



Housing Application Form

STRICTLY PRIVATE AND CONFIDENTIAL

Please list the schemes you wish to be considered for, in order of preference. If you do not tell us which schemes you require, we cannot process your application.

- | | | |
|----|----|----|
| 1. | 2. | 3. |
| 4. | 5. | 6. |

SECTION 1: PERSONAL DETAILS

TITLE

FIRST NAME

SURNAME

DATE OF BIRTH (DD/MM/YYYY)

MARITAL STATUS

CURRENT ADDRESS

POSTCODE

PHONE NUMBER

EMAIL ADDRESS

How long have you lived at this address?

YEARS

MONTHS

If this is a joint application, please provide details of the second applicant:

TITLE

FIRST NAME

SURNAME

DATE OF BIRTH (DD/MM/YYYY)

RELATIONSHIP TO YOU:

SECTION 2: HEALTH

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2.1 Are you in hospital/nursing/care home at the moment? YES / NO

2.2 Do you suffer from a heart condition, asthma, breathing difficulties or any other medical conditions? (If yes, please specify) YES / NO

2.3 Are you receiving treatment for anxiety, depression, stress or another condition of this type? YES / NO

Please give further details if you think this is caused by your current accommodation:

2.4 Do you have any mobility problems, for example, arthritis, which make it difficult for you to move around your current accommodation? YES / NO

If yes, please give further details:

2.1 Do you use a commode? YES / NO

2.6 Please provide details of your general health, below:

SECTION 3: YOUR CURRENT HOME

3.1 Do you have any financial difficulties because of your accommodation? YES / NO

3.2 Are you currently homeless or living in a hostel? YES / NO

If yes, please state why and then GO TO SECTION 4:

3.3 Please tick to indicate if you are:

a lodger (GO TO QUESTION 3.4)

a tenant (GO TO QUESTION 3.5)

an owner/occupier (GO TO QUESTION 3.8)

other (GO TO QUESTION 3.10)
Please state _____

3.4 If you are a lodger, do you have your own bedroom? YES / NO

If no, where do you sleep? NOW GO TO QUESTION 3.10

3.5 If you are a tenant, please give the name and address of your landlord:

3.6 Do you have a shorthold tenancy agreement? YES / NO

If yes, will this agreement be renewed? YES / NO

If no, when will the agreement be terminated, and why?

3.7 Do you have rent arrears? YES / NO

If yes, please give further details, THEN GO TO QUESTION 3.10:

3.8 If you are an owner occupier, do you have a mortgage on your property? YES / NO

If yes, please give approximate amount of mortgage: £ _____

3.9 Do you own any other property? YES / NO

3.10 Do you live in a:

a house a flat a maisonette a bungalow

a mobile home other e.g. a hostel Please state _____

3.11 How many bedrooms does your accommodation have:

3.12 How many people live in your accommodation:

3.13 Does your accommodation have stairs? YES / NO

If yes, do you have difficulty climbing the stairs? YES / NO

3.14 If you live in a flat, which floor is your flat on?

If you live on an upper floor, is there a lift? YES / NO

3.15 Does your accommodation have...:

a downstairs toilet

an inside toilet

hot and cold water

cooking facilities

3.16 In your current accommodation do you have...

gas fire only

central heating (full or partial)

electric storage heating

electric fire only

other Please specify _____

3.17 Do you find your property difficult to keep warm? YES / NO

If yes, please give further details.

3.18 Is your current property in a good state of repair? YES / NO

If no, please give further details e.g. is it damp, etc.

3.19 Are you having difficulty maintaining your home and garden? YES / NO

3.20 Has your current property been declared unfit to live in by the local authority? YES / NO

3.21 If you have a disability, does your accommodation cater for this? YES / NO

If no, please give further details:

3.22 Please tell us the main reason you wish to move:

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SECTION 4: ALTERNATIVE HOUSING PROSPECTS

4.1 Are you registered with the local housing authority? YES / NO

If yes, please provide registration number, _____

4.2 Are you registered with a housing association? YES / NO

4.3 Have you been offered alternative accommodation? YES / NO

If yes, please state why you have refused these offers:

SECTION 5: SOCIAL NEED

5.1 Are you isolated form local amenities? YES / NO

e.g. shops, post office, doctor

5.2 Do you need to move closer to family for support? YES / NO

If yes, please give their name and address:

5.3 Do you need accommodation within one of our Supported Living Schemes (Edgcumbe Court, Anita Stone Court, Harvey Court, Whitley Court) where there is a Scheme Manager onsite to provide additional support?

YES / NO

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5.4 Has your home been burgled or vandalised?

YES / NO

If yes, how many times? _____

5.5 Have you experienced racial or other harassment?

YES / NO

If yes, please provide further details:

5.6 Do you have any neighbour disputes?

YES / NO

If yes, please provide further details:

SECTION 6: GENERAL INFORMATION

6.1 Do you have any pets? Please specify _____

YES / NO

6.2 Have you retired from full-time employment?

YES / NO

6.3 Are you related to any BCOP employee, former employee or committee member? If yes, please give details:

YES / NO

6.4 Have you previously worked for BCOP?

YES / NO

If yes, please give details:

IF YOU WOULD LIKE TO PROVIDE US WITH ADDITIONAL INFORMATION ABOUT YOUR HOUSING NEEDS, PLEASE USE A SEPARATE SHEET.

General Data Protection Regulation Statement

All information given by you on this application form is confidential to BCOP and will be held on computer and is subject to the provisions of the General Data Protection Regulation. Further details are available from Head Office on request.

Disclosure Statement

I confirm the Information I have disclosed in this application is accurate to the best of my knowledge. I understand that non-disclosure of information could affect any future allocation of a BCOP tenancy and could jeopardise my security of tenure.

Signed _____

Date _____

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Received:

Action Taken:

Date:

Signed:

BCOP, 7-8 Imperial Court, 12 Sovereign Road, Kings Norton, Birmingham B30 3FH

Telephone: 0121 459 7670 Fax: 0121 458 1918 website: www.bcop.org.uk email: general@bcop.org.uk

BCOP is committed to equality of opportunity. Please contact us if you require further assistance with reading or completing this form. This form can be made available in another format or a different language.

Registrations: Charity Commission 1074954, Housing Corporation L4218 Company Registered in England & Wales No. 368565.

Equality & Monitoring Form

BCOP aims to treat everyone fairly, regardless of their race, colour or ethnic origin. For equality monitoring purposes, please fill in the information below.

How would you describe your ethnic origin?

You	Partner		You	Partner	
<input type="checkbox"/>	<input type="checkbox"/>	White British	<input type="checkbox"/>	<input type="checkbox"/>	Indian
<input type="checkbox"/>	<input type="checkbox"/>	White Irish	<input type="checkbox"/>	<input type="checkbox"/>	Pakistani
<input type="checkbox"/>	<input type="checkbox"/>	White Other Please state _____	<input type="checkbox"/>	<input type="checkbox"/>	Kashmiri
<input type="checkbox"/>	<input type="checkbox"/>	Black Afro Caribbean	<input type="checkbox"/>	<input type="checkbox"/>	Bangladeshi
<input type="checkbox"/>	<input type="checkbox"/>	Black African	<input type="checkbox"/>	<input type="checkbox"/>	Chinese
<input type="checkbox"/>	<input type="checkbox"/>	Black Other Please state _____	<input type="checkbox"/>	<input type="checkbox"/>	Vietnamese
<input type="checkbox"/>	<input type="checkbox"/>	Other ethnic origin Please state _____			