

# Housing Register Application

Please read these notes before filling out and signing this form.

- You should read factsheet 1 to 5 before you complete this form. If you need additional assistance with the form please contact us on 01245 606647/606640/606474 or visit us at the Housing Reception desk on the ground floor of the Civic Centre in Coval Lane, Chelmsford or one of the advice agencies on factsheet 8.
- Read every question carefully and give us all the information we need to support your application. If you don't do this, we may need to send the form back to you, which will delay the start date for your application.
- Let us know immediately in writing, or email us at [housing@chelmsford.gov.uk](mailto:housing@chelmsford.gov.uk) if your circumstances change in a way that will affect your application.
- When your form is complete, please send it to: Strategic Housing Services, Chelmsford Borough Council, Civic Centre, Coval Lane, Chelmsford, CM1 1JE.
- If you are threatened with homelessness and require urgent advice please call the Council's Housing Advice Team on 01245 606381/606228.

## Section A: Applicant(s)

1. You (Main Applicant)
Title (Mr/Mrs/Ms/Miss)
Surname
First names
Previous surname
Address
Postcode
Tenure of current property*
Home Phone Number
Mobile Phone Number
Work Phone Number
Email address
Date of Birth (dd/mm/yyyy)
National Insurance Number

2. Joint Applicant**
Title (Mr/Mrs/Ms/Miss)
Surname
First names
Previous surname
Address
Postcode
Tenure of current property
Home Phone Number
Mobile Phone Number
Work Phone Number
Email address
Date of Birth (dd/mm/yyyy)
National Insurance Number
What is their relationship to you?
Does this person currently live with you?

\* Tenure means on what basis you live in your home, e.g. as a tenant, owner, lodger, etc.

\*\* Joint Applicant means your partner or the person you would like to live with

Office use .....
Date received .....
Registration number .....
B/R group.....
Points.....
Registration date.....



## Section B: Our Contact with You

### Q1 How would you like us to contact you?

Email

Letter

Phone (Home)

Phone (Mobile)

Other: Please state

Please tell us whether you or your joint applicant requires additional support when contacting us:

### Q2 For written communication:

Larger Print

Braille

Audio Tape

Literacy Support (reading and writing)

Translation into your preferred language (please state)

### Q3 For verbal communication:

Sign language interpretation

Translation into your preferred language (please state)

Other (please state)

## Section C: Your Household Details

Q4 Please complete the below table with details of all the people you would like to be rehoused with.

	Household Member				
	3	4	5	6	7
Surname					
First Name/s					
Gender					
Date of Birth					
National Insurance Number					
Relationship to you (e.g. husband, wife, son, daughter)					
Does this person currently live with you?					

Please provide us with copies of ID for you and your joint applicant (birth certificate or passport) and birth certificates and child benefit book for any dependents. If you do not have a Child Benefit book please provide a letter from the Child Benefit Agency which confirms the amount of payment being awarded to you. We will need to establish your identity and income and will not be able to process your application without proof and will request evidence of this. There is a checklist at the end of the form to help you.

**Q5** If any of the above people do not live with you now, but will live with you when you move, please give details below:

Surname	First name(s)	Current Address	Tenure (i.e. owner, private tenant)	How long at this address?

**Q6** If you have access to children who do not live with you on a permanent basis, please give details here\*:

Surname	First name(s)	Sex (M/F)	Date of Birth	Detail of visiting arrangements

\* Please provide us with evidence of this arrangement (Residence Order, or access arrangements from Solicitor, other legal representative or parent of the child(ren).

**Q7** Are you or any of the people listed above pregnant? Yes  No

If yes, please give their name

When is the baby due? (dd/mm/yyyy)

\* Please provide a copy of the antenatal card or book

**Q8** Have you or any of the applicants listed above previously made an application to Chelmsford Borough Council's Housing Register? Yes  No

If yes, please provide details

## Section D: Nationality

**Q9** Before we can assist you, we need to find out if you and the other members of your household qualify for our help. If you are unsure, please contact us.

Please tick the boxes to tell us if you and your joint applicant:	You	Joint applicant
Are British Citizens	<input type="checkbox"/>	<input type="checkbox"/>
Have lived outside the UK in the last five years	<input type="checkbox"/>	<input type="checkbox"/>
Are citizens of the European economic area*	<input type="checkbox"/>	<input type="checkbox"/>
Are holders of refugee status	<input type="checkbox"/>	<input type="checkbox"/>
Are holders of indefinite or exceptional leave to enter and stay in the country	<input type="checkbox"/>	<input type="checkbox"/>
Are an asylum seeker	<input type="checkbox"/>	<input type="checkbox"/>

\*(For a list of countries in the European Economic Area, please ask)

## Section E: Where you currently live

**Q10 Please tick to show where you and your joint applicant are living now:**

	You	Joint applicant
Renting from a Local Authority	<input type="checkbox"/>	<input type="checkbox"/>
<input type="text" value="Please give name"/>		
Renting from a Housing Association	<input type="checkbox"/>	<input type="checkbox"/>
<input type="text" value="Please give name e.g. Chelmer Housing Partnership, Nacro"/>		
Renting from a Private Landlord	<input type="checkbox"/>	<input type="checkbox"/>
Owner Occupier	<input type="checkbox"/>	<input type="checkbox"/>
Supported Housing	<input type="checkbox"/>	<input type="checkbox"/>
Sheltered/Retirement Housing	<input type="checkbox"/>	<input type="checkbox"/>
Home tied to your job including Armed Forces accomodation	<input type="checkbox"/>	<input type="checkbox"/>
In a residential care home	<input type="checkbox"/>	<input type="checkbox"/>
Prison	<input type="checkbox"/>	<input type="checkbox"/>
Approved Probation Hostel	<input type="checkbox"/>	<input type="checkbox"/>
Hospital	<input type="checkbox"/>	<input type="checkbox"/>
Direct Access Hostel	<input type="checkbox"/>	<input type="checkbox"/>
B&B or Hotel	<input type="checkbox"/>	<input type="checkbox"/>
Short Life Housing	<input type="checkbox"/>	<input type="checkbox"/>
Rough sleeping (sleeping or bedded down in the open air)	<input type="checkbox"/>	<input type="checkbox"/>
Lodging with family	<input type="checkbox"/>	<input type="checkbox"/>
Lodging with friends	<input type="checkbox"/>	<input type="checkbox"/>
<input type="text" value="Other temporary accommodation (Please state)"/>		
<input type="text" value="Other (Please state)"/>		

### Property Type

**Q11 Please tick to show the type of property you and your joint applicant are currently living in**

	You	Joint applicant
House	<input type="checkbox"/>	<input type="checkbox"/>
Bungalow	<input type="checkbox"/>	<input type="checkbox"/>
Flat	<input type="checkbox"/>	<input type="checkbox"/>
Maisonette	<input type="checkbox"/>	<input type="checkbox"/>
Room in a house	<input type="checkbox"/>	<input type="checkbox"/>
Bedsit	<input type="checkbox"/>	<input type="checkbox"/>
Caravan or mobile home	<input type="checkbox"/>	<input type="checkbox"/>
<input type="text" value="Other (Please state)"/>		

**Q12 If you currently live in a flat, maisonette or bedsit what floor is your household on?**

Ground floor  First floor  Second floor  Third floor

**Q13 How many bedrooms are there in your current home?**

One bedroom  Two bedrooms  Three bedrooms  Four bedrooms

More than four bedrooms

**Q14 Please tell us who sleeps where:**

Room	Name/s
Bedroom 1	
Bedroom 2	
Bedroom 3	
Bedroom 4	
Bedroom 5	
Other room used for sleeping (state which room)	

Please note circumstances are subject to verification by a Home Visit.

**Facilities**

**Q15 Please tick the boxes to tell us if you or your household currently share any of the following facilities.**

	Shared with other households	Just for your household	Don't Have
A living room	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A kitchen or cooking area	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A bath or shower	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
An inside toilet	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A wash hand basin	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cooker	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A cold water supply	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A hot water supply	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A garden	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**For Tenants**

**Q16 If you rent privately, please tell us:**

Name of Landlord or Letting Agent
Address of Landlord or Letting Agent
Phone number of Landlord or Letting Agent

**Q17 Please tell us what type of agreement you have on this property:**

- Licence Agreement *(if you rent a room in accommodation you share with your landlord e.g. lodgings)*
- Assured Shorthold Tenancy *(standard tenancy agreement for a term of between 6 and 12 months)*
- Assured Tenancy *(tenancy agreement for an indefinite period)*
- Tied or Service Tenancy *(for accommodation that is provided by your employer or as part of your job)*

Other (Please state)
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**Q18 How much rent is due per month?**

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**Q19 Do you receive Housing Benefit?**

Yes  No

If yes, how much do you receive each week?
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**Q20 If you have been served a notice by your landlord please give details below:**

- Notice to Quit *(a notice from your landlord ordering you to leave the property)*
- Possession Order *(a notice served by the Court which ends your tenancy and grants your landlord possession)*

**Q21 Please give the reason for the Notice to Quit or Possession Order\*:**


\* Please provide a copy of the notice with this form. This information may be used to test an applicant's eligibility to be considered for housing.

**Q22 Has a landlord ever started action to take back a home from you or a member of your household for not complying with tenancy conditions (i.e. rent or mortgage arrears), nuisance or anti-social behaviour?**

Yes  No

**Q23 If yes, please give details**


## For Home Owners

**Q24 Please tell us the market value of your property\***

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\*Most estate agents will offer a free verbal valuation. Please include details of this valuation with your form.

**Q25 Do you have a mortgage on your home?**

Yes  No

**Q26 If yes, please give the name and address of any building society, bank or finance company you have a mortgage with and amount remaining**

Name and address of bank/building society
Amount outstanding

**Q27 How much is your mortgage repayment each month?**

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**Q28 If you have an endowment mortgage, do you expect the policy to pay off your mortgage?**

Yes  No

When will your endowment policy mature?
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**Q29 Do you have any other loans secured against your current home?**

Yes  No

**Q30 If yes, please give the name and address of all banks or finance companies you have loans with and total amount remaining**

Names and addresses of bank/finance companies
Total amount outstanding

**Q31 What is the net equity in your home (i.e. the value of your property minus the amount outstanding on your mortgage or secured loans and the value of any endowment policies if applicable)?**

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## Section F: Employment

**Q32 Please tell us the employment status of you and the other members of your household over 16**

	You	Joint Applicant	Household member over 16		
			(1)	(2)	(3)
Employed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Self employed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Unemployed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Job seeker	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Training	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Education (student)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Retired & part-time employed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Not seeking work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Long term sick/disabled	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other (please state)					

**Q33 For all members of your household who are employed please tell us about their job:**

	Name	Occupation*	Employer name and address	Address of place of work (if different to employer address)	Type of work (e.g. permanent, temporary, full time, part-time or casual)
Main Applicant					
Joint Applicant					
Household Members over 16	(1)				
	(2)				
	(3)				

\* If your occupation meets the definition of “key worker” as specified by the Government and you are eligible, we will contact you to discuss your housing options as part of the Key Worker Scheme. For further details see fact sheet 6.

**Q34 Please tell us the annual income before tax of each of your household members over 16:**

Income Type	Main Applicant	Joint Applicant	Household member over 16		
			(1)	(2)	(3)
Salary/Wages					
Income Support					
Job Seeker’s Allowance					
Child Benefit					
Incapacity Benefit					
Working Families Tax Credit					
Pensions					
Other (specify)					

**Q35 Please specify your total household savings, minus any debt owed e.g. credit card, student loan debts or other loans, and excluding mortgage debt**


## Section G: Local Links

**Q36 Do you or your joint applicant work within the Borough of Chelmsford\*?** You  Joint applicant   
 Work within the Borough    
 Work outside the Borough    
 Not in work

\* If you are not sure, ask your employer who they pay their business rates to.

**Q37 Do you or your joint applicant have parents, adult children, adult brother or adult sister who have lived in the Borough continuously for the past five years\*? If yes, please provide details below:**

Name	Address	Relationship to you/joint applicant	How long they have lived here

\* If you or your joint applicant do not live or work in the Borough, please send us proof that your relatives live here – for example a photocopy of a recent gas or electricity bill with their name on it.

**Q38 Do you need to be near any special medical or support service that is only available in the Chelmsford area?** Yes  No

If yes, please give details


Address of medical or support service

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**Q39 Are you either a councillor or employed by, or related to a member of staff or Councillor at Chelmsford Borough Council? (Please provide name and how you know them)**


This does not influence an individual’s application, rather an application may be subject to greater scrutiny to ensure that no prejudice is given as a result of the relationship.

## Section H: Where you have lived

**Q40** Please provide your addresses for the past five years (please include any properties abroad)

Address	Dates you lived here From To	Owned	Rented (please state private or social)	Reason for Leaving

**Q41** Please provide your joint applicant's addresses for the past five years (please include any properties abroad)

Address	Dates you lived here From To	Owned	Rented (please state private or social)	Reason for Leaving

### Outstanding Debts

**Q42** Do you or your joint applicant owe money for a home you have lived in, including court costs? (For example, rent arrears owed to a Social Landlord, like Chelmer Housing Partnership, or Private Landlord or company with whom you have a mortgage).

Yes  No

If yes, to whom? (please give details for all properties as appropriate)


How much is currently outstanding in total?

**Q43** Do you have any agreement to pay arrears?

Yes  No

**Q44** If yes, are you keeping up repayments?

Yes  No

If yes, how long have you been doing so?

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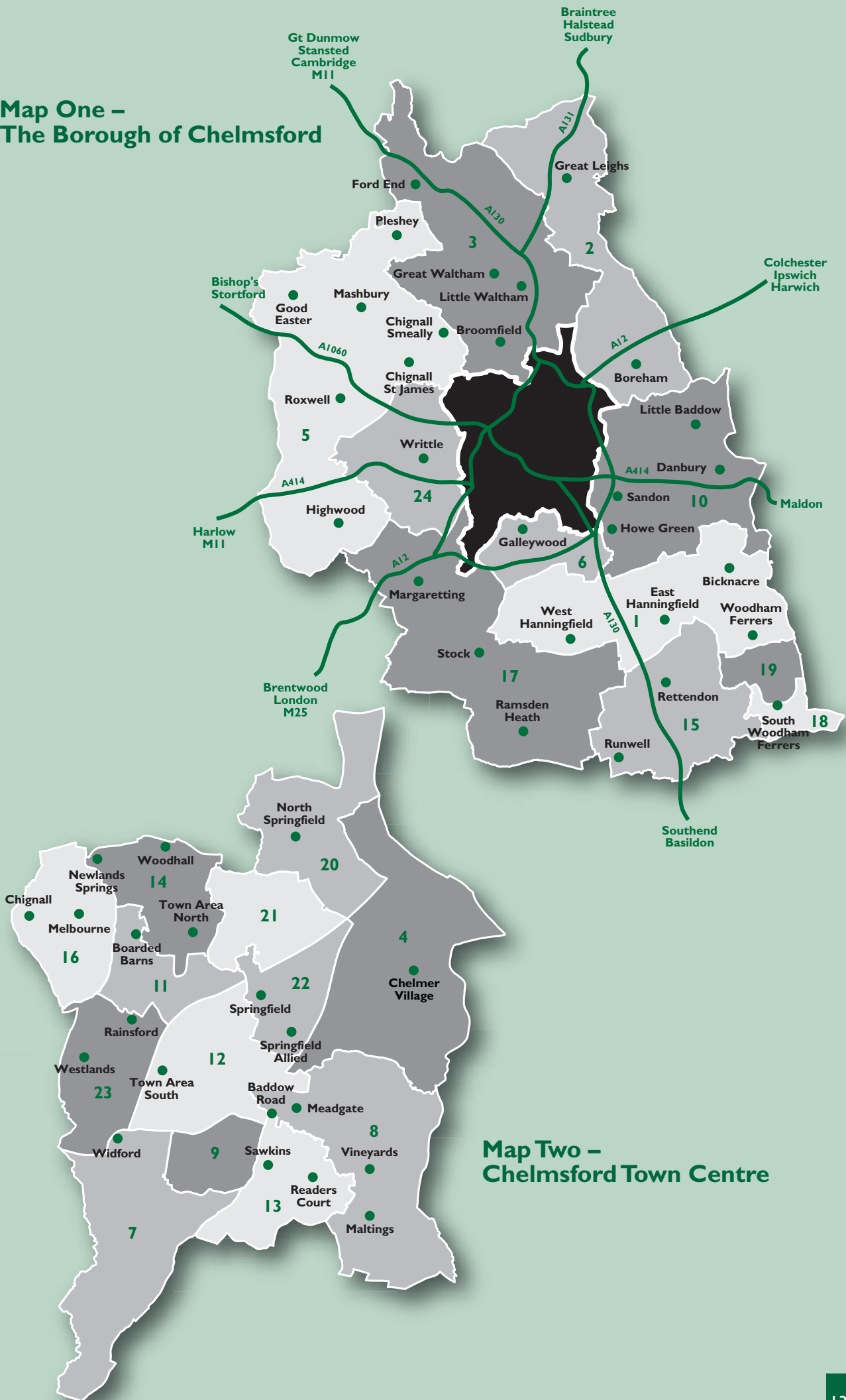
## Areas you would like to live in

Tick the boxes below to show which areas of the Borough of Chelmsford you would like to move to. The maps opposite shows you where these areas are, and the estates/villages that sit within these areas.

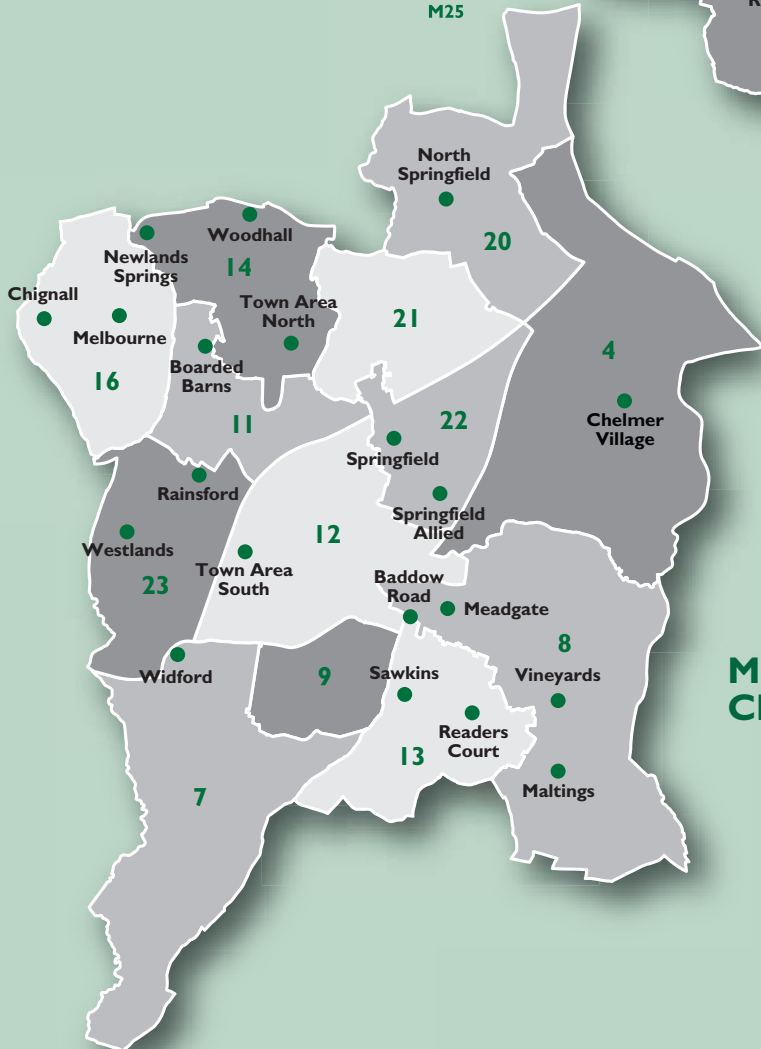
### Q57 I would be happy to live anywhere in the borough of Chelmsford

- |                |  |                          |
|----------------|--|--------------------------|
| <b>Area 1</b>  | (includes Bicknacre – 2 bed houses, East Hanningfield – 1 & 2 bed flats and 2 to 4 bed houses, West Hanningfield – 2 & 3 bed houses)   | <input type="checkbox"/> |
| <b>Area 2</b>  | (includes Boreham – 1 & 2 bed bungalows, 1 & 2 bed flats, 2 to 4 bed houses, 1 & 2 bed sheltered unit flats and sheltered bedsits, Great Leighs – 1 & 2 bed bungalows, 1 & 2 bed flats and 2 to 4 bed houses, and Little Leighs – 2 bed houses)  | <input type="checkbox"/> |
| <b>Area 3</b>  | (includes Broomfield, – 1 & 2 bed bungalows, 1 & 2 bed flats, 1 to 5 bed houses (only one 5 bed house), sheltered unit bedsits and 1 & 2 bed sheltered unit flats, Great Waltham – 1 & 2 bed bungalows, 2 bed flats, 2 & 3 bed houses, and 1 & 2 bed sheltered unit flats, Little Waltham – 1 & 2 bed bungalows and 2 to 4 bed houses, Howe Street and Ford End – 1 bed bungalows, 2 & 3 bed house and 1 & 2 bed flat) | <input type="checkbox"/> |
| <b>Area 4</b>  | (includes Chelmer Village – 2 bed mobility bungalows, 2 bed bungalows, 1 & 2 bed elderly flats, 1 & 2 bed flats, 2 to 4 bed houses and 1 & 2 bed sheltered unit flats, and Beaulieu Park)  | <input type="checkbox"/> |
| <b>Area 5</b>  | (includes Chignal St James – 1 bed bungalows and 2 & 3 bed houses, The Easters, Roxwell – 1 & 2 bed bungalows, 1 & 2 bed flats, 2 & 3 bed houses, and Highwood – 1 bed bungalows, 1 & 2 bed flats and 2 & 3 bed houses)  | <input type="checkbox"/> |
| <b>Area 6</b>  | (includes Galleywood – 1 & 2 bed bungalows, 1 bed elderly flats, 1 to 3 bed flats, 2 to 4 bed houses, sheltered unit bedsits and 1 & 2 bed sheltered units flats, Sawkins Estate – 1 bed bungalows and 2 & 3 bed houses and Readers Court Estate – 1 & 2 bed flats, 2 to 4 bed houses, 1 & 2 bed sheltered unit flats and 1 bed bungalows)   | <input type="checkbox"/> |
| <b>Area 7</b>  | (St Johns Hospital and Galleywood Road)  | <input type="checkbox"/> |
| <b>Area 8</b>  | (Great Baddow East)  | <input type="checkbox"/> |
| <b>Area 9</b>  | (Great Baddow West)  | <input type="checkbox"/> |
| <b>Area 10</b> | (includes Little Baddow, Danbury – 1 & 2 bed bungalows, 1 bed elderly flats, 1 & 2 bed flats, 2 to 4 bed houses, and 1 bed sheltered unit flats, Sandon – 1 & 2 bed bungalows, 2 & 3 bed houses)   | <input type="checkbox"/> |
| <b>Area 11</b> | (includes Boarded Barns – 2 bed mobility bungalows, 1 to 3 bed flats, 2 & 3 bed houses, and 1 bed sheltered unit flats, Chignal – 1 bed bungalows, 2 & 3 bed elderly flats, and 2 & 3 bed houses, and Melbourne Estates – 1 bed bungalows, 1 bed elderly flats, bedsits, 1 to 3 bed flats, 2 to 4 bed houses, sheltered unit bedsit bungalows, 1 & 2 bed bungalows)  | <input type="checkbox"/> |
| <b>Area 12</b> | (includes Old Moulsham area)   | <input type="checkbox"/> |
| <b>Area 13</b> | (Moulsham Lodge)   | <input type="checkbox"/> |
| <b>Area 14</b> | (Broomfield Road and Patching Hall Lane)   | <input type="checkbox"/> |
| <b>Area 15</b> | (includes Rettendon – 2 bed mobility bungalows, 1 & 2 bed bungalows, 2 bed flats, 2 & 3 bed houses, and Runwell – 2 bed bungalows and 3 bed houses)  | <input type="checkbox"/> |
| <b>Area 16</b> | (Chignal Estate – 1 bed bungalows, 2 & 3 bed flats, and 2 & 3 bed houses)  | <input type="checkbox"/> |
| <b>Area 17</b> | (includes Margaretting – 1 & 2 bed bungalows, and 2 & 3 bed houses, Stock – 1 & 2 bed bungalows, 1 bed elderly flats, 1 & 2 bed flats, 2 to 4 bed houses, sheltered unit bedsits and 1 bed sheltered unit flats and Ramsden Heath – 1 & 2 bed bungalows and 2 & 3 bed houses)  | <input type="checkbox"/> |
| <b>Area 18</b> | (South Woodham Ferrers South – 1 & 2 bed bungalows, 1 to 3 bed flats, 2 to 4 bed houses and 1 bed sheltered unit flats)  | <input type="checkbox"/> |
| <b>Area 19</b> | (South Woodham Ferrers North – 1 & 2 bed bungalows, 1 to 3 bed flats, 2 to 4 bed houses and 1 bed sheltered unit flats)  | <input type="checkbox"/> |
| <b>Area 20</b> | (North Springfield – 2 bed mobility bungalows, 1 & 2 bed bungalows, 1 & 2 bed elderly flats, 1 to 3 bed flats, 2 to 4 bed houses, 1 & 2 bed sheltered unit flats)  | <input type="checkbox"/> |
| <b>Area 21</b> | (Springfield – 1 bed bungalows, 1 & 2 bed elderly flats, 2 & 3 bed houses, 1 bed sheltered unit flats, sheltered unit bedsit bungalows and 1 & 2 bed flats)  | <input type="checkbox"/> |
| <b>Area 22</b> | (Springfield Park Road)  | <input type="checkbox"/> |
| <b>Area 23</b> | (Westlands Estate – 2 bed mobility bungalows, 3 bed bungalows, 1 & 2 bed elderly flats, 1 to 3 bed flats, 2 to 4 bed houses, 1 & 2 bed sheltered unit flats)   | <input type="checkbox"/> |
| <b>Area 24</b> | (Writtle – 1 & 2 bed bungalows, 1 & 2 bed flats, 2 to 4 bed houses, sheltered unit bedsits, and 1 bed sheltered unit flats)  | <input type="checkbox"/> |

## Map One – The Borough of Chelmsford



## Map Two – Chelmsford Town Centre



## Section J: Special Circumstances

**Q58 Please tell us if you or a member of your household have a disability or support need. Please tick all that apply:**

Mental Health Condition (e.g. depression, anxiety or schizophrenia)

Physical Impairment (e.g. mobility issues)

Please tick if you use a wheelchair only outdoors

Please tick if you use a wheelchair outdoors and indoors

Sensory Impairment (e.g. being blind/having a serious visual impairment, being deaf/having a serious hearing impairment)

Learning Disability/Learning Difficulty (e.g. Down's Syndrome or Autism)

Degenerative or Debilitating Illness (e.g. Multiple Sclerosis)

Other (Please specify)

**Q59 If you think your health, or the health of a member of your household, could be improved by a move to a more suitable home, you can fill out a medical assessment form (see factsheet 5).**

**If you would like us to send you a form, please tick here.**

**Q60 Please give names, addresses and telephone numbers for any of the following who currently helps you:**

Doctor

Community mental health team

Health Visitor

Social worker

Occupational therapist

Probation officer

Support Worker

**Q61 Do you feel you will need support to register your interest in properties under the Choice Based Lettings Scheme ? (See factsheet 2)**

Yes

No

**Q62 Do you have an advocate who is able to act on your behalf?**

Yes

No

You may contact us if you require assistance in the absence of an advocate to register your interest in properties.

**Q63 If yes, please provide, name, address and telephone number**


## Section K: Equal Opportunities

**Q64** Chelmsford Borough Council is an equal opportunity authority and is committed to providing equality of opportunity for all, regardless of ethnicity, disability, age, gender, religion or sexual orientation. To ensure this policy is carried out, please complete the following table using the codes below for the people who you want to be rehoused with you including you and your joint applicant. *This information is not obligatory and will not impact on your application for housing.*

	Surname	First name(s)	Ethnicity	Religion/Belief
Main Applicant				
Joint Applicant				
Household Member 3				
Household Member 4				
Household Member 5				
Household Member 6				
Household Member 7				

### Ethnicity

- A1 White British – English
- A2 White British – Scottish
- A3 White British – Welsh
- A4 White Irish
- A5 Other White: English (Romany Gypsy)
- A6 Other White: Irish Traveller
- A7 Other White: New/New Age Traveller
- A8 Other White: Welsh Gypsy
- A9 Other White: Scottish Gypsy
- A10 Other White: Roma
- A11 Other White: White European
- A12 Other White background
- B1 Asian/Asian British: Indian
- B2 Asian/Asian British: Bangladeshi
- B3 Asian/Asian British: Pakistani
- B4 Other Asian background
- C1 Black/Black British: Caribbean
- C2 Black/Black British: African
- C3 Other Black background
- D1 Mixed: White and Asian
- D2 Mixed: White and Black Caribbean
- D3 Mixed: White and Black African
- D4 Other Mixed background
- D5 Chinese/Other Ethnic group: Chinese
- D6 Other Ethnic Group (please state in table above)
- E1 Prefer not to say

### Religion or belief

- R1 None
- R2 Christian (including Church of England, Catholic, Protestant and all other Christian denominations)
- R3 Buddhist
- R4 Hindu
- R5 Jewish
- R6 Muslim
- R7 Sikh
- R8 Other (please state in the table above)
- R9 Prefer not to say

**Q65** Please tick the relevant box to indicate your sexuality

Heterosexual  Gay Man  Lesbian woman  Bisexual  Prefer not to say

**We are keen to work with members of the local community to make sure the services we provide meet your needs and expectations. We use surveys and other consultation events to help us with this and would like you to get involved. You don't have to fill in every survey or attend every meeting and can be removed from the list at any time.**

**Q66** Would you like to participate in our consultation programme?

Yes  No



Lined writing area consisting of 28 horizontal lines on a white background.

## Section M: Checklist

### Q68 Before returning this form to us please ensure that you:

*Have completed all relevant sections of the form*

*Have signed and dated the application on page 19*

### Q69 Please check that you have enclosed any of the following which may apply to you, your joint applicant or your household:

- Two forms of identification at least one with a photograph for you and your joint applicant (such as birth certificate/passport and driving licence)
- Your child(rens) birth certificate/passport
- Confirmation of receipt of Child Benefit and Child Tax Credits
- Confirmation of Residence Order (if applicable)
- Proof of pregnancy
- Immigration documents, ECC identity card or UK residence permit
- Armed Forces discharge papers
- Employment details
- Proof of direct family resident in the borough
- Tenancy agreement
- If you are roofless, receipt of any Department for Work and Pensions payments made to you
- Any Notice to Quit or Possession Order
- Medical Evidence
- Proof of Sale
- Proof of income capital, savings and investments
- Proof of your and your joint applicants national insurance numbers.
- Proof of residency at address (such as council tax bill, utilities bills or landline telephone bill)

If you are a Home Owner please also provide:

- An up to date mortgage statement
- Proof of loans secured on your property
- Proof of Endowment policy

**Please do not send valuable items through the post. As we cannot accept liability for any original documents lost in the postal system. If you can, bring them into our reception where we will take the copies we need and give you the documents back straightaway. If you are not sure what evidence we need please get in touch with us.**

## Section N: Consent form and declaration

**I/We have just completed and signed a Chelmsford Borough Council Housing Register Application Form.**

**I/We agree to allow your staff:**

- *To make the necessary enquiries to investigate my/our application for rehousing – I/we also understand that you may need access to all my records held by Housing Benefits in respect of both current and former tenancies and other official bodies or voluntary bodies such as credit reference agencies Social Services, my/our GP, my/our current and former landlord(s).*
- *To use this information in the normal course of your work*
- *To pass on my/our details to other Council departments, including Housing Benefits*
- *(If I/we are put forward for rehousing) to pass on on a copy of my/our housing application form and details to a social landlord or private landlord for rehousing reasons only.*

**I/We understand that the information requested in the Equal Opportunities Section is for monitoring purposes only, it is not mandatory and is the only section exempt from this declaration.**

**I/We understand that if I/we have lied, deliberately mislead or withheld information, this application may be cancelled and I/we may be fined up to £5,000 under Section 171 of the Housing Act 1996. I/We understand that if I/we fail to tell the Council about any changes, my/our application may be cancelled and any property repossessed.**

**I/We understand that I/we will be sent a renewal form each year to the address I/we have given on the form. If I/we do not complete and return this form my/our application may be cancelled.**

Signature of main applicant

Date of signature

Signature of joint applicant

Date of signature

For additional copies of this document or to have it made available in large print, braille, translated into other languages, or recorded onto audio-tape, please call 01245 606647 or email: [housing@chelmsford.gov.uk](mailto:housing@chelmsford.gov.uk)

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