on your asylum application?

YES NO

PROOF REQUIRED



Are you an asylum seeker waiting for a decision on your asylum application?

YES NO

PROOF REQUIRED

Did you enter the UK on the basis of a sponsorship undertaking?

YES NO

PROOF REQUIRED



Did you enter the UK on the basis of a sponsorship undertaking?

YES NO

PROOF REQUIRED

SECTION J: MEDICAL DETAILS Please supply supporting evidence.

PROOF REQUIRED



J1.

Would any person in your household, suffering from a medical condition, benefit from a move to other accommodation? This includes physical or non – physical conditions.

YES NO

If **YES**, please complete this section. If **NO**, please turn to page 21 and sign the declaration to complete your application.

PERSONAL DETAILS

PLEASE ANSWER ALL QUESTIONS

Names:

Date of Birth:

Address

MEDICAL DETAILS

1) Please give details of your/your partner's illness/disability:

2) How do these medical problems make your present accommodation unsuitable?

3) Have you had any adaptations done to your present accommodation?

MEDICAL DETAILS (continued)

4) Please give brief details of treatment & medication being received:

5) Any additional factors you would like considered?

6) Name and Address of family Doctor:

7) Consultant/Hospital (if appropriate):

8) Do you have an Occupational Therapist? If yes, give details:

MOBILITY WITHIN THE PROPERTY

PROOF REQUIRED



- Are you fully mobile? YES NO
- Do you have difficulty with stairs? YES NO
- Do you use walking aids? YES NO
- Are you able to reach WC/Bathroom? YES NO
- What floor is it on?
- Do you use a wheelchair? YES NO

Are there any other problems with regard to internal layout of property? Please state below:

MOBILITY OUTSIDE

PROOF REQUIRED



- 1) Are you fully mobile? YES NO
- 2) Do you have difficulty with access? YES NO
- 3) Are you housebound? YES NO
- 4) Are you able to use public transport? YES NO
- 5) Do you have your own transport? YES NO
- 6) Do you use walking aids? Stick/crutches YES NO
- 7) Do you use a wheelchair? Sometimes/always YES NO
- 8) Do you receive home help/warden? YES NO
- 9) Do you receive family support? YES NO
- 10) Is that support essential? YES NO
- 11) Are you registered disabled? YES NO

Self Medical Assessment Form (continued)

Name and address of family

Phone number

Where appropriate:

Have you considered / been advised about Careline?

YES

NO

Have you considered / been advised about aids / adaptations?

YES

NO

Any other information about your medical circumstances:



PLEASE REMEMBER: PROOF REQUIRED WITH APPLICATION

Please tick (✓) any of the following, which apply to your application and make sure you attach the proof with the application:

- Dependent Children**
Proof of Child Benefit
- Adult children or adults living with you and to be re-housed with you.**
Proof that they live at your address (such as Benefit claim letter, bank letter)
- Immigration documents**
If highlighted in Section i
- Current / Former Council, Housing Association or Private tenancies**
Proof of tenancy, such as tenancy agreement, rent book or letter from landlord
- Pregnancy**
Mat B1 / Letter from your midwife / Confinement Certificate
- Living with Friends or Family**
Proof may be in the form of a letter from the person you live with stating you live there or a benefit book or wage slip with that address on it.
- Mortgage**
- Value of property if for sale.**
- Supporting Medical Evidence**

IF YOU DO NOT PROVIDE THE PROOF REQUIRED WITH YOUR APPLICATION IT CANNOT BE PROCESSED UNTIL YOU DO SO.

IF PROOF IS REQUESTED YOU WILL BE GIVEN 28 DAYS TO REPLY.

THE DATE YOUR APPLICATION STARTS WILL BE THE DATE WE RECEIVE ALL THE PROOF REQUIRED WITH YOUR APPLICATION.

YOU SHOULD THEREFORE SEND ALL PROOF WITH YOUR APPLICATION.

SECTION K: APPLICANT'S DECLARATION:

K1.

I/We will inform you in writing of any change in circumstances including the number of people in the household.

All the information given in this form is a full statement of my/our circumstances and all the details are true and complete.

I/We understand that if any information given on the form is found to contain any false information, or I/we have knowingly withheld information, which Cartrefi Conwy have reasonably required us to give, then the application may be awarded penalty points which will result in applicant being ineligible for preference for allocation for a period of up to 12 months.

I/We authorise Cartrefi Conwy to make any enquiries necessary to check information I/we have given on this form.

I/We understand that by completing this application form it does not guarantee me/us an offer of housing.

I/We certify that this is an accurate account of my/our medical circumstances and agree to the Community Physician obtaining information from my Doctor and agree to Cartrefi Conwy sharing my medical information with an independent Medical Adviser.

I/We agree to my/our details being shared with Conwy County Borough Council departments such as council tax, housing benefit, electoral register and so on.

Personal Information will be held and processed in accordance with the requirements of the Data Protection Act 1998. Cartrefi Conwy must protect the public funds it handles so it may use this information to prevent and detect fraud. Cartrefi Conwy also share this information, for the same purposes, with other organisations, which handle public funds.

WARNING

If you gain a tenancy after providing false / untrue information
you may lose your home.

APPLICANT

Signed:

Dated:

PARTNER / JOINT APPLICANT

Signed:

Dated:

Thank you for completing this form. Please return the form to the Area Office covering your first choice area. (Please see page 23 for details of the Area Offices)

All information on or in support of your application for housing will be treated as confidential.

SECTION L: EQUAL OPPORTUNITIES MONITORING

L4.

The questions in this section are for statistical analysis, monitoring and the development of improved services. All information provided is stored on a confidential database. Please tick the appropriate boxes:

APPLICANT

Gender: Male Female

Age: 16 - 24 25 - 34

35 - 44 45 - 54

55 - 64 65 and over

Do you have any long – term illness, health problem or disability that affects your day to day activities?

YES NO

PARTNER / JOINT APPLICANT

Gender: Male Female

Age: 16 - 24 25 - 34

35 - 44 45 - 54

55 - 64 65 and over

Do you have any long – term illness, health problem or disability that affects your day to day activities?

YES NO

Please choose one section from A to E (below) and tick the appropriate box to indicate your background. We have used the categories recommended by the Commission for Racial equality.

A) White British English Scottish

Welsh Irish Other

Any other White background, please specify:

A) White British English Scottish

Welsh Irish Other

Any other White background, please specify:

B) Mixed White & Black Caribbean

White & Black African

White & Asian Other

Any other Mixed background, please specify:

B) Mixed White & Black Caribbean

White & Black African

White & Asian Other

Any other Mixed background, please specify:

C) Asian, Asian British, Asian English, Asian Scottish, or Asian Welsh

Indian Pakistani

Bangladeshi Other

Any other Asian background, please specify:

C) Asian, Asian British, Asian English, Asian Scottish, or Asian Welsh

Indian Pakistani

Bangladeshi Other

Any other Asian background, please specify:

D) Black, Black British, Black English, Black Scottish, or Black Welsh

Caribbean African Other

Any other Black background, please specify:

D) Black, Black British, Black English, Black Scottish, or Black Welsh

Caribbean African Other

Any other Black background, please specify:

E) Chinese, Chinese British, Chinese English, Chinese Scottish, Chinese Welsh, or Other ethnic group.

Chinese Other

Any other Chinese background, please specify:

E) Chinese, Chinese British, Chinese English, Chinese Scottish, Chinese Welsh, or Other ethnic group.

Chinese Other

Any other Chinese background, please specify:

Colwyn Bay Area Office:

41, Conway Road, Colwyn Bay, LL29 7AA. Phone: 01492 805596 / 805598 / 805591

Abergele	Llanddulas	Old Colwyn
Betws yn Rhos	Llanelian	Pensarn
Bylchau	Llanfairtalhaiarn	Peulwys Estate
Colwyn Bay	Llangernyw	Rhos on Sea
Groes	Llansannan	St George
Highlands Estate	Llanefydd	Tan y Lan
Kinmel Bay	Mochdre	Towyn

Llandudno Area Office:

Town Hall, Lloyd Street, Llandudno, LL30 2UP. Phone: 01492 805632 / 805631 / 805633

Betws y Coed	Glan Conwy	Melin y Coed
Capel Curig	Glasfryn	Nebo
Capel Garmon	Henryd	Penmachno
Cefn Brith	Llanddoged	Penmaenmawr
Cerrigydrudion	Llandudno	Pentrefoelas
Conwy	Llandudno Junction	Rowen
Cwm Penmachno	Llanfairfechan	Tal y Bont
Deganwy	Llanfihangel G.M.	Trefriw
Dolgarrog	Llangwm	Ysbyty Ifan
Dolwyddelan	Llanrwst	
Eglwysbach	Maerdy Areas	

Housing Options and Support Team (HOST)

Civic Offices, Colwyn Bay, LL29 8AR. Telephone: 01492 576271

For email enquiries: enquiries@cartreficonwy.org

Also, for further information about Housing,

please see the website: www.cartreficonwy.org