



SHA  
Select a Home

# Registration Form

<p><u>Section A: Proofs of Identification</u></p> <p>WE CANNOT OFFER YOU A HOME WITHOUT PROOFS OF IDENTIFICATION</p> <p>Please enclose two PHOTOCOPIED forms of identification. These can be copies of your driving licence, passport, a utility bill, birth certificate, benefit book, marriage certificate, medical card, bank statement or wage slip.</p> <p>If you have a partner, you will also have to provide proofs of identification for them.</p> <p><b>If you do not supply these, we cannot process your form.</b></p>	<p><u>Section B: References</u></p> <p>WE CANNOT OFFER YOU A HOME WITHOUT REFERENCES</p> <p>If you currently hold or have held a private, local authority or housing association tenancy, we will get a reference from your landlord.</p> <p>If you have never held a tenancy, we need a character reference from a current or former employer, or a professional person such as a doctor, lawyer, police officer or teacher.</p> <p><b>We cannot offer you a home without a reference so please send it in as soon as possible.</b></p>
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**Please return this form to:**

**Select a Home  
Staffordshire Housing Association  
2-4 Woodhouse Street  
Stoke on Trent  
ST4 1EJ**

**Form Version 04.08**

If you would like any of our information translated into your language, please ask

ENGLISH

ይህንን ማስረጃ በሌላ ቋንቋ መሰጠት ካስፈለጋችሁ

AMHARIC

إذا أردت ترجمة أي من معلوماتنا إلى لغتك، نرجو أن تطلب ذلك.

ARABIC

اگر مایلید هر بخشی از اطلاعات ما به زبان خودتان برایتان ترجمه شود، لطفا درخواست کنید.

FARSI

Si vous souhaitez obtenir la traduction dans votre langue de certaines des informations communiquées, veuillez nous le faire savoir

FRENCH

نه گه ر پیت خوشه هه چ به شیک له زانیاریه کانی نیمه به زمانی خوت بۆت ته رجومه بکریته وه تکایه داوای بکه.

KURDISH

Prosimy o kontakt, jeśli chcą Państwo otrzymać tłumaczenie naszych informacji na swój język ojczysty

POLISH

Se desejar alguma parte da nossa informação traduzida para a sua lingua, basta pedir

PORTUGUESE

Kama utapenda taarifa hii katika lugha yako, tafadhali ulizia

SWAHILI

እዚ ዘሎ ኣበሬታ እዚ ናብ ቋንቋኹም ከተርጉመልኩም እንተ ድኣ ትደልዩ ኮይንኩም, ብኸብረትኩም ተወከሱና።

TIGRINYA

Eğer bilgilendirmelerimizin herhangi birinin kendi dilinize çevrilmesini istiyorsanız lütfen istekte bulunun

TURKISH

اگر آپ ہماری کسی بھی معلومات کا اپنی زبان میں ترجمہ چاہتے ہیں تو براہ کرم دریافت کریں۔

URDU

Would you like help filling in this form, or would you like the form in large print?

Just call us on 01782 744533 and we will be happy to help

We can send you the fortnightly vacancy list by either post or e-mail. Please tick which you would prefer:

Post  Email

**Section 1 - Your name and contact details**

Mr/Miss/Mrs/Ms etc.		First name	
Date of birth		Surname	
National Insurance No.		Previous names	
Daytime phone		Mobile phone	
Email		Work phone	

**Section 2 - Your nationality and ethnicity**

I would describe my ethnic group as (choose ONE Section from A to F, then tick the most appropriate circle - please tick one circle only):

**A WHITE**

- British
- Irish
- Other

**C ASIAN OR ASIAN BRITISH**

- Indian
- Pakistani
- Bangladeshi

**E CHINESE**

- Chinese
- Other

**B MIXED**

- White & Black Caribbean
- White & Black African
- White & Asian
- Other

**D BLACK OR BLACK BRITISH**

- Caribbean
- African
- Other

**F OTHER**

Please describe below:

.....

**What is your nationality? (Tick one circle)**

- UK National resident in UK
- UK National resident returning from overseas
- Czech Republic
- Estonia
- Hungary
- Latvia
- Lithuania
- Poland
- Slovakia
- Slovenia
- Other European Economic Area\*
- Any other country
- Prefer not to answer

\* EEA countries are Austria, Belgium, Cyprus, Denmark, Finland, France, Germany, Greece, Ireland, Italy, Luxembourg, Malta, Netherlands, Portugal, Spain, Sweden, Iceland, Liechtenstein, Norway and Switzerland.

### Section 3 - Equality and diversity monitoring

We ask for equality and diversity monitoring information to help us provide you with services tailored to your needs. Please circle 'yes' or 'no' for yourself and other people named on the application, including children.

	You	Person 1	Person 2	Person 3	Person 4
Are you Registered Disabled?	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No
Are you a wheelchair user?	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No
Do you have Autistic Spectrum Disorder?	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No
Do you have mental health difficulties?	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No
Do you have any unseen disabilities?	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No
Do you have other disabilities?	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No
Is English your first language?	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No
Do you use sign language?	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No
Do you need a translator?	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No
Do you have dyslexia?	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No
Do you need an induction loop?	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No
Are you deaf?	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No
Do you have a hearing impairment?	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No
Can you read and write?	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No
Do you consider yourself to be disabled?	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No
Are you visually impaired?	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No
Are you related to anyone at Staffordshire HA?	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No

We are monitoring sexuality and religious faith so that we can ensure we are treating all customers fairly. If you do not wish to complete these personal questions, please tick 'prefer not to say'.

#### How would you describe your religious faith?

- |                   |                       |                            |                       |
|-------------------|-----------------------|----------------------------|-----------------------|
| Christian         | <input type="radio"/> | Muslim                     | <input type="radio"/> |
| No religion       | <input type="radio"/> | Atheist                    | <input type="radio"/> |
| Prefer not to say | <input type="radio"/> | Other (please state) ..... |                       |

#### How would you describe your sexuality?

- Heterosexual/Straight
- Gay, Lesbian or Bisexual
- Prefer not to say

**Section 4 - Your family details**

Please give details of people who will live with you (if applicable):

	Child 1	Child 2	Child 3
Title			
First name			
Last name			
Date of birth			
Ethnic origin			
Relationship to you			
Employment status			
Any disabilities			

**Section 5 - Your current address and circumstances**

Address including postcode:

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How long have you lived at this address?

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Are you a:

Council tenant     Housing association tenant     Private tenant

Owner occupier     Living with family/friends

Other (please describe) .....

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Please give the full name, address and telephone of your current landlord/agent/housing association. We will contact your landlord for a reference.

Name:

Address:

Telephone:

**Section 6 - Your previous addresses**

List your previous addresses for the last 5 years. Use a separate sheet if you have had more than 2.

<b>Your previous address no.1</b>	
Address	
Reason for moving	
Landlord name, address and telephone	
Date moved in	
Date moved out	
Type of accommodation	Council or housing association <input type="radio"/> Private tenant <input type="radio"/> Owner occupier <input type="radio"/> Living with family/friends <input type="radio"/> Other (please describe) .....

<b>Your previous address no.2</b>	
Address	
Reason for moving	
Landlord name, address and telephone	
Date moved in	
Date moved out	
Type of accommodation	Council or housing association <input type="radio"/> Private tenant <input type="radio"/> Owner occupier <input type="radio"/> Living with family/friends <input type="radio"/> Other (please describe) .....

**Section 7 - Second Applicant**  
**(The second applicant is a person applying for a joint tenancy with you)**

Mr/Mrs/Miss/Ms etc.		First name	
Date of birth		Surname	
National Insurance No.		Previous names	
Daytime phone		Mobile phone	
<b>Give their full current address if different from yours:</b>			
How long have they lived at this address (if applicable)?			
Please give the full name, address and telephone of their current landlord/agent/housing association (if applicable).			
Name:			
Address:			
Telephone:			

List the **second applicant's** previous addresses for the last 5 years. Use a separate sheet if necessary.

<b>Second applicant's previous address no. 1</b>	
Address	
Reason for moving	
Landlord name, address and telephone	
Date moved in	
Date moved out	
Type of accommodation	Council or housing association <input type="radio"/> Private tenant <input type="radio"/> Owner occupier <input type="radio"/> Living with family/friends <input type="radio"/> Other (please describe) .....

<b>Second applicant's previous address no. 2</b>	
Address	
Reason for moving	
Landlord name, address and telephone	
Date moved in	
Date moved out	
Type of accommodation	Council or housing association <input type="radio"/> Private tenant <input type="radio"/> Owner occupier <input type="radio"/> Living with family/friends <input type="radio"/> Other (please describe) .....

**Section 8 - Why you want to move**

Please tell us why you want to move. Tell us if you are homeless or about to be made homeless. Also state medical or job-related reasons for moving, and anything else you feel is important. If you are moving to Staffordshire from another area, please give names and addresses of relatives you want to move near to. Use a separate sheet if necessary.

Does your household have a car?    Yes     No

Please list any pets you have:

(Note: Pets are not allowed in flats, except at over 55s scheme Bishop Court, Abbey Hulton)

Do you have any cultural or faith needs?    Yes     No     If yes, please give details below:

**Section 9 - Employment details**

If you or your joint applicant are employed, please fill in this section.

	<b>You</b>	<b>Second applicant</b>
Name of employer		
Occupation		
Address of employer		
Employer's telephone		
Income		
What is your average weekly household income?		

**Section 10 - Benefits**

Please give details of any benefits that you, or anyone to be rehoused with you, is claiming, e.g. Jobseeker's Allowance, Income Support, Child Benefit, Pension Credit, Working and/or child Tax Credit, State Pension

Person name	Benefits received and weekly amounts

Are you entitled to Housing Benefit?	Full <input type="radio"/> Part <input type="radio"/> No <input type="radio"/> Don't Know <input type="radio"/>
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**Section 11 - Support**

Tenancy support is a free service which gives advice and assistance to help tenants maintain their tenancies and live independently. We can also offer advice on money management and support organisations.

Do you have any outstanding debts? Yes <input type="radio"/> No <input type="radio"/> If yes, please describe below:
If you have debts, are you confident in your ability to pay them? Yes <input type="radio"/> No <input type="radio"/> If yes, please state how these are being paid off?
Have you/any household member ever had a County Court Judgement served against you? Yes <input type="radio"/> No <input type="radio"/> If yes, please give details below:

Have you set up/managed utility bills (e.g. water, electricity) before? Yes  No

Are you confident in your ability to do this? Yes  No

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Do you have a history of drug or alcohol abuse? Yes  No

If yes, what substance(s)?

For how long have you been/were you affected?

Are you still addicted? Yes  No

If you have overcome your addiction, what help did you receive?

**Section 12 - Medical circumstances**

Do you have any problems with your health, mobility, emotional wellbeing and/or mental health?  
If yes, please state below:

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Are any of the above problems likely to affect your ability to live independently?  
Yes  No  If yes, please explain below:

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Do you have external support, e.g. from a social worker, CPN, health visitor, psychiatrist, care worker?  
Yes  No  If yes, please give name, address and telephone of your support provider below:

Do you or anyone who will live with you need ground floor accommodation?  
 Yes  No  If yes, please say who and why below:

If you do have problems with any of the issues above, would you consider receiving support to maintain your tenancy?  
 Yes  No

**Section 13 - Communications**

To help us communicate with you effectively, please answer the following questions by ticking the appropriate circle.

Do you need documents in large print?	Yes <input type="radio"/> No <input type="radio"/>
Do you need documents on audio tape?	Yes <input type="radio"/> No <input type="radio"/>
Do you use sign language?	Yes <input type="radio"/> No <input type="radio"/>
Do you need documents in Braille?	Yes <input type="radio"/> No <input type="radio"/>
Do you need an induction loop?	Yes <input type="radio"/> No <input type="radio"/>
Do you use a Mincom system/Type Talk	Yes <input type="radio"/> No <input type="radio"/>

**Section 14 - Staffordshire Housing Association Lettings Policy**

We are committed to creating sustainable tenancies and stable communities throughout out our housing. Because of this, certain households may be excluded from our register.

We operate an exclusion policy to cover serious breaches of tenancy, such as anti-social behaviour and wilful/malicious damage.

All applicants will be informed if they are excluded from our register and will have the right to appeal against the decision.

The following groups of people may be excluded from our register:

- People where proven evidence exists that they have a history of significant non-payment of rent or significant housing debt with any local authority or registered social landlord

- People with a history of nuisance, violence or anti-social behaviour
- People who have been convicted of certain criminal offences

Have you or anyone in your household been involved in any of the above or any similar activity within the last five years?	Yes <input type="radio"/> No <input type="radio"/>
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If yes, please give details below:

Offence	Date of Conviction	Sentence Received	Sentence Served

Have you ever been in trouble with the police in any other capacity, e.g. caution?	Yes <input type="radio"/> No <input type="radio"/>
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If yes, please provide details:

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If you have an approbation officer, please give their full contact details. We will need to ask them to provide a letter of support before we can house you.

Probation Officer Name:

Telephone:

Address:

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**Section 15 - Important Information about Data Protection**

During the completion of this form you have been asked for information about yourself (plus your partner and family where applicable) and your current circumstances. This information will be put onto our computer system where it will be stored for future use by Association staff when they are allocating vacant properties.

You are allowed to inspect the information held about you by the Association in the form of computerised data, subject to you paying the Association a reasonable fee (not exceeding the maximum fee from time to time set down by Parliament).

By signing this form you are giving the Association permission to continue to hold personal and sensitive data about you on our computerised register.

This information is supplied to you to comply with the provisions of the Data Protection Act 1984 as amended from time to time.

**Section 16 - Declaration**

I/We hereby certify that the particulars on this form are correct and I/we undertake to notify Staffordshire Housing Association of any change in my/our circumstances.

I/We understand that any false or misleading statement or the withholding of any relevant information now or at a subsequent date might result in my/our application being cancelled or any tenancy granted me/us being terminated.

I/We hereby authorise any person or body to disclose to Staffordshire Housing Association any information, including financial details, that the Association may require.

Signed: ..... Date: .....

Signed: ..... Date: .....

# Checklist

**Have you enclosed the following? We cannot process your application without them.**

	<b>You</b>	<b>Other applicant</b>
Two forms of identification (PHOTOCOPIES of passport, birth certificate, utility bill etc)?	Yes / No	Yes / No
National Insurance number (and proof of this, e.g. national insurance card, benefit letter)?	Yes / No	Yes / No
Character/employer reference (if you have not held a tenancy before)?	Yes / No	Yes / No
Copy of birth certificate for any child who will be living with you (if applicable)?	Yes / No	Yes / No

Thank you for taking the time to fill in this form.

Please allow **10 working days** for your form to be processed. If you do not hear from us after this time please contact the **Housing Team on 01782 744533**.

**Please return your completed form to:**  
**Select a Home**  
**Staffordshire Housing Association**  
**2-4 Woodhouse Street**  
**Stoke on Trent**  
**ST4 1EJ**