



Housing Application Form

Please complete this form fully and return it to:-

 CSHA, 45 Invicta Close, Chislehurst, Kent, BR7 6SJ  csinfo@cscha.org.uk



Contact details

	Applicant 1		Applicant 2	
Title (Mr/Mrs/Ms/Mx) & full name				
Address				
Postcode				
How long have you lived at this address?	Years	Months	Years	Months
Please tick if you are homeless and this is a correspondence address	<input type="checkbox"/>		<input type="checkbox"/>	

Personal details

	Applicant 1	Applicant 2
Date of birth		
National Insurance number		
Home phone number		
Mobile number		
Other contact number		
Email address		
How would you prefer to be contacted?		

Right to rent status

Please tick what right you have to rent in the UK.

This is based on your immigration status. We will require proof of this.

	Applicant 1	Applicant 2
Unlimited		
Time-limited		
Discretionary		
No right to rent		

Next of kin

	Applicant 1	Applicant 2
Title (Mr/Mrs/Ms/Mx) and full name		
Relationship to you		
Mobile number		
Other phone number		
Email address		

Disabilities and/or support

	Applicant 1	Applicant 2
Please list any physical or mental disabilities you have. Please also list any life-threatening allergies.		
Please list any care and support you currently receive.		
Please state anything we can do to make communicating with you easier. This includes anything at interview, e.g. translation, large print.		

Help with this form

Please tell us if someone other than the Applicant(s) has helped by filling out this form.

Someone other than applicant(s) has filled in form (tick)	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
If Yes, please give further information below				
Name:				
Relationship to Applicant(s):				
Preferred contact details:				
Brief reasons why they helped with the form:				

Where would you like to live?

Please tick all schemes you would consider

<input type="checkbox"/>	Bertha Hollamby Court Sidcup (Borough of Bexley)	<input type="checkbox"/>	Lingwood Bexleyheath (Borough of Bexley)	<input type="checkbox"/>	Ursula Lodges Sidcup (Borough of Bexley)
<input type="checkbox"/>	Blackmore House Forest Hill (Borough of Lewisham)	<input type="checkbox"/>	Evelyn Rogers Court Mottingham (Borough of Bromley)	<input type="checkbox"/>	Bushell Way Site Chislehurst (Borough of Bromley)

Which floor(s) would you need or prefer?

Please tick all that apply.

<input type="checkbox"/>	Ground	<input type="checkbox"/>	1st	<input type="checkbox"/>	2 nd or top	<input type="checkbox"/>	No preference
<input type="checkbox"/>	Would you need a lift?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No		

How many bedrooms do you need?

Please tick.

We will only joint applicants for two bedrooms; this must be on medical grounds and supporting evidence is required.

<input type="checkbox"/>	1	<input type="checkbox"/>	2
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About where you live now

Please tick and complete as indicated

	Applicant 1		Applicant 2	
What type of tenure (living arrangement) do you have?	<input type="checkbox"/>	Tenant in private rented sector- rent whole property	<input type="checkbox"/>	Tenant in private rented sector
	<input type="checkbox"/>	Tenant in private rented sector- rent a room	<input type="checkbox"/>	Tenant in private rented sector- rent a room
	<input type="checkbox"/>	Social housing tenant (general needs)	<input type="checkbox"/>	Social housing tenant (general needs)
	<input type="checkbox"/>	Social housing tenant (supported or sheltered)	<input type="checkbox"/>	Social housing tenant (supported or sheltered)
	<input type="checkbox"/>	Lodger/Living with friends/family	<input type="checkbox"/>	Lodger/Living with friends/family
	<input type="checkbox"/>	In tied accommodation	<input type="checkbox"/>	In tied accommodation
	<input type="checkbox"/>	Owner-occupier (If currently owned or you have sold, you will need to provide proof of the equity you own or provide a copy of the completion statement)	<input type="checkbox"/>	Owner-occupier (If currently owned or you have sold, you will need to provide proof of the equity you own or provide a copy of the completion statement)
	<input type="checkbox"/>	Other (please state):-	<input type="checkbox"/>	Other (please state):-
What type of property do you live in?	<input type="checkbox"/>	House	<input type="checkbox"/>	House
	<input type="checkbox"/>	Flat	<input type="checkbox"/>	Flat
	<input type="checkbox"/>	Bungalow	<input type="checkbox"/>	Bungalow
	<input type="checkbox"/>	Bedsit	<input type="checkbox"/>	Bedsit
	<input type="checkbox"/>	Bed and Breakfast	<input type="checkbox"/>	Bed and Breakfast
	<input type="checkbox"/>	Hostel/Refuge	<input type="checkbox"/>	Hostel/Refuge
	<input type="checkbox"/>	Other (please state):-	<input type="checkbox"/>	Other (please state):-
What floor(s) do you use?				
Do you pay rent?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
How much rent does your landlord charge? How often (e.g. weekly, calendar monthly)?				
How much rent do you personally pay (after Housing benefit etc)?				
Details of owner, landlord or managing agent				
Name & address				
Phone number				
Email address				

Do you have pets?

Please tick: note that have a no-pets policy; successful applicants must confirm that they are willing to rehouse pets before any offer of accommodation can be made.

<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> Willing to rehouse
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Why you need to be rehoused

Please give brief details of the reason(s). We may ask for supporting evidence.

	Applicant 1		Applicant 2	
Home too large / too small				
Home in need of major repair				
Health reasons				
To give or receive care				
Suffering violence, domestic abuse or anti-social behaviour/harassment				
Subject to immigration controls				
Asked to leave by landlord or family/friends in next 56 days We will require written evidence that you have been asked to leave. For example, a legal notice or a letter from family or friends.				
Asked to leave by landlord or family/friends - have longer than 56 days to vacate, or no time given. We will require written evidence that you have been asked to leave. For example, a legal notice or a letter from family or friends.				
To take up work				
Local connection, e.g. to be nearer to family or work				
Homeless				
Current or former member of the Armed Forces				
Affordability				
Other (please give details):-				
Are you currently on a local authority list for rehousing? Please tick. Proof of this may help with your application.	Yes	No	Yes	No
If Yes, please state details, e.g. the local authority, reference number, date added and priority/banding you have received.				

Previous addresses

Please give all your addresses over the past five years and continue on a separate sheet if needed. If you left because you sold a property, please provide a completion statement.

		Applicant 1				Applicant 2			
1.	Full address								
	Postcode								
	Dates at address	From:		To:		From:		To:	
	Status, e.g. tenant, owner (see About Where You Live Now)								
	Were you responsible for rent payments?	Yes	No			Yes	No		
	If Yes, how much rent did you personally pay?								
	Reason for leaving								
	Landlord's contact details (name of individual or company, address and other contact details)								
2.	Full address								
	Postcode								
	Dates at address	From:		To:		From:		To:	
	Status, e.g. tenant, owner (see About Where You Live Now)								
	Were you responsible for rent payments?	Yes	No			Yes	No		
	If Yes, how much rent did you personally pay?								
	Reason for leaving								
	Landlord's contact details (name of individual or company, address and other contact details)								

Previous addresses (Continued)

Please give all your addresses over the past five years and continue on a separate sheet if needed. If you left because you sold a property, please provide a completion statement.

		Applicant 1				Applicant 2			
3.	Full address								
	Postcode								
	Dates at address	From:		To:		From:		To:	
	Status, e.g. tenant, owner (see About Where You Live Now)								
	Were you responsible for rent payments?	Yes	No			Yes	No		
	If Yes, how much rent did you personally pay?								
	Reason for leaving								
	Landlord's contact details (name of individual or company, address and other contact details)								
4.	Full address								
	Postcode								
	Dates at address	From:		To:		From:		To:	
	Status, e.g. tenant, owner (see About Where You Live Now)								
	Were you responsible for rent payments?	Yes	No			Yes	No		
	If Yes, how much rent did you personally pay?								
	Reason for leaving								
	Landlord's contact details (name of individual or company, address and other contact details)								

Where you first heard about us

If you first heard about us from a CSHA tenant, please give their name and address/postcode; if you begin a tenancy with us, we will give them a token of our thanks.

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Rent arrears and tenancy record

As part of our assessment of your eligibility for rehousing with CSHA, we may approach other agencies for information, including your current or former landlords.

	Applicant 1	Applicant 2
Provide details of any current or previous rent arrears that you still owe, including if you have been evicted for rent arrears		
Provide details of any current or previous anti-social behaviour that you have been involved in		

Armed Forces

Please tell us if you have links to the armed forces; we will use this information to consider your need for housing if you are successful, and we may be able to put you in touch with additional services with your consent.

	Applicant 1				Applicant 2			
Are you a current or former member of the armed forces, or a spouse or ex-spouse of a current or former member?		Yes		No		Yes		No
If Yes, please give further details.								

Do you have any links with CSHA staff or Board members?
Information related to our exclusion policy

	Applicant 1			Applicant 2		
Are you employed by CSHA?	Yes		No	Yes		No
Are you related to a CSHA Board member or employee?	Yes		No	Yes		No
If you answered Yes to any of the above, please give details						

Do you have any unspent convictions? Guidance

This information is for guidance only and is not intended to provide a definitive guide or legal advice. This summarises information obtained from www.gov.uk on 02.08.2023 and is believed correct and accurate as of that date.

Spent convictions are any convictions or cautions that occurred far back enough that, according to the Rehabilitation of Offenders Act 1974 (ROA), the offence should be treated as if it never happened.

Eligible convictions or cautions become 'spent' after a specified period of time, known as the 'rehabilitation period'. This depends on:-

- The sentence given or disposal administered as a result of a conviction, and;
- The age of the individual on the date they are convicted.

Unspent convictions either:-

- Have not passed the amount of time necessary to become spent, or;
- Are specific convictions that will never be spent, e.g. various offences relating to terrorism, sexual offences, offences against children, kidnapping and violent offences.

Some guidelines are given below regarding how long it takes for convictions to become spent:-

Sentence		Time taken to become Spent	
		Aged 18+ at time of conviction	Aged under 18 at time of conviction
Prison (including suspended prison) sentences	4 years +, or a public protection service (for sexual or violent offences)	Never spent	Never spent
	2 years 6 months – 4 years	Sentence time + 7 years	Sentence time + 3 years 6 months
	6 months – 2 years 6 months	Sentence time + 4 years	Sentence time + 2 years
	Less than 6 months	Sentence time + 2 years	Sentence time + 1 year 6 months
Community Order/Youth Rehabilitation Order		Length of the order + 1 year	Length of the order + 6 months
Relevant orders (orders that impose a disqualification, disability, prohibition or other penalty)		Length of order, or 2 years from the date of conviction if no length OR Never spent if order states 'unlimited', 'indefinitely' or 'until further order'	
Fine		Date of Conviction + 1 year	Date of Conviction + 6 months

There may be other unlisted convictions that you need to consider.

Where more than one sentence or disposal is given for an offence, or multiple offences within the same proceedings, the rehabilitation period applied to the conviction(s) will be the one with the latest date.

For further guidance, go to:-

<https://www.gov.uk/guidance/rehabilitation-periods>

You can also check if, or when, a conviction will be spent by inputting the type of conviction, date you got it and end date of conditions/length of the sentence, at:

<https://www.gov.uk/tell-employer-or-college-about-criminal-record/check-your-conviction-caution>

Do you have any unspent convictions? Please complete

Please tick to indicate whether each category applies and give further details, as indicated.

You **must** disclose these and give accurate information.

Disclosure will **not** automatically prevent us from considering your application; we will carry out further assessment of whether the services we offer can meet any needs and risks identified.

Description of offence	Applicant 1		Applicant 2	
	Yes	No	Yes	No
Violence or threat of violence against any person	Yes	No	Yes	No
Harassment or bullying against any person	Yes	No	Yes	No
Arson	Yes	No	Yes	No
Robbery/armed robbery	Yes	No	Yes	No
Causing willful damage to property	Yes	No	Yes	No
Forfeiture of probationary tenancy	Yes	No	Yes	No
Record of car crime, burglary or criminal damage	Yes	No	Yes	No
Drug-related offences	Yes	No	Yes	No
Sexual offences	Yes	No	Yes	No
Offences against children	Yes	No	Yes	No
Any other offence	Yes	No	Yes	No

If you have disclosed any unspent convictions, please give details below.

Applicant 1	Applicant 2

Income from work

	Applicant 1	Applicant 2
Current job title		
Name of employer		
Address of employer		
Postcode		
Number of hours you work and how often		
Pay (in £) before deductions and how often paid		
Take-home pay (In £) after deductions and how often paid		
Borough(s) you work in		
Length of service		

Income from pensions and benefits

Please tick Yes or No. If Yes, give the amount and how often it is paid, e.g. weekly, 2-weekly, 4-weekly, calendar monthly etc.

	Applicant 1			Applicant 2		
	Do you receive this? (Please tick)	Amount paid (£)	How often paid	Do you receive this? (Please tick)	Amount paid (£)	How often paid
State Pension	Yes No			Yes No		
Pension Credit (Guarantee)	Yes No			Yes No		
Pension Credit (Savings)	Yes No			Yes No		
Private/occupational pension 1	Yes No			Yes No		
Private/occupational pension 2	Yes No			Yes No		
Private/occupational pension 3	Yes No			Yes No		
Disability Living Allowance (DLA)	Yes No			Yes No		
Attendance Allowance	Yes No			Yes No		

	Applicant 1				Applicant 2			
	Do you receive this? (Please tick)		Amount paid (£)	How often paid	Do you receive this? (Please tick)		Amount paid (£)	How often paid
Personal Independence Payment (PIP)	Yes	No			Yes	No		
Income-Related Employment and Support Allowance (ESA)	Yes	No			Yes	No		
Income-Based Jobseeker's Allowance (JSA)	Yes	No			Yes	No		
Income Support	Yes	No			Yes	No		
Working Tax Credit	Yes	No			Yes	No		
Universal Credit (with housing element)	Yes	No			Yes	No		
Universal Credit (without housing element)	Yes	No			Yes	No		
Housing Benefit	Yes	No			Yes	No		
Other benefits (If Yes, please state):	Yes	No			Yes	No		
	Applicant 1				Applicant 2			
	Do you have any of these? (Please tick)		Amount (£) and Details		Do you have any of these? (Please tick)		Amount (£) and Details	
Savings / Investments	Yes	No			Yes	No		
Other income	Yes	No			Yes	No		

Informed consent

	Applicant 1	Applicant 2
Full name		
Current address		
Postcode		
Date of birth		

- I have made an application for housing with Chislehurst and Sidcup Housing Association (CSHA).
- I understand that CSHA may carry out enquiries concerning my conduct of previous tenancies, or previous occupations of any properties.
- I give my permission and consent for CSHA to obtain relevant information about me from other agencies. I understand that relevant agencies may include (but are not limited to) any police force, previous landlord, probation service, social services department etc.
- I understand that CSHA may seek my consent to obtain medical information in connection with this application (for which I may be required to pay a fee) and failure to obtain such information may mean that CSHA cannot proceed with my application.
- I understand this information will be used for the sole purpose of assisting my application, and will be held in the strictest confidence. This includes information protected by the Data Protection Act 2018.

	Applicant 1	Applicant 2
Signed		
Print Name		
Date		

Statement

- I confirm that I have understood and signed the Informed Consent section on this application.
- I confirm that the details I have given in this application are true.
- I understand that should the Association find that I have knowingly or recklessly given any false information, or deliberately withheld or failed to provide relevant information in connection with this application:-
 - My application will be terminated and considered invalid.
 - Any accommodation provided to me by CSHA on the basis of this application may be repossessed by virtue of Schedule 2 of the Housing Act 1988 (as amended).

	Applicant 1	Applicant 2
Signed		
Print Name		
Date		