

Enterprise House Application Form

Please complete all sections in block capitals using black ink and return by post to
Housing & Community Association, Enterprise House, Hawksworth, Kings Head Hill, Chingford, E4 7NB
Tel: 020 8524 0318 Email: info@housingca.org.uk

A About you

Surname

Title

First name/s

Address

Postcode

Status: Married Single Widowed

Other (please state)

Date of birth:

National Insurance No:

Telephone number

Is this your permanent address? Yes No

Your doctor's name and address

How long have you been with your present doctor?

Your bank's name and branch address

Please give details of your next of kin who we may contact in the event of an emergency (other than persons to be housed)

Name

Address

Postcode

Telephone number

Mobile No

Please state their relationship to you

Do you have regular use of a motor vehicle? Yes No

Do you use a mobility scooter? Yes No

Do you have any special living requirements Yes No

If 'yes' please tell us what these are

Data Protection Act

The Personal information provided on this form and any other information relating to your application for accommodation, may be used by us or our agents, for the Association's business purposes. This includes the letting and management of properties, but may only be used by us in accordance with the purposes and disclosures registered under the Act. The register entry (No. Z6023532) is open to public inspection. Under the Act, applicants are entitled to obtain a copy of the data held. A fee may be payable.

Please complete all sections in block capitals using black ink

B About your partner (if applicable)
If you are a single applicant please proceed to section C.

Surname

Title

First name/s

Status: Married Single Widowed

Other (please state)

Date of birth:

National Insurance No:

Address (if different from above)

Postcode

How long have they lived at this address?

Doctor's name and address

Bank's name and branch address

Please give their next of kin who we may contact in the event of an emergency (other than persons to be housed)

Name

Address

Postcode

Telephone number

Mobile

Please state their relationship to you

How long has this person been with your present doctor?

Please complete all sections in block capitals using black ink

C Present accommodation

Describe your present accommodation
(e.g. house, flat, etc)

Is your present accommodation?

Owned Rented Leased

If rented state name and address of landlord

Are you currently:

Living with friends Living with family
 Tied accommodation Other, please explain

If you are a homeowner, what is the approximate value of your property?

How much is the outstanding mortgage?

Do you own a second home in UK or abroad?

D Reasons for needing accommodation

Why are you applying for accommodation?
(Please tick the boxes that apply)

- Threat of being made homeless
- Fear of violence or harassment
- Overcrowding
- Home is bigger than you need
- Financial reasons
- To be near doctor/hospital etc
- To be near relatives/friends
- Other, please state:

Do you anticipate using the following facilities at Enterprise House?

Restaurant	<input type="checkbox"/> Regularly	<input type="checkbox"/> Occasionally
Bar	<input type="checkbox"/> Regularly	<input type="checkbox"/> Occasionally
Laundrette	<input type="checkbox"/> Regularly	<input type="checkbox"/> Occasionally
Shop	<input type="checkbox"/> Regularly	<input type="checkbox"/> Occasionally

Would you be prepared to be involved with the following events arranged by:

Social Committee	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Bar Committee	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Garden Committee	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Residents' Committee	<input type="checkbox"/> YES	<input type="checkbox"/> NO

Is there any other information you wish to give us concerning your application?

Please complete all sections in block capitals using black ink

E About your income

Total Amount How often do you receive this?

Details of your Income Support (if applicable)

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Details of your Housing Benefit (if applicable)

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Details of other income

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Take home pay Applicant

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Take home pay Partner

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Private Pension

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State Pension Applicant

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State Pension Partner

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Other State Benefits, please give details:

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Total value of Savings/Capital (include bank account, building society account, premium bonds, investments, savings certificates, etc.)

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The Housing and Community Association carries out credit checks on applicants prior to offering a tenancy agreement so please ensure this section is completed accurately.

Please note that you will be required to invest a sum of money in the Association's Loan Stock and this assists in keeping rents below market values. The amount for a one-bedroom flat is £7,500 and for a studio flat £5,000. In cases of financial hardship, consideration may be given to a reduced Loan Stock amount. However, this will increase the monthly rent payable.

Assistance is available to help claim Council Tax and Housing Benefit.

Will you require this assistance if you are successful in your application? YES NO

F Have you had any difficulty or treatment for any of the following?

	Applicant A	Applicant B
Vision	<input type="checkbox"/> YES	<input type="checkbox"/> YES
Hearing	<input type="checkbox"/> YES	<input type="checkbox"/> YES
Allergies	<input type="checkbox"/> YES	<input type="checkbox"/> YES
Incontinence	<input type="checkbox"/> YES	<input type="checkbox"/> YES
Breathing difficulties	<input type="checkbox"/> YES	<input type="checkbox"/> YES
Epilepsy	<input type="checkbox"/> YES	<input type="checkbox"/> YES
Arthritis	<input type="checkbox"/> YES	<input type="checkbox"/> YES
Diabetes	<input type="checkbox"/> YES	<input type="checkbox"/> YES
Heart Conditions	<input type="checkbox"/> YES	<input type="checkbox"/> YES
Mobility	<input type="checkbox"/> YES	<input type="checkbox"/> YES
Others	<input type="checkbox"/> YES	<input type="checkbox"/> YES

– please give details

A Doctor or Specialist's letter in support of your application will be required in the assessment of your application following successful interview.

G How did you hear about Housing & Community Association?

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DECLARATION

I/we declare that the facts stated in this application are true to the best of my/our knowledge.

I/we understand that in the event of any details being found to be untrue or inaccurate or if I/we have neglected to notify Housing & Community Association of any changes in circumstances, I/we may lose any tenancy offered to me.

I/we understand that no guarantee is given or implied that accommodation can or will be offered at any time.

Signed (Applicant):

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Signed (Partner):

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Date:

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