

Working for you

# HOUSING APPLICATION

OFFICE USE ONLY

Date received:

Acknowledged:

Date logged:

Inputting Officer:

Application No:

Please refer to the booklet “**How to Complete the Application Form**” when completing this form and provide as much information as possible as this will help us to assess your points accurately. If you need any advice or assistance in completing this form, help is available free of charge from Housing Needs but you may have to make an appointment (details are provided in the information pack). An incomplete application form will result in a delay in processing your application. Please use block capitals when completing the form.

## Personal details

### Q1 About you



Mr/Mrs/Miss/Ms? (please delete)

Last name

First name(s)

Date of birth

 /  / 

Your current address / or a contact address



Postcode

Date moved in

Please give contact telephone number

Email address

National Insurance number

What is your first language?

Next of kin

Name

Telephone

### Q2 Joint applicant



Mr/Mrs/Miss/Ms? (please delete)

Last name

First name(s)

Date of birth

 /  / 

Your current address / or a contact address



Postcode

Date moved in

Please give contact telephone number

Email address

National Insurance number

What is your first language?

Next of kin


Name

Telephone



This symbol means further information/assistance is provided in the booklet “How to Complete the Application Form”.

**Q3** Have you lived in this country continuously for the past 5 years? Yes  No

**Q4** Do you have a local connection to the district? (please tick)   
Yes  No  please go to Q5

Please give details of your local connection (name, address, relevant dates of residency/employment, etc). **Local connection eligibility criteria is detailed in the booklet "How to Complete Your Application Form".**

*Current resident*


*Previous resident*


*Family who live in the area (please give full details of their names, addresses, relationship to you and how long they have lived in the Harrogate District for)*


*Your current employment details*


## Your household



**Q5** Please give details of everyone who needs housing with you

**Other adults** (if applicable)

Name

--

Date of birth

	Male <input type="checkbox"/>	Female <input type="checkbox"/>
--	-------------------------------	---------------------------------

Relationship with you? eg. Mother, son, etc.

--

Do they live with you? Yes  No

If they live elsewhere, why can't they live with you now?


Do they need a bedroom of their own for medical reasons? Yes  No

*If yes, please give more details at Q34*

**Other adults**

Name

--

Date of birth

	Male <input type="checkbox"/>	Female <input type="checkbox"/>
--	-------------------------------	---------------------------------

Relationship with you? Eg. mother, son, etc.

--

Do they live with you? Yes  No

If they live elsewhere, why can't they live with you now?


Do they need a bedroom of their own for medical reasons? Yes  No

*If yes, please give more details at Q34*

*Continue on the back page if you need more space for other adults*

Are you, or any of those people to be rehoused with you expecting a baby? Yes  No

What is their name?

--

When is the baby due?

--

Please send confirmation of pregnancy from a doctor with this form or your application may be delayed.

## Q5 Your household (continued)

Please give details of children who need housing with you.

### Children (child one)

Last name

First name(s)

Date of birth

 Male  Female 

Relationship with you? eg son, daughter

Do they live with you? Yes  No

Visit under an access arrangement  
(Please enclose confirmation of the arrangement) Yes  No

If they live elsewhere, why can't they live with you now?

Do they need a bedroom of their own for medical reasons? Yes  No

*If yes, please give more details at Q34*

### Children (child two)

Last name

First name(s)

Date of birth

 Male  Female 

Relationship with you? eg son, daughter

Do they live with you? Yes  No

Visit under an access arrangement  
(Please enclose confirmation of the arrangement) Yes  No

If they live elsewhere, why can't they live with you now?

Do they need a bedroom of their own for medical reasons? Yes  No

*If yes, please give more details at Q34*

### Children (child three)

Last name

First name(s)

Date of birth

 Male  Female 

Relationship with you? eg son, daughter

Do they live with you? Yes  No

Visit under an access arrangement  
(Please enclose confirmation of the arrangement) Yes  No

If they live elsewhere, why can't they live with you now?

Do they need a bedroom of their own for medical reasons? Yes  No

*If yes, please give more details at Q34*

### Children (child four)

Last name

First name(s)

Date of birth

 Male  Female 

Relationship with you? eg son, daughter

Do they live with you? Yes  No

Visit under an access arrangement  
(Please enclose confirmation of the arrangement) Yes  No

If they live elsewhere, why can't they live with you now?

Do they need a bedroom of their own for medical reasons? Yes  No

*If yes, please give more details at Q34*

If you need to list more children who need housing with you, please use the space provided on the back page

## Q6 People NOT to be rehoused with you



Last name

First name(s)

Date of birth

Relationship to you?

Sex

Male

Female

Last name

First name(s)

Date of birth

Relationship to you?

Sex

Male

Female

Last name

First name(s)

Date of birth

Relationship to you?

Sex

Male

Female

Please detail any other people not to be rehoused with you on the back page

## Previous homes



### Q7 Your previous homes in the last 5 years? *(your current address should be given at Q1)*

Starting with the most recent address, please tell us where you have lived in the last 5 years and who owned the property, eg. private landlord, Council, Housing Association, parents. If you need more space please continue on the back page.

#### Property One

Address

Date from

/ /

Date to

/ /

What was the landlord's name and address?

Why did you leave?

#### Property Two

Address

Date from

/ /

Date to

/ /

What was the landlord's name and address?

Why did you leave?

#### Property Three

Address

Date from

/ /

Date to

/ /

What was the landlord's name and address?

Why did you leave?

#### Property Four

Address

Date from

/ /

Date to

/ /

What was the landlord's name and address?

Why did you leave?

Continue on the back page if you need more space

### Q8 Previous Council or Housing Association tenancies

Have you, or anyone included in this application, ever lived in a Council or Housing Association property not already mentioned in Q7?

#### Property address and date of residence

Date from

/ /

Date to

/ /

What was the landlord's name and address?

Why did you leave?

Continue on the back page if you need more space

## Q9 Who should we contact?



Is there anyone we can speak to on your behalf to support your application? This could be a social worker, care assistant, friend or relative. Please give their details.

Last Name

First name(s)

Contact address

Contact telephone number

Relationship to you

## Q10 Details of any convictions



If you or anyone included in this application has ever been convicted of a criminal offence, or been involved in any inappropriate activity such as anti-social behaviour, please give details.

Name

Date of offence

Details

## Q11 Savings / investments



If you or anyone who needs housing with you has any savings or investments you should enter the value below.

£

Copies of documents to confirm this should be submitted with your application (eg. Bank statements)

## Your current home

### Q12 What type of home do you live in now?

Please tick any box which applies

House

Flat

Bungalow

Maisonette

Mobile home

size

Bed and Breakfast

(specify feet or metres)

Bedsit

Shared House

Hostel

Other (please specify)

### Q13 What floor is your current accommodation on?

Please tick any box which applies

Ground

First

Second

Other (please specify)

### Q14 Are you, or anyone wishing to be rehoused with you, the owner or tenant of your home?



Please tick any box which applies

The owner  go to Q15

The tenant  go to Q16

Other (please specify)

### Q15 What is the current value of your home?



£

Please attach a written valuation (can be provided by an Estate Agent or Valuer)

How much mortgage is outstanding?

£

Please provide a mortgage statement to confirm this figure

Please state why you can't live there

Continue on the back page if you need more space

## Q16 If you are a tenant ...

Please give the name, address and telephone number of your current landlord. We may contact them.

Landlord's name

Landlord's address

Postcode

Landlord's telephone number

Are you in arrears with your rent?

Yes  No

If yes, how much is outstanding?

If your tenancy is for a fixed period, when does it expire?

## Q17 If you have been asked to leave your present accommodation, please give details ...



Please provide written proof

What is the date you have to leave by?

Who asked you to leave?

Why do you have to leave?

## About your present home

### Q18 What type of amenities do you have?

Tick 'yes' or 'no'	Yes	No
Living Room	<input type="checkbox"/>	<input type="checkbox"/>
Dining Room	<input type="checkbox"/>	<input type="checkbox"/>
Separate Kitchen	<input type="checkbox"/>	<input type="checkbox"/>
Separate Bathroom	<input type="checkbox"/>	<input type="checkbox"/>
Inside Toilet	<input type="checkbox"/>	<input type="checkbox"/>
on the same floor as bedroom?	<input type="checkbox"/>	<input type="checkbox"/>
Outside Toilet	<input type="checkbox"/>	<input type="checkbox"/>
Cooking Facilities	<input type="checkbox"/>	<input type="checkbox"/>
Bath or Shower	<input type="checkbox"/>	<input type="checkbox"/>
Wash Hand Basin	<input type="checkbox"/>	<input type="checkbox"/>
Hot Water Supply	<input type="checkbox"/>	<input type="checkbox"/>
Cold Water Supply	<input type="checkbox"/>	<input type="checkbox"/>

### Q19 Do you share any of these rooms with someone NOT being rehoused with you?



Tick 'yes' or 'no'	Yes	No
Living Room	<input type="checkbox"/>	<input type="checkbox"/>
Dining Room	<input type="checkbox"/>	<input type="checkbox"/>
Kitchen	<input type="checkbox"/>	<input type="checkbox"/>
Bathroom	<input type="checkbox"/>	<input type="checkbox"/>
Toilet	<input type="checkbox"/>	<input type="checkbox"/>

If 'yes' ensure you have completed Q6

### Q20 How many bedrooms are there in your home? Please tick single or double and whether it is for you/your family's sole use.

	Single	Double	Sole use
Bedroom 1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bedroom 2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bedroom 3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bedroom 4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

### Q21 Do you have a garden/enclosed yard?

Yes  No

### Q22 Is there any heating in your home?

Yes  No

What type of heating do you have?



# Reason for application

## Q29 Please state why you are applying to the Council for housing?



You should use the space below to support your application and continue on the back page if necessary. This will enable the Council to decide whether or not you qualify for any additional social/welfare points.

A large, empty white rectangular area intended for the applicant to provide their reasons for applying for housing. The area is completely blank, providing space for handwritten or typed text.



# About where you want to live ...



**Q34** Please enter 1, 2, 3 in your top 3 areas of choice and indicate any other areas you are interested in with a tick (please refer to the map showing letting areas on the fold-out page). The more areas you choose, the greater your chances of being housed. If you have a local connection to any of the areas shown, please indicate with a \* and give details at Q4. **If you require sheltered housing please go to Q35.**

## 01 Harrogate

01011 Harewood  
Newby  
Bramham  
Markenfield

01012 Lichfield  
Norwich  
Lincoln

01013 Harlow/Otley Road  
(housing association)

01020 Oakdale

01031 Woodfield

01032 Dene Park

01033 County

01034 Skipton Road

01035 New Park

01036 High Harrogate/  
Devonshire (housing association)

01041 St Andrews

01042 Fairfax  
Walworth  
Cawthorn

01043 Eleanor &  
Wetherby Road

01044 Knaresborough Road  
Hospital Site (housing association)

01045 Forest Moor  
(housing association)

01050 Starbeck

01060 Central

01070 Oatlands/Pannal/  
St Georges/Boulevards  
(some housing association)

## 02 Knaresborough & Scriven

02010 Briggate

02030 Stockwell

02040 Inman

02050 Central

02060 Charlton

02070 Manor

02940 Scriven

## 03 Ripon

03010 Lead Lane

03020 Holmefield

03030 Northern

03040 Central

## 04 Boroughbridge

04270 Cundall

04460 Skelton-on-Ure

04470 Kirby Hill

04630 Roecliffe

04640 Boroughbridge

0464L Langthorpe

0464M Minskip

## 05 Knaresborough Villages

05101 Goldsborough

05102 Flaxby

05700 Staveley

05780 Arkendale

05830 Scotton

05850 Ferrensby

## 06 Vale of York

06102 Marton-cum-Grafton

06103 Green Hammerton

06104 Nun Monkton

06110 Hunsingore

06113 Kirk Hammerton

06115 Moor Monkton

06720 Lower Dunsforth

06800 Great Ouseburn

06880 Little Ouseburn

06960 Whixley

## 07 Lower Wharfedale

07121 Follifoot

07122 Little Ribston & Spofforth

07135 North Deighton

07136 Kirk Deighton

07141 Kirkby Overblow

07149 Sicklinghall

## 08 Upper Wharfedale

08106 Fewston

08107 Norwood

08131 Askwith

08140 Newall with Clifton

## 09 Lower Nidderdale

0961S Shaw Mills

0961T Bishop Thornton

09820 Nidd

09910 Birstwith

09920 Hampsthwaite

09930 Killinghall

## 10 Upper Nidderdale

10170 Lofthouse

1049G Glasshouses

1049P Pateley Bridge

10660 Summerbridge

10900 Darley

## 11 Masham Area

11030 Masham

## 12 Pannal Villages

12001 Beckwithshaw

12002 North Rigton

12003 Weeton & Huby

### 13 Marston Villages

13001	Tockwith	<input type="checkbox"/>
13002	Long Marston & Hutton Wandesley	<input type="checkbox"/>
13003	Bilton in Ainsty & Bickerton	<input type="checkbox"/>
13004	Wighill	<input type="checkbox"/>

### 14 Northern Villages

14001	Baldersby	<input type="checkbox"/>
14002	Wath	<input type="checkbox"/>
14003	Melmerby	<input type="checkbox"/>
14004	Hutton Conyers	<input type="checkbox"/>
14005	Nunwick	<input type="checkbox"/>
14006	Rainton	<input type="checkbox"/>
14007	Asenby	<input type="checkbox"/>
14008	Dishforth	<input type="checkbox"/>
14009	Sharow	<input type="checkbox"/>
14010	Copt Hewick	<input type="checkbox"/>
14011	Marton-le-Moor	<input type="checkbox"/>
14012	Bridge Hewick	<input type="checkbox"/>

### 15 Ripon South Villages

15001	Markington	<input type="checkbox"/>
15002	Bishop Monkton	<input type="checkbox"/>
15003	Burton Leonard	<input type="checkbox"/>
15004	South Stainley	<input type="checkbox"/>

### 16 Ripon West Villages

16001	North Stainley	<input type="checkbox"/>
16003	Kirkby Malzeard	<input type="checkbox"/>
16004	Winksley	<input type="checkbox"/>
16005	Sawley	<input type="checkbox"/>
16006	Littlethorpe	<input type="checkbox"/>



## Warden Support Service



**Q35** The Council has 6 Resident Warden Supported Schemes of purpose built flats for people 60 years plus who are still able to lead an independent life, but who would benefit from the security and the support of a warden. These schemes are Carlton Lodge - Harrogate, Hewitson Court and Collins Court - Knaresborough, Bondgate Court and Blossomgate Court - Ripon and Maple Creek - Masham.

In addition there is a Mobile Warden Support Service that can be delivered to any person 60 years plus living in any Council accommodation. We have some bungalows and flats, which have an optional warden call system and we also have a "Lifeline" call system, which can be installed into any property via the telephone line.

To be eligible for either the Resident Warden Support Service or the Mobile Warden Support Service you would be asked to complete a needs assessment to identify your particular needs and support requirements.

If you are interested in the Warden Support Service and do need some additional support (regardless of your age) or if you are 60 years or over, please can you provide brief details of your support needs on the back page.

### Resident Warden Supported Schemes

01S08	Carlton Lodge	<input type="checkbox"/>	02S11	Collins Court	<input type="checkbox"/>
02S10	Hewitson Court	<input type="checkbox"/>	11S18	Maple Creek & Swinburn Road, Masham	<input type="checkbox"/>
03S15	Bondgate Court	<input type="checkbox"/>	03S16	Blossomgate Court	<input type="checkbox"/>

### Other Council Accommodation with Mobile Warden Support Services

(warden call system fitted to these properties)

#### Harrogate

01S01	Station View, Starbeck	<input type="checkbox"/>
01S02	Spa Mews, Starbeck	<input type="checkbox"/>
01S03	Fairfax Avenue	<input type="checkbox"/>
01S04	Wedderburn Road	<input type="checkbox"/>
01S05	Dene Park	<input type="checkbox"/>
01S06	Alder Road	<input type="checkbox"/>
01S07	Woodfield Square	<input type="checkbox"/>

#### Knaresborough

02S09	Windsor Lane/ Gracious St	<input type="checkbox"/>
02S12	Manor Court	<input type="checkbox"/>
02S13	Stockwell Grove/ Frogmire Road & Drive	<input type="checkbox"/>
02S14	Charlton Drive/ Manor Gardens	<input type="checkbox"/>

#### Ripon

03S17	Russell Dixon Square	<input type="checkbox"/>
-------	----------------------	--------------------------

#### Villages and surrounding district

16S19	Mowbray Crescent & High Street, Kirkby Malzeard	<input type="checkbox"/>
10S20	Nidd Walk & Southlands, Pateley Bridge	<input type="checkbox"/>
10S25	Netherdale, Pateley Bridge (housing association)	<input type="checkbox"/>
10S21	Lupton Close, Glasshouses	<input type="checkbox"/>
10S22	Valley Road, Darley	<input type="checkbox"/>
12S23	Kingsway, Weeton	<input type="checkbox"/>
04S24	Springfield, Boroughbridge	<input type="checkbox"/>

# Declaration



**Q45 Please read this declaration carefully then sign it. If you are applying jointly please give both signatures.**

- I/we consent to the Council obtaining/releasing information to other landlords/landlords' agents/professional housing organisations/government agencies/medical professionals if necessary relating to my/our application.
- I/we explicitly consent for the North Yorkshire Police to disclose details of my/our previous criminal convictions, details of any risk assessments carried out by the Police, or identify agencies that the Police are aware of having carried out risk assessments in relation to me/us, and any information that the Police may have relevant to future crime prevention and community safety issues relating to me/us to Harrogate Borough Council for the purpose of permitting them to manage any risk, and reduce potential for future re-offending.
- I/we understand that the information contained on my/our application may be released to the Audit Commission in respect of the National Fraud Initiative to detect fraud against the public purse and the Council may share this information for the same purposes with other organisations which handle public funds.
- I/we understand that if I/we have come to live in this country within the last 5 years, the Council may have to approach the Home Office to check the information I/we have given in this form and to obtain further related information.
- I/we understand that legal action may be taken against any person who obtains accommodation as a result of giving false or misleading information or withholding information which has been asked for.
- I/we will inform the Council in writing if my/our circumstances change.

Applicant's signature

Date

Joint Applicant's Signature


Date

---

**Please use this space to note any additional details to support your application**



**Please return this form to the Department of Community Services,  
Housing Needs, Victoria Park House, 18 Victoria Avenue, Harrogate, HG1 5QY**

**Q37** Please indicate when you would be ready to take up an offer of accommodation? 

**Q38 Pets** 

Do you have any pets?

Yes  No

If yes, give details

**Previous applications** 

**Q39** Please give details of previous applications made to the Council

Name of applicant

Address at time of application

Date of application

Application number (if known)

**Other Applications**

Name of Applicant


Address at time of application

Date of application

Application number (if known)


**Housing provider**

**Q40** Who do you wish your application to be considered by? 


Harrogate Borough Council

Housing Associations

Both

**Q41** Would you be interested in a shorthold tenancy with a Housing Association? 

Yes  No

**Q42** Would you be interested in low-cost home ownership? (tick all that apply) 

Shared Ownership (Also known as Newbuild Homebuy)	Discounted Home Ownership	Homebuy (also known as Open Market Homebuy)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Connections**

**Q43** Employees of housing providers

Do you, or anyone in your household, or anyone related to you, work for any of the housing providers you have applied to?

Yes  No

If yes, please give their name and who they work for:

**Q44** Elected Members or members of staff

Are you, or any member of your household, related to any Harrogate Borough Council Elected Member, or member of staff?

Yes  No

If yes, please give their name and relationship to you:

Name of relative

Relationship to you

# Map of Harrogate District

## Showing Letting Areas

(see stock list for further details)

1. Harrogate
2. Knaresborough & Scriven
3. Ripon
4. Boroughbridge
5. Knaresborough villages
6. Vale of York
7. Lower Wharfedale
8. Upper Wharfedale
9. Lower Nidderdale villages
10. Upper Nidderdale
11. Masham area
12. Pannal villages
13. Marston villages
14. Northern villages
15. Ripon south villages
16. Ripon west villages



©Crown Copyright. All rights reserved. Harrogate Borough Council, 100019628, 2006.

## Q36 Medical factors

Please give details of yourself or anyone wishing to be housed with you who is suffering from a serious illness or disability that is being affected by your accommodation.

### First Person

Last name

First name(s)

Name and address of Doctor


Details of illness / disability and reasons why your current accommodation is no longer suitable


### Second Person

Last name

First name(s)

Name and address of Doctor


Details of illness / disability and reasons why your current accommodation is no longer suitable


*If there are any other people with a medical condition please give details on the back page*