



SHA

Select a Home

Registration form

Proofs of Identification

We cannot offer you a home without proofs of identification

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.

If you have a partner, you will also have to provide proofs of identification for them.

If you do not supply these, we cannot process your form.

References

We cannot offer you a home without references

If you currently hold or have held a private, local authority or housing association tenancy, we will get a reference from your landlord.

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, teacher or someone from your place of worship.

If you do not supply these, we cannot process your form.

Please return this form to:

**Select a Home
Staffordshire Housing Association
308 London Road
Stoke on Trent
ST4 5AB**

Form Version 03.09

Updated May 2011

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 ከተርጉሙልኩም 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

Would you like the fortnightly vacancy list by post or e-mail? Please tick one. Post Email

Section 1 - Your name and contact details

Please fill in details for you and the joint applicant (if applicable). The joint applicant is an adult applying for a joint tenancy with you.

	You	Joint applicant
Mr, Mrs, Miss, Ms, Dr etc.		
First name		
Surname		
Previous names (if applicable)		
Date of birth		
National insurance number		
Daytime telephone		
Mobile telephone		
Work telephone		
Email address		

Section 2a - Your ethnicity

Tick one box for you and one box for the joint applicant (if applicable)

	You	Joint applicant
White		
White British	<input type="checkbox"/>	<input type="checkbox"/>
White Irish	<input type="checkbox"/>	<input type="checkbox"/>
White other	<input type="checkbox"/>	<input type="checkbox"/>
Mixed		
White & Black Caribbean	<input type="checkbox"/>	<input type="checkbox"/>
White & Black African	<input type="checkbox"/>	<input type="checkbox"/>
White & Asian	<input type="checkbox"/>	<input type="checkbox"/>
Other	<input type="checkbox"/>	<input type="checkbox"/>
Asian or Asian British		
Indian	<input type="checkbox"/>	<input type="checkbox"/>
Pakistani	<input type="checkbox"/>	<input type="checkbox"/>
Bangladeshi	<input type="checkbox"/>	<input type="checkbox"/>
Other Asian	<input type="checkbox"/>	<input type="checkbox"/>
Black or Black British		
Caribbean	<input type="checkbox"/>	<input type="checkbox"/>
African	<input type="checkbox"/>	<input type="checkbox"/>
Other	<input type="checkbox"/>	<input type="checkbox"/>
Chinese		
Chinese	<input type="checkbox"/>	<input type="checkbox"/>
Other	<input type="checkbox"/>	<input type="checkbox"/>
Gypsy/Romany/Traveller	<input type="checkbox"/>	<input type="checkbox"/>
Other (please describe)		

Section 2b - Your nationality

Tick one box for you and one box for the joint applicant (if applicable)

	You	Joint applicant
UK national resident in UK	<input type="checkbox"/>	<input type="checkbox"/>
UK national resident returning from overseas	<input type="checkbox"/>	<input type="checkbox"/>
Czech Republic	<input type="checkbox"/>	<input type="checkbox"/>
Estonia	<input type="checkbox"/>	<input type="checkbox"/>
Hungary	<input type="checkbox"/>	<input type="checkbox"/>
Latvia	<input type="checkbox"/>	<input type="checkbox"/>
Lithuania	<input type="checkbox"/>	<input type="checkbox"/>
Poland	<input type="checkbox"/>	<input type="checkbox"/>
Slovakia	<input type="checkbox"/>	<input type="checkbox"/>
Slovenia	<input type="checkbox"/>	<input type="checkbox"/>
Any other European Economic Area*	<input type="checkbox"/>	<input type="checkbox"/>
Any other country	<input type="checkbox"/>	<input type="checkbox"/>
Prefer not to answer	<input type="checkbox"/>	<input type="checkbox"/>

* 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 are monitoring sexuality and religious faith so that we can ensure we are treating all customers fairly. Please tick one box in each table for you and the joint applicant (if applicable). If you do not wish to answer these personal questions, please tick 'prefer not to say'.

Faith	You	Joint applicant
Christian	<input type="checkbox"/>	<input type="checkbox"/>
Muslim	<input type="checkbox"/>	<input type="checkbox"/>
No religion	<input type="checkbox"/>	<input type="checkbox"/>
Atheist	<input type="checkbox"/>	<input type="checkbox"/>
Prefer not to say	<input type="checkbox"/>	<input type="checkbox"/>
Other (please state)	<input type="checkbox"/>	<input type="checkbox"/>

Sexuality	You	Joint applicant
Heterosexual/straight	<input type="checkbox"/>	<input type="checkbox"/>
Gay, lesbian or bisexual	<input type="checkbox"/>	<input type="checkbox"/>
Prefer not to say	<input type="checkbox"/>	<input type="checkbox"/>

We ask for the information below to help us provide you with services tailored to your needs. Please tick 'yes' or 'no' for yourself and the joint applicant (if applicable).

	You	Joint applicant
Are you Registered Disabled?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Are you a wheelchair user?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Do you have Autistic Spectrum Disorder?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Do you have mental health difficulties?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Do you have any unseen disabilities?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Do you have other disabilities?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Do you use sign language?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Do you need a translator?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Do you have dyslexia?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Do you need an induction loop?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Are you deaf?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Do you have a hearing impairment?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Can you read and write?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Do you consider yourself to be disabled?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Are you visually impaired?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
What is your first language?

	You	Joint applicant
Are you related to a board member or a member of staff at Staffordshire HA?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
If so who, and what is the relationship:-		

Section 4 - Your family details
Please give details of people who will live with you, including children (if applicable)

	Person 1	Person 2	Person 3
Title			
First name			
Last name			
Date of birth			
Ethnic origin			
Relationship to you			
Employment status			
Please list any disabilities this person has			

Section 4 - Your current address and circumstances

	You	Joint applicant
Address including postcode		
How long have you lived here?		
Are you a:	Council tenant <input type="checkbox"/> Housing association tenant <input type="checkbox"/> Private tenant <input type="checkbox"/> Owner occupier <input type="checkbox"/> Living with family/friends <input type="checkbox"/> Other (describe):	Council tenant <input type="checkbox"/> Housing association tenant <input type="checkbox"/> Private tenant <input type="checkbox"/> Owner occupier <input type="checkbox"/> Living with family/friends <input type="checkbox"/> Other (describe):
Full name, address and telephone of your current landlord/agent/housing association. We will contact your landlord for a reference.	Name: Address: Telephone:	Name: Address: Telephone:

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

PREVIOUS ADDRESS NO. 1	You	Joint applicant
Address including postcode		
Reason for moving		
Landlord name, address and telephone	Name: Address: Telephone:	Name: Address: Telephone:
Date moved in		
Date moved out		
Type of accommodation	Council tenant <input type="checkbox"/> Housing association tenant <input type="checkbox"/> Private tenant <input type="checkbox"/> Owner occupier <input type="checkbox"/> Living with family/friends <input type="checkbox"/> Other (describe):	Council tenant <input type="checkbox"/> Housing association tenant <input type="checkbox"/> Private tenant <input type="checkbox"/> Owner occupier <input type="checkbox"/> Living with family/friends <input type="checkbox"/> Other (describe):

PREVIOUS ADDRESS NO. 2	You	Joint applicant
Address including postcode		
Reason for moving		
Landlord name, address and telephone	Name: Address: Telephone:	Name: Address: Telephone:
Date moved in		
Date moved out		
Type of accommodation	Council tenant <input type="checkbox"/> Housing association tenant <input type="checkbox"/> Private tenant <input type="checkbox"/> Owner occupier <input type="checkbox"/> Living with family/friends <input type="checkbox"/> Other (describe):	Council tenant <input type="checkbox"/> Housing association tenant <input type="checkbox"/> Private tenant <input type="checkbox"/> Owner occupier <input type="checkbox"/> Living with family/friends <input type="checkbox"/> Other (describe):

Section 6 - 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 <input type="checkbox"/> No <input type="checkbox"/>
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 <input type="checkbox"/> No <input type="checkbox"/> If yes, please give details below:

Section 9 - Employment details

	You	Joint applicant
Name of employer		
Occupation		
Employer's address		
Employer's telephone		
Income		
What is your average weekly household income?		

Section 10 - Benefits

Give details of any benefits that you, or anyone who will live with you, is claiming, e.g. Jobseeker's, Income Support, Child Benefit, Pension Credit, Working Tax Credit, Child Tax Credit, State Pension.

Person name	Benefits received and weekly amounts

Is your household entitled to Housing Benefit?	Full <input type="checkbox"/>	Part <input type="checkbox"/>	No <input type="checkbox"/>	Don't Know <input type="checkbox"/>
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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 help you find other support organisations.

	You	Joint applicant
Do you have any unpaid debts?	Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, please describe below:	Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, please describe below:
If you have debts, are you confident in your ability to pay them?	Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, please state how you are paying these off:	Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, please state how you are paying these off:
Have you ever had a County Court Judgement served against you?	Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, please give details:	Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, please give details:
Have you set up and managed utility bills (e.g. water, electric) before?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Are you confident in your ability to set up and manage utility bills?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Do you have a history of drug or alcohol abuse?	Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, what substance(s)? For how long have you been/were you affected?	Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, what substance(s)? For how long have you been/were you affected?
Are you currently addicted to any substances?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
If you have overcome an addiction to drugs or alcohol, what help did you receive?		

Section 12 - Medical circumstances (use separate sheet for any of these questions if you need to)

	You	Joint applicant
Do you have any problems with your health, mobility, emotional wellbeing and/or mental health?	Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, please describe:	Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, please describe:
If you have mentioned any problems above, are these likely to affect your ability to live independently?	Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, please state how:	Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, please state how:
Do you have external support, e.g. from a social worker, CPN, health visitor, psychiatrist, care worker?	Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, give name, address and phone of your support provider:	Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, give name, address and phone of your support provider:
Do you or anyone who will live with you need to live on the ground floor? If the person is not you or the joint applicant, please write on a separate sheet.	Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, please state why:	Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, please state why:
If you have problems with any of the above, would you like support to maintain your tenancy?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>

Section 13 - Communications

	You	Joint applicant
Do you need documents in large print?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Do you need documents on audio CD?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Do you use sign language?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Do you need documents in Braille?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Do you need an induction loop?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Do you use a Mincom system or Type Talk	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>

Section 14 - Our Lettings Policy

We are committed to creating sustainable tenancies and stable communities throughout our housing. Because of this, we may exclude certain households from our register. We have an exclusion policy to cover serious breaches of tenancy, such as anti-social behaviour and wilful/malicious damage.

We will inform you if we exclude you from our register and you will have the right to appeal.

We may exclude the following groups of people 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="checkbox"/>	No <input type="checkbox"/>
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If yes, please give details below. Use a separate sheet if you need to.

Offence	Date of Conviction	Sentence Received	Sentence Served

Have you or anyone in your household ever been in trouble with the police in any other capacity, e.g. caution?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
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If yes, please say how. Use a separate sheet if you need to.

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

Probation Officer Name:

Telephone:

Address:

Section 15 - Important information about data protection

By signing this form you are giving Staffordshire Housing Association permission to store personal and sensitive data about you on our computerised housing register. The information you have given on this form will be stored on our computer system. Our staff will use it when they are letting vacant homes.

You are allowed to inspect the information we hold about you on our computer system. We may charge a reasonable fee for this (not exceeding the maximum fee from time to time set down by Parliament).

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.

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

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

Please allow **10 working days** for us to process your form.

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
308 London Road
Stoke on Trent
ST4 5AB