

Section 5 Equal Opportunities

We aim to provide services to all sections of the community. To do this we need to know which group you consider yourself to belong to. **Please tick the relevant boxes.**

What is your gender?	Male		Female		
What is your age?	16-18		19-25		26-40
	41-65		65+		
Do you consider your household to be?	White		Black		Mixed
	Other				
How would you describe the ethnic origin of your household?					
	Welsh		English		European
	Caribbean		African		Chinese
	Irish		Scottish		Asian
	Other				
Are you or any members of your household registered disabled? Y/N					

Section 6 Declaration

- I/we certify that the information contained in this application is correct to the best of my/our knowledge. I/we understand that I/we may lose any housing that I/we may be offered if I/we have given any false information.
- I/we acknowledge that the information provided on this form will be shared with all relevant agencies and individuals in processing and determining the application.
- I hereby give permission to contact my previous landlord for a reference.
I/we also give permission for my Statutorily Homeless Section 184 letter to be used in determining my/our priority.
- Where a joint application is being made both applicants must sign this form.

Data Protection. In order to assess your housing application and help us deliver effective services, we need to collect relevant personal details. We comply with the Data Protection Act 1998 when dealing with personal data. This means that your personal data will be processed in accordance with the law. Please note we may share personal data with other organisations where appropriate. By signing this form you are consenting to Newydd Housing Association processing your personal data.

Signed		Date	
Signed		Date	

Are you related to any member of staff, board or committee? If yes please give details below:

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Thank you for completing the Valleys Home Choice Membership form.
You will receive confirmation of your banding and registration date once your application has been assessed.
This form is available in Welsh on request.



Valleys Home Choice Membership Form



It is important that you complete all sections of the form as fully and accurately as possible. If you do not then it will result in the registration of your membership being delayed.

If you have any questions about your Valleys Homes Choice membership form then please contact the hotline on **0845 6026125**, or write to/email us at:

Valleys Home Choice, Newydd Housing Association, Trem Y Cwm, Masefield Way, Rhydyfelin, Pontypridd, CF37 5HQ
web address: www.valleyshomechoice.com
email: valleyshomechoice@newydd.co.uk

Section 1 About You

Title		Male/Female	Delete as appropriate
Forenames			
Surname			
Date of Birth			
National Insurance No			
Daytime Phone No		Mobile No.	
Email Address			
Do you currently receive support from a social/support worker? If yes please give details			

NB adverts can be emailed to you if you provide an email address

Your Income

Please give details of any income you receive below. Please include any benefits you receive.	
Employers Name and Address	Weekly Earnings (£)
Type of Benefit	Weekly Amount (£)

Section 2 Your Current Home

House/Flat Number or Name	
Street Name	
Town	
County	
Post Code	
Type of Property e.g. flat, house, hostel etc.	
How many bedrooms does it have?	
If you live in a flat, what floor is it?	
Does it have a lift? Yes/No	
Do you share a bathroom or toilet with friends, relatives or other? Yes/No	
Do you share a kitchen with friends/relatives or other? Yes/No	

Are you a:	(please tick)
Council Tenant	
Housing Association Tenant	
Privately Renting	
An Owner Occupier	
Shared Owner	
Living with Friends or Relatives	
Homeless	
In a home that comes with your job	
Other (please specify)	

Have you ever been a Local Authority or Housing Association tenant? Y/N	
If yes please complete the following details:	

Landlord's name and address:	
Address of the property you lived in:	
What date did you live there?	

Please tell us why you want to move in the space below

Section 3 Tell us about those who are to be rehoused with you

Please complete the details of all people who are going to be rehoused with you. Include details of any children you will have access to. (We will require documentary evidence of any access arrangements). Please use a separate sheet if necessary.

Forename/s	Surname	M/F	Date of Birth	Relationship to Applicant	Is this access only? Y/N

If you have listed a partner or spouse do you want this to be a joint tenancy? Y/N	
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Section 4 Your Circumstances

Please read and answer each of the following statements:	Yes	No
Are you or any of the persons to be rehoused with you pregnant? <u>NB - If yes, please provide proof of pregnancy E.G MATB1 Certificate.</u>		
Are you being harassed at your current home? <u>NB - If yes, please provide evidence to support and substantiate this claim, such as written evidence from the Police.</u>		
Has your home been assessed by the Environmental Health Department for statutory overcrowding/unsatisfactory or unfit conditions? <u>NB - If yes please provide evidence to support this.</u>		
Are you applying to be rehoused because you have been offered a job under a recognised key worker scheme in Rhondda Cynon Taf and need accommodation to be able to take up that job?		
Do you need to move closer to give or receive essential support/care services to assist you/your family with day to day living? <u>NB - If yes, please complete the separate medical questionnaire and submit it with this form. Your application will then be assessed by the lettings panel.</u>		
Do you have a medical condition which is made worse by your current home? <u>NB - If yes, please provide details on the separate medical questionnaire.</u>		
Has your relationship with your spouse/partner broken down and you want to live separately?		
Are you Statutory Homeless? <u>NB - If yes, please enclose a copy of your Section 184 Letter.</u>		
Are you and your family currently separated and want to live together?		
Would you need support to maintain a tenancy? EG - Help with budgeting, setting up utilities, housing benefit applications. <u>NB - If yes, please complete the separate support questionnaire.</u>		
Do you have any pets? <u>NB - If yes, please give details below.</u>		

Pets:	
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Have you or any member of your family or people who will reside with you been convicted of any criminal offence (not including spent convictions under the Rehabilitation of Offenders Act (1974). If yes please provide details below including the date and place of conviction and the nature of the offence: