

11. ADDRESS HISTORY

Where have you lived before? Please fill in your last three addresses, starting with where you live now, and the dates when you moved in and out.

Addresses	Name of Landlord	From		To	
		Month	Year	Month	Year
1 _____	_____				
2 _____	_____				
3 _____	_____				

12. PREVIOUS TRAFFORD MBC OR TRAFFORD HOUSING TRUST TENANCIES

Please provide details if you or a member of your household has previously held a Trafford Council or Trafford Housing Trust tenancy.

Address: _____

 Date you left: ____/____/____

13. DECLARATION

Are you related to a Board Member or an employee of Trafford Housing Trust ? -Yes -No

Are you related to anybody who has been a Board Member or employee of Trafford Housing Trust in the past 12 months? -Yes -No

If you have answered yes to either of the above two questions please state who that person is:

Do you or a member of your family (who does or will live with you)...

- Owe rent from a current tenancy? -Yes -No
If yes, how much do you owe? £ _____
- Have a Possession Order or a suspended Possession Order against you? -Yes -No
- Used violence or made threats of violence to a member of the community, an officer of the Trust/Council or other Housing Association/Local Authority? -Yes -No
- Had legal action taken against you/them in order to recover a debt for damage or neglect to your property or a previous property? -Yes -No
- Been served an Anti-Social Behaviour Order (or part of one)? -Yes -No

The information provided by me/us on this form is true and by signing this form I/we understand that:

- * The information provided by me/us will be put onto Trafford Housing Trust's computer and will be used as part of the Lettings procedure and Housing Management procedures.
- * The Trust may make enquiries with other agencies regarding my/our application.
- * If I/we have been rehoused after giving false information action may be taken by Trafford Housing Trust to end my/our tenancy.
- * I/we must immediately notify the Trust if any of the information form becomes incorrect for any reason.

Your signature: _____ 2nd applicants signature (If required) _____ Date _____

Please return this completed form to: **Central Lettings, Marshall House,
2 Park Avenue, Sale, M33 6HE**

For office use only:

Ref.: _____
 Band: _____
 Date rec'd: _____



REHOUSING APPLICATION FORM

ALSO AVAILABLE IN LARGE PRINT, PLEASE TELEPHONE
0161 968 0172/0173

A summary of our lettings policy is available upon request.

1. MAIN APPLICANT DETAILS – (Enter other members of family in Section 3)

Surname: _____ Date of birth: e.g. 31.12.1965 _____
 Forename: _____
 Title: (Please tick one box) Mr Mrs Ms Miss Gender: Male Female
 Home telephone number: _____
 Have you ever been known by any other name? -Yes -No Work telephone number: _____
 If yes, please state the name(s): _____ Mobile telephone number: _____
 Your address: _____ Fax number: _____

 Post code: _____
 Are you: a TRAFFORD Housing Trust tenant a Local Authority (Council) tenant
 (Please tick one box) a Housing Association tenant owner occupier
 a Private Landlord Tenant living with family other

2. CURRENT CIRCUMSTANCES

1. Please explain why you wish to be rehoused:

If you are homeless, potentially homeless or fleeing violence or harassment please telephone 0161 968 0343

National Insurance number: _____

Applicant: _____

Joint Applicant: _____

3. PEOPLE MOVING WITH YOU – Please give details of all people who are to move with you even if they are not living with you now

Surname – Please print in BLOCK CAPITALS Please add any other people moving with you on a separate sheet of paper	Initial	Date of Birth (e.g. 31/12/1965)	Gender		Relationship to you (e.g. wife, son etc.)	Are they living apart from you? (If yes, please give the reason why)	
			Male	Female		Yes	No
_____	_____	___/___/_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/> _____
_____	_____	___/___/_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/> _____
_____	_____	___/___/_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/> _____
_____	_____	___/___/_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/> _____
_____	_____	___/___/_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/> _____

4. PEOPLE IN THE HOUSEHOLD NOT MOVING WITH YOU

Surname	Relationship to you
_____	_____
_____	_____
_____	_____

5. EMPLOYMENT STATUS

Are you employed at present? Yes No Retired

6. GENERAL QUESTIONS

Please tick the box if you or anyone moving with you is pregnant: Date baby due: _____

Please tick the box if you or anyone moving with you has a serious permanent medical condition or illness that is affected by your current housing condition.

Please tick the box if you or anyone moving with you is disabled

Please tick the box if you have any pets. What sort of pet? _____

We aim to ensure that any property you may be offered is suitable. We want to get this right so please tick the box if you have any of the following: -

Support (i.e. warden, etc.) Special schooling needs Care package

Do you have or need:

A Social Worker	<input type="checkbox"/> Have	<input type="checkbox"/> Need
A Carer	<input type="checkbox"/> Have	<input type="checkbox"/> Need
Tenancy support	<input type="checkbox"/> Have	<input type="checkbox"/> Need

7. HOUSING CIRCUMSTANCES

How many bedrooms are there where you are living? _____

Do you have access to a bedroom? Yes No | If yes, do you have to share this bedroom? Yes No

If you live in a flat or maisonette above the ground floor, what floor is your front door on? _____

Is there a lift? Yes No

Please tick the box if your home has a serious problem with damp, leaking roofs or walls, dangerous wiring or rotten doors/windows.

Please tick the box if your home has not got any of the following: - Hot water, electricity, fixed bath or shower, central heating, inside toilet, kitchen/cooking facilities.

8. HOUSING REQUIREMENTS

For an explanation of the types of accommodation listed below please read the "A Guide to Housing in Trafford" booklet.

Part 1: ALL APPLICANTS (Please tick to show what sort of housing you are particularly interested in):

-Flat -Maisonette -House -Bedsit -Bungalow -Multi-storey flat

-Housing Association -Private Landlord -Shared Ownership

-Ground floor only -Above ground floor only

-Disabled adapted

Part 2: IF YOU ARE AGED 60 OR OVER (Please tick if you are interested in any of the following):

-Sheltered flat/bungalow -Mobile Warden flat/bungalow

9. AREA PREFERENCES

Please tick the boxes below to tell us where you would like to live.

ANYWHERE IN TRAFFORD

<input type="checkbox"/> OLD TRAFFORD AREA	<input type="checkbox"/> Kings Rd area	<input type="checkbox"/> Gratrix Lane area
<input type="checkbox"/> Tamworth Court area	<input type="checkbox"/> Cherry Tree Estate	<input type="checkbox"/> Ashton-on-Mersey
<input type="checkbox"/> Cornbrook Park/School Walk area	<input type="checkbox"/> Wardle Close/Lee Crescent area	<input type="checkbox"/> Sale Centre
<input type="checkbox"/> Kings Rd/Skerton Rd area	<input type="checkbox"/> Clyne Court/Railway Rd area	<input type="checkbox"/> Ashbourne Crescent area
<input type="checkbox"/> Rivers Estate	<input type="checkbox"/> Edge Lane area	<input type="checkbox"/> ALTRINCHAM AREA
<input type="checkbox"/> Shrewsbury Street area	<input type="checkbox"/> Central Stretford	<input type="checkbox"/> Sinderland Rd area
<input type="checkbox"/> STRET福德 AREA	<input type="checkbox"/> URMSTON & SURROUNDING AREAS	<input type="checkbox"/> Broomwood Estate (Timperley)
<input type="checkbox"/> Cooper Street area	<input type="checkbox"/> Lostock West area	<input type="checkbox"/> Oldfield Brow
<input type="checkbox"/> Lakes Estate	<input type="checkbox"/> Woodsend area (Flixton)	<input type="checkbox"/> Grange Estate (Timperley)
<input type="checkbox"/> Lostock East area	<input type="checkbox"/> Partington/Carrington	<input type="checkbox"/> Wellgreen/Hale Barnes
<input type="checkbox"/> Gorse Estate	<input type="checkbox"/> Kingsway/Broadway (Davyhulme)	<input type="checkbox"/> Altrincham Central
<input type="checkbox"/> Barkway Road area	<input type="checkbox"/> Crofts Bank/Winchester Road area	<input type="checkbox"/> Quarry Bank (Timperley)
<input type="checkbox"/> Stretford House	<input type="checkbox"/> Flixton area	<input type="checkbox"/> Bollin
<input type="checkbox"/> Derbyshire Avenue	<input type="checkbox"/> SALE AREA	<input type="checkbox"/> Warburton
<input type="checkbox"/> Warwick Rd/Broseley Rd area	<input type="checkbox"/> Beechfarm Estate	
<input type="checkbox"/> Nansen Close/Milton Close area	<input type="checkbox"/> Norris Rd area	

10. NATIONALITY AND ETHNIC ORIGIN

What nationality are you: _____

Are you subject to Immigration control? Yes No (If yes, please give details on a separate sheet and provide copies of your passport and IND form.)

Have you been continually resident in the UK, Channel Islands, Isle of Man, Republic of Ireland during the last 2 years (excluding holidays)? Yes No (If not, please give details (on a separate sheet) of when you moved into the UK)

Please tick one of the boxes below:

Asian or British Asian	Black or British Black	Chinese	Other ethnic groups
Bangladeshi <input type="checkbox"/>	African <input type="checkbox"/>	Chinese <input type="checkbox"/>	Other ethnic groups <input type="checkbox"/>
Indian <input type="checkbox"/>	Caribbean <input type="checkbox"/>	Mixed white/Asian <input type="checkbox"/>	British <input type="checkbox"/>
Pakistani <input type="checkbox"/>	Other black background <input type="checkbox"/>	Mixed white/Caribbean <input type="checkbox"/>	Irish <input type="checkbox"/>
Other Asian Background <input type="checkbox"/>	Mixed white/black African <input type="checkbox"/>	Other dual heritage <input type="checkbox"/>	White other <input type="checkbox"/>