

Are you a victim of

Domestic Violence Yes No Racial Harassment Yes No

If yes, please give details (Further documentation will be required in this instance).

PRESENT ACCOMMODATION

Please state type of accommodation (e.g. Flat, Tower Block, Semi-detached) _____

Total number of bedrooms in current accommodation House Position / Floor Level

How long have you lived at your present accommodation? Years Months

Please provide current landlords name and address. _____

Please provide copy of lease if you are a private tenant

PREVIOUS ADDRESS

Please list details of previous addresses in the last 5 years as accurately as possible starting with the most recent.

Address	Date From - To	Please state tenure type, i.e. Owner, tenant lodger, c/o family etc	Landlord's name & address	Reason for leaving

Present Amenities - Does your current accommodation have the following:

Kitchen Facilities Yes No Bath or Shower Yes No

Internal W.C Yes No Hot water supply Yes No

Are these shared with others? Yes No

Do you have Central Heating in your home? Yes No

If yes which type of Heating is provided? Gas Electric Other (Please State) _____

Property Condition -

Please supply details of any disrepair, which you consider to adversely affect your living circumstances.

Statutory Notices

Is your property under any Statutory Notices e.g. due to demolition.

Please give details.

Location / Support Factors***Does any member of your household need to be rehoused in Gowkthrapple to be near work relatives, schools etc?***Yes No

Please give details.

Do you need to be rehoused to provide or receive support to/from a relative who lives in the Gowkthrapple Area?

Please give details.

Medical Priority

Please indicate if a member of your household has a medical condition and whose health would be significantly improved by rehousing. Applicants will be required to complete a medical self assessment in order to determine priority. In all cases the form is passed to an independent medical advisor to assess.

Name (if not applicant) _____

Disability or Condition _____

Area*Please indicate which street you are interested in being considered for.*Woodgreen Court - New Build Flats Heathfield Smith Avenue Law View (Sheltered Housing) Are you interested in Sheltered Housing? Yes No Are you interested in being considered for a Mutual Exchange? Yes No Are you interested in Shared Ownership Properties? Yes No **Reasons for applying for Rehousing** *Please tick all your reasons why your present accommodation is unsuitable.* House too large Leaving HM Forces In a hilly area In poor condition House too small Legal eviction/
Mortgage repossession Leaving hospital/
prison/institution End of lease/being
asked to leave House too low down Marital Breakdown Living in tied
accommodation In a poor
environment House too high up Too far from shops/
transport Too far from friends
/family Too far from doctor/
hospital Wish to set up first home Other reason, Please give details _____

Social Priority

Do you feel that there are serious social problems in the area in which you live? Yes No

Note: Documentary evidence of this will be required

Please write below any further details of special circumstances about your application, which will help us, assess your housing need.

Are you or any member of your household, applying for housing, RELATED to, or otherwise connected with, a member of Garrion People’s Housing Co-operative’s MANAGEMENT COMMITTEE or STAFF?

If “YES” please state the NAME (S) of the Staff or Committee Member(s) and the nature of the relationship below.

Name(s) _____
Relationship to Applicant _____

Personal Declaration

1. I/We hereby certify that the information given in the preceding pages is a true record of my/our present circumstances and if it is found NOT to be so the application may be invalid.
2. I/We authorise Garrion People’s Housing Co-operative Limited to obtain information from necessary sources to ensure that the information given is accurate.
3. I/We understand that Garrion People’s Housing Co-operative Limited has the right to apply in Court for repossession of a dwelling/house where the tenancy was granted on the basis of false or misleading information provided knowingly by the applicant(s).
4. I/We undertake to notify Garrion People’s Housing Co-operative Limited immediately of any change in my/our circumstances as described in this application.

Signature) of Applicant _____

Joint Applicant _____

Date _____

DATE	OFFICER COMMENTS	SIGNED