



MONTGOMERY COURT



APPLICATION FOR HOUSING



About Extra Care

Extra Care is a form of care and support that helps older people live independently and maintain their privacy for longer. It allows older people to exercise more control and choice over their housing, care and support needs. Residents of Montgomery Court will also have peace of mind knowing that care is on hand 24 hours a day.

Completing this form

Please read and complete this form as accurately as possible and remember to sign it. Please answer all the questions – if there is not enough space, please continue on a separate piece of paper. Staff at West Kent or Medway Council will be pleased to help if you have any difficulty filling in this form so please ask.

Please send the signed form, along with any evidence we ask for to help us process your application, to:

West Kent Housing Association
101 London Road
Sevenoaks
Kent
TN13 1AX

Please call us on 01732 749452 or 749451 if you have any queries.

Section 1 – ABOUT YOU

	Main Applicant	Joint Applicant
Title: Mr, Mrs, Ms, Miss, Other		
First name:		
Surname or family name		
Current address & postcode		
Home phone number		
Mobile phone number		
Work phone number		
Email		
National Insurance number		
Date of birth		
Are you an asylum seeker?	Yes/No	Yes/No

Section 2 – YOUR CURRENT AND PREVIOUS HOUSING

Which best describes your current housing situation?

Main Applicant							
Council tenant		Housing association tenant		Private tenant		Owner-occupier	
Living in property tied to your job		Living with friends or family		Homeless		Other (please give details)	
Joint Applicant							
Council tenant		Housing association tenant		Private tenant		Owner-occupier	
Living in property tied to your job		Living with friends or family		Homeless		Other (please give details)	

1. Tenants

We will not contact your landlord without talking to you first.

Your current home	Main Applicant	Joint Applicant (if different)
Landlord's name		
Landlord's address and postcode		
Landlord's phone number		
When did your tenancy start?		
What is your current rent?	£	£
What is your current tenancy type?	Assured/secure/short hold/ other (please give details)	Assured/secure/short hold/ other (please give details)
When is your rent due?	Weekly/monthly/other (please give details)	Weekly/monthly/other (please give details)
Have you missed any rent payments that you have not paid back? If 'Yes' please give details.	Yes/No	Yes/No
How many bedrooms does the property have?		
Is your current home adapted for disabled / wheelchair use?	Yes/No	Yes/No
Have you broken any of the terms of your current tenancy? If 'Yes', please give details.	Yes/No	Yes/No
Have you ever had any action taken against you for anti-social behaviour? If 'Yes' please give details.	Yes/No	Yes/No

Previous homes		
Have you ever broken any of the terms of a tenancy? If 'Yes', please give details.	Yes/No	Yes/No
Have you ever been served with a 'notice seeking possession'?	Yes/No	Yes/No
Have you ever been evicted from any previous home? If 'Yes', give the date and reason.	Yes/No	Yes/No
Do you still hold an interest in any tenancy or joint tenancy other than your current home?	Yes/No	Yes/No

Please give details of your homes for the past five years (starting with the most recent.) If there are more than two or the joint applicant has lived at different addresses please use a separate sheet of paper.

Address	
Date from	
Date to	
Landlord's name	
Type of Landlord: (council, housing association, private)	
Reason for leaving	
Address	
Date from	
Date to	
Landlord's name	
Type of Landlord: (council, housing association, private)	
Reason for leaving	

2. Ownership of property

	Main Applicant	Joint Applicant
Do you own or partly own any property (including land)? If 'Yes', please give details.	Yes/No	Yes/No
Have you ever had or do you currently have a mortgage?	Yes/No	Yes/No
If you currently have a mortgage, what is your mortgage repayment each month?	£	£
Have you missed any mortgage payments that you have not paid back? If 'Yes', please give details.	Yes/No	Yes/No

3. Why do you need re-housing?

Please tick the boxes below to say why you are applying for re-housing. Then underline the single most important reason.

- Need smaller property (under-occupation)
- To be near friends or relatives
- Need support from friends or relatives in the local area
- Problems with health or disability
- Asked to leave by family or friends
- Current home is being refurbished
- Racial harassment
- Home in poor condition
- Other harassment or neighbour nuisance
- Relationship breakdown
- Refugee (with indefinite leave to remain)
- Losing a home with a job (tied home)
- Domestic violence
- Difficulties paying rent or mortgage
- End of short-term tenancy
- Need sheltered housing
- Eviction order or repossession
- Other (please state why below)

Please explain more fully your reasons for applying for re-housing (you must answer this question).

If you want to add anything else, please use a separate sheet of paper.

Section 3 – YOUR HEALTH AND SUPPORT NEEDS

	Main Applicant	Joint Applicant
Do you consider yourself to have a disability?	Yes/No/Prefer not to answer	Yes/No/Prefer not to answer

If you answered yes, please tell us the nature of your disability (tick all that apply)

	Main	Joint		Main	Joint
Visual impairment			Wheelchair user		
Speech impairment			Learning disability		
Hearing impairment			Mental health difficulties		
Restricted mobility			Other (Please give details below)		

	Main Applicant	Joint Applicant (if different)
<p>Do you, or does anyone on your application, have an illness, physical or mental health problem that is made worse by your current housing conditions?</p> <p>If yes, please describe the illness, physical or mental health problem and how long you have suffered from it.</p> <p>What features do you feel you would need at home because of your illness or health problems? (For example: a wet room or wide access doors.)</p>	Yes/No	Yes/No
<p>Do you receive any help from family or friends? If yes, please tell us about the help you receive.</p>	Yes/No	Yes/No
<p>Are you receiving any form of support? If yes, what type of support do you receive?</p>	Yes/No	Yes/No
<p>How often do you need this support?</p>		

Do you receive help from any of the following agencies (please tick all that apply).

- Social Worker
- District Nurse
- Care Manager
- Occupational Therapist
- Voluntary/Charitable
- Drug/Alcohol Health Team
- Community Mental Health Team
- Meals on Wheels

If you ticked any of the above, please tell us the name and contact details of the person who helps you most.

MONTGOMERY COURT

Your Doctor's Name and Address:

	Main Applicant	Joint Applicant (if different)
Are you attending hospital? If yes, please tell us the name of the specialist/consultant who is treating you, the department and hospital address.	Yes/No	Yes/No
Do you give consent for us to contact any of the people or agencies who help you?	Yes/No	Yes/No
Please give details of all medication that you are currently taking and the daily dosage or provide a copy of your prescription(s).	1. 2. 3. 4. 5. 6.	1. 2. 3. 4. 5. 6.

Section 4 – YOUR EMPLOYMENT AND FINANCIAL DETAILS

1. Employment

	Main Applicant	Joint Applicant
Job title		
Employer's name		
Employer's address		
Date you started working there		

2. Income

	Main Applicant	Joint Applicant
Net Income (pay after deductions)	£ Week/Month/Year	£ Week/Month/Year
Savings and investments (in a bank, building society, post office or in stocks and shares) If none – write nil.	£	£
Other income you have and any other pensions, allowances, or tax credits you receive.	£	£

3. Benefits

Name of the person receiving benefit	Name of the benefit	Amount Paid
		£ week /month/ year
		£ week /month/ year
		£ week /month/ year
		£ week /month/ year
		£ week /month/ year
		£ week /month/ year
		£ week /month/ year
		£ week /month/ year

	Main Applicant	Joint Applicant
Do you have any outstanding housing benefit overpayments? If yes, how much?	Yes/No £	Yes/No £
Do you have any non-dependent deductions? If yes how much?	Yes/No £	Yes/No £
Other income you have and any other pensions, allowances, or tax credits you receive.	£	£

Section 5 – REHABILITATION OF OFFENDERS

	Main Applicant	Joint Applicant
Do you or any member of your household have any criminal convictions that are not spent? If 'Yes', who?	Yes/No	Yes/No
What were you or they convicted of?		
Date of the conviction		
Date the conviction will be spent		
Do you or any member of your household currently have a probation officer?	Yes/No	Yes/No
Probation officer name, address, phone number		

Section 6 – OTHER INFORMATION

	Main Applicant	Joint Applicant
How often would you like to pay your rent?	Weekly/fortnightly/ four weekly/monthly	Weekly/fortnightly/ four weekly/monthly
Do you or your partner have a bank account?	Yes/No	Yes/No
Do you own any pets? If 'Yes', what type of pets do you own?	Yes/No	Yes/No
Are you or any member of your household related to any existing member of West Kent staff or a committee member? If 'Yes', please give details.	Yes/No	Yes/No

Section 7 – EQUALITY & DIVERSITY MONITORING

West Kent is committed to promoting equality and diversity. To help us ensure everyone is being treated fairly and receiving the best possible service that meets individual needs, please complete this section by ticking the boxes which apply to you.

Ethnic Origin – How would you describe your ethnic origin?

A	White	
A1	British or English	
A2	Irish	
A3	Any other white background (please state)	

B	Black or Black British	
B1	Caribbean	
B2	African	
B3	Any other black background (please state)	

C	Asian or Asian British	
C1	Indian	
C2	Pakistani	
C3	Bangladeshi	
C4	Any other Asian background (please state)	

D	Chinese or Chinese British	
D1	Chinese	
	Any other Chinese	

E	Mixed Ethnic Origin	
E1	White and Black Caribbean	
E2	White and Black African	
E3	White and Asian	
E4	White and Chinese	
E5	Any other mixed (please state)	

F	Gypsy/Traveller Heritage	
F1	Traveller	
F2	Gypsy	
F3	Irish Traveller	
F4	Roma	
F5	New Traveller	
F6	Any other traveller background (please state)	

G	Prefer not to say	

Religion – What is your religion or belief?

R1	No religion	
R2	Buddhist	
R3	Christian (all denominations)	
R4	Hindu	
R5	Jewish	

R6	Muslim	
R7	Sikh	
R8	Other (please state)	
R9	Prefer not to say	

Sexual Orientation – How would you define your sexual orientation?

S1	Bisexual	
S2	Gay Man	
S3	Gay Woman/Lesbian	

S4	Heterosexual/Straight	
S5	Other (please state)	
S6	Prefer not to say	

Gender – What is your gender identity?

G1	Male	
G2	Female	

G3	Other (please state)	
G4	Prefer not to say	

Health – Do you consider yourself to have a long standing illness or disability?

H1	Yes	
H2	No	

H3	Prefer not to say	
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Section 8 – NATIONALITY

'Economically inactive' migrants from the EU accession countries are generally not entitled to benefits or social housing. The accession countries known as the A8 and A2 are shown below. The government requires us to provide data when we allocate housing to nationals from these countries. To help us do this, please tick the box below that matches your nationality.

	Main	Joint		Main	Joint
UK national resident in UK			UK national returning from residence overseas		
Czech Republic			Estonia		
Hungary			Latvia		
Lithuania			Poland		
Slovakia			Slovenia		
Bulgaria			Romania		
Any other country			*Other European Economic Area		

*Other European Economic Area (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 9 – EUROPEAN UNION ACCESSION ELIGIBILITY FOR HOUSING & HOMELESSNESS ASSISTANCE NATIONALITY ENTITLEMENT

If you are Bulgarian, Czech, Estonian, Hungarian, Latvian, Lithuanian, Polish, Slovakian, Slovenian, or Romanian, please answer the following questions.

Did the household arrive in the UK before 1 May 2004?	Yes/No	
What is your source of income for rent payments?		
Member of applicant household working and therefore able to pay the rent without claiming housing benefit <input type="checkbox"/>	Member of the applicant household not working but self-sufficient and therefore able to pay the rent without claiming housing benefit <input type="checkbox"/>	Other income (please specify) <input type="checkbox"/>

Section 10 – DECLARATIONS & SIGNATURE

Data Protection Act

The personal information provided on this form will be used to update your tenancy records; deliver services to you and your household; and to monitor our services to identify and eliminate any form of unfair discrimination. Please note: we may share personal data with other agencies (e.g. local authorities, government departments) where appropriate. By signing this form you are giving us consent to collect, store, and use your sensitive personal data for the purposes outlined above. If the person named on the form is incapable, this form may be signed by a legally empowered third party. The personal information you have provided will be processed in accordance with the Data Protection Act 1998.

Please read the following statements and sign below.

- 1 As far as I know, the information in this application form is true and complete.
- 2 I understand that West Kent may immediately end any tenancy I am given as a result of a false statement I make.
- 3 I authorise West Kent to obtain any information needed from my current landlord and any previous landlord whose details I have given in this application.
- 4 I understand that any information relating to this application will be placed on West Kent’s computer.
- 5 I understand that this application does not give West Kent a duty to offer me accommodation.

Main Tenant Signature		Date	
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Joint Tenant Signature		Date	
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Third Party Signature		Date	
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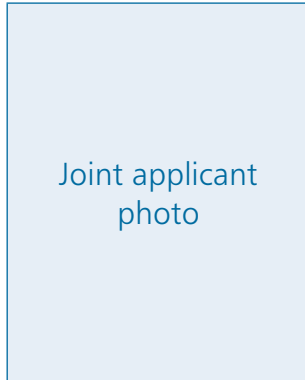
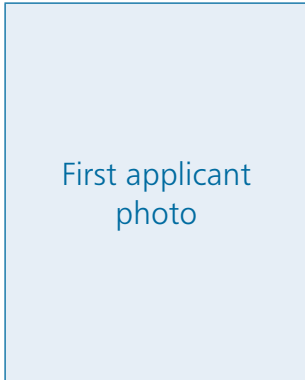
I am the empowered third party for:
(Name)



Section 11 – PHOTOGRAPHS

As part of the application process we collect a photograph of each applicant. This will be kept on file if you are successful in your application.

These photographs will be destroyed if your application is unsuccessful.



OFFICE USE ONLY		
Application No.		Input by
Applicants' Full Names		Date received

Please send the signed form, along with any evidence we ask for to help us process your application, to:

West Kent Housing Association
101 London Road
Sevenoaks
Kent
TN13 1AX

Please call us on 01732 749452 or 749451 if you have any queries.

If you would like to receive this information in another format, for example in large print, in another language, in Braille, on tape or CD, please telephone 01732 749400 or ask any member of staff.

هل تحتاج لترجمة هذا؟ اتصل بنا على 01732 749400

এই কথাটি অনুবাদ করতে হবে? 01732 749400 নম্বরে ফোন করুন

需要翻译这份资料吗？请致电 01732 749400。

Sie möchten den Text übersetzt? Rufen Sie 01732 749400.

Potrzebujesz przetłumaczyć ten tekst? Dzwoń na numer tel. 01732 749400.

Precisa disto traduzido? Contacte 01732 749400.

இதை மொழிபெயர்க்க வேண்டுமா? அழைத்திடுக - 01732 749400.

Bunun tercümesini istiyor musunuz? 01732 749400 no.lu telefonu arayınız.

West Kent Housing Association

Head Office, 101 London Road,
Sevenoaks, Kent, TN13 1AX

T: 01732 749400 F: 01732 749419

E: enquiries@wkha.org.uk

www.westkent.org

West Kent Lifeways

01732 749451 or 01732 749452

West Kent out of hours service

0800 1691122

Repairs freephone

0800 1691122

Version 2 September 2013

WEST KENT

WEST KENT
Lifeways

In partnership with

Medway
COUNCIL
Serving You

emerald
life changes