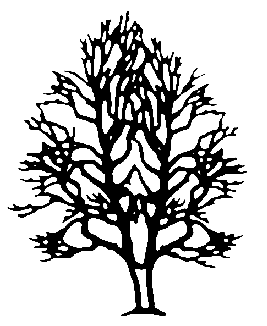
**Please complete this application as fully as possible and return to:**



**The Tenant Support Manager**

**1 The Orchard**

**Hampstead Way**

**London**

**NW11 6YN**

**Tel: 020 8455 3223**

**Website: orchardhousingsociety.co.uk**

**CONFIDENTIAL**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| |  |  | | --- | --- | | **Applicant 1:**  Name:……………………………...……..…… | **Applicant 2:**  Name:……………………………......………… | | Date and Place of Birth:…………………………………………... | Date and Place of Birth:…………………………………………….. | | |
| Present or Last Address:……………………………………………………………………………...... | |
|  | |
| Postcode: ………………………………….... | Telephone:……………………………………... |
| Mobile............................................................    Email: …………………………………………… | Mobile: ……………………………...................  Email: …………………………………………... |
| How long have you lived there? …….years  If less than 5years please give previous address as well: …………………………………………….  ……………………………………………………………………………………………………………….  *You will be asked to produce evidence of your right to live in the UK in due course.*  Marital status: Single Married Widowed Divorced Cohabiting | |
| What is your current housing situation? (*Please tick*)   |  |  |  | | --- | --- | --- | | Owner occupier | Temporary accommodation | Other (*Please describe*)  ………………………………. | | Renting: Private/Social | Living with friends or family | | |
| |  |  | | --- | --- | | Present occupation (*if applicable*) ………………………… (FT / PT/ Voluntary) | Present occupation (*if applicable*) ………………………… (FT / PT/ Voluntary) | | NI No. …………………………………….. | NI No.…………………………………….. |   Are you receiving Housing Benefit? No / Yes *If so, please give*:   |  |  | | --- | --- | | a) HB number ……………………………………..  b) Date benefit started …………………………… | a) HB number …………………………………..  b) Date benefit started ………………………… | | Why do you want to leave your accomodation? …………………………………………………………………….  What is your connection with the Suburb? …………………………………………………………………….……..  ……………………………………………………………………………………………………………………………. | | | |

**PERSONAL HISTORY**

|  |
| --- |
| In this section you are asked for information relating to any criminal convictions you have or any civil judgements or immigration civil penalties against you |
| YOU must answer all the questions in this section fully and honestly, any undeclared convictions will cancel your application and may affect any future tenency at the Orchard.  Do you have any spent or unspent criminal convictions? No / Yes  Have you been convicted of any criminal offence in the UK or any other country? No / Yes    Do you have any civil judgements against you or any civil penalties  under the UK immigrations Acts? No / Yes |

**SUPPORT**

|  |
| --- |
| Do you need support with any of the following? (Please tick) |
| |  |  |  | | --- | --- | --- | | Shopping | Cooking | Managing finances | | Cleaning and laundry | Washing and bathing | Claiming welfare benefits | | Dressing | Eating | Mobility | | Physical health and medication | Personal safety | Emotional wellbeing | | Faith and cultural needs | Leisure and recreation | Alcohol or unprescribed drug use |   Do you receive help from any of the following people or services? (Please tick)   |  |  | | --- | --- | | Doctor | Social Worker | | Friends and / or family | Community Mental Health Nurse | | Community Care Agency | Other | |  |  | |

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Please give the name and contact details of your doctor:  Name…………………………………………………………..  Address:…………………………………………………………………………………………………   |  |  |  | | --- | --- | --- | | Post Code:……………………………………… | Telephone:……………………………………… | | | **May we contact your doctor for further information if necessary?** (*Please tick*)   |  |  | | --- | --- | | Yes | No | | | |   *A medical form will need to be completed by your GP.*  Are you disabled / registered disabled?  Please describe your disability and how it affects your daily living. …………………………….….  ……………………………………………………………………………………………………………….  ……………………………………………………………………………………………………………….. |

|  |
| --- |
| **Would you like us to consider your application as a priority?** (*Please tick)*  *(****NB*** *If you are considered a priority you must be prepared to move when an offer is made. Non priority cases will be kept on our waiting list for a maximum of 2 years.)* |
| Yes No |

|  |
| --- |
| Please state anything else you would like to add or ask: |
| ……………………………………………………………………………………………………………. |
| ……………………………………………………………………………………………………………. |
| Do you need translation services at interview? Yes / No |
|  |

|  |  |
| --- | --- |
| Details of Next of Kin | |
| Name:………………………………………………………Relationship:……………………………… | |
| Address:…………………………………………………………………………………………………...… | |
|  | |
| Post Code:……………………………………… | Telephone:……………………………………... |
|  |  |
|  | |

**Applicant 1: Applicant 2:**

|  |  |
| --- | --- |
| Please sign: ………………………………….…  Date:………………......................................... | Please sign: ………………………………….…  Date:………………......................................... |

|  |  |  |
| --- | --- | --- |
| **For Office Use**  Date Application for Housing and Support /Needs and Risk Assessment Received:  ................................................................................................................................................... | | |
| Signature of Orchard Representative………………………………………………………….. | | |
| Accepted on to waiting list?  (*Compare with eligibility criteria*) | Yes / No | Date:……….………….. |
| If no, reason (*from eligibility criteria*) ………………………………….………………………….… | | |
| …………………………………………………………………………………………………………...  ID check done……………………………………………………  Documents seen……………………………………………… | | |

**Equality Monitoring**

The Orchard is committed to providing services to all sections of the Garden Suburb community.

To ensure that we provide services fairly,

**please complete the following information:**

|  |  |
| --- | --- |
| **Applicant 1:** | **Applicant 2:** |
| Are you Male / Female | Are you Male/ Female |
| Do you have a physical disability? Yes / No | Do you have a physical disability? Yes / No |
| If yes, would you require any facilities?  …………………………………………………………………………………  ………………………………………………………………………………….  ………………………………………………………………………………….  ………………………………………………………………………………….  Please state your ethnicity:   |  |  | | --- | --- | | **Asian** | **Mixed** | | Bangladeshi | African / White | | Chinese | Caribbean / White | | Indian | Asian / White | | Pakistani | British | | Other | Other | |  |  | | **Black** | **White** | | African | British | | Caribbean | Greek Cypriot | | Other | Irish | |  | Turkish Cypriot | |  | Other | |  |  | | **Other Ethnic Group** |  | | Describe …………………………………………. | | | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | | If yes, would you require any facilities?  …………………………………………………………………………………  ………………………………………………………………………………….  ………………………………………………………………………………….  ………………………………………………………………………………….  Please state your ethnicity:   |  |  | | --- | --- | | **Asian** | **Mixed** | | Bangladeshi | African / White | | Chinese | Caribbean / White | | Indian | Asian / White | | Pakistani | British | | Other | Other | |  |  | | **Black** | **White** | | African | British | | Caribbean | Greek Cypriot | | Other | Irish | |  | Turkish Cypriot | |  | Other | |  |  | | **Other Ethnic Group** |  | | Describe …………………………………………. | | | |

**Thank you for taking the time to complete this form**