



**Horsham
District
Council**

HOUSING OPTIONS ASSESSMENT

Please use this form if you are:

- Applying for advice regarding your current housing situation
- A Homeseeker
- A Housing Association tenant requiring a Transfer.

The information you provide on this form will help us to give you advice on the range of housing options you might be able to access. There is a high demand for accommodation in the Horsham District, yet there are very few social housing vacancies each year. This high demand for accommodation means we are unable to provide accommodation to the majority of people applying for help. Horsham District Council will however endeavour to give the best advice on realistic housing options available to you. To help us understand your particular situation, please try to be as accurate as possible and give as much detail as you can.

Please read our booklet **“The Housing Register and Nominations Policy”** when you are completing this form.

Please return this form to :- Housing Services,
Horsham District Council,
Park North, North Street,
Horsham, West Sussex, RH12 1RL

Please see page 12 of this form regarding Proof of Circumstances. If you DO NOT enclose the information we require we will be unable to process your application and it will be returned to you.

For office use only	
ACADEMY Ref. No.	Name

Ways to Contact us:

 Phone us on 01403 - 215204

 Fax us on 01403 - 215243

 Write to us at:

Housing Services

Horsham District Council

Park North, North Street

Horsham, West Sussex RH12 1RL

 E-mail us at housing@horsham.gov.uk

or

visit our website at www.horsham.gov.uk

or



Call in to one of the Help Points

😊We are happy to translate or send in other formats😊

Easy Read ✓  ✓  ✓ Braille ✓ BSL ✓

If you have any access requirements to attend our offices,
please contact Hannah Woods on 01403 215446

1. Name and Address

Applicant

Name

Address

Postcode

Home 

Work 

Mobile 

E-Mail 

Nationality

National Insurance Number

Co-applicant

Name

Address

Postcode

Home 

Work 

Mobile 

E-Mail 

Nationality

National Insurance Number

Have you ever been known by any other name? If so, please give details below.

Applicant

Co-applicant

2. You and Your Household

Please use this section to tell us about yourself and the people who are part of your application.

Title	Surname	First Name(s)	Relationship to Applicant	Date of Birth	Sex M/F
			APPLICANT		

Is any person listed above expecting a baby? If so please tell us who and when the baby is due.

Name

Date baby due

3. Medical

Please ✓ where necessary

Does anyone in your household have a medical condition or a disability which is affected by your current housing situation? Yes No

If Yes, please give us some brief details.

Name(s)

Details

Is anyone in your household in receipt of a support/care package? Yes No

If yes, who provides this?

Details

4. Previous or current convictions

Please ✓ where necessary

Has any member of your household been convicted of or had an order made against them relating to a criminal offence in the past two years? Yes No

If yes, please give details.

Name(s)

Details

5. Employment

First Applicant (please ✓ one box)

- 1. Employed full time
- 2. Employed part time
- 3. Self employed
- 4. Home maker
- 5. Retired
- 6. Full time student
- 7. Unemployed

Employment address

Length of time with this employer

Employer's trade or business

eg. media company, garage, hospital etc.

Name of employer	<input type="text"/>
Job title/occupation	<input type="text"/>
Gross Wage/Salary per month	<input type="text"/>

- Number of hours worked**
- 30 or more
 - 16 up to 30
 - under 16

Second Applicant (please ✓ one box)

- 1. Employed full time
- 2. Employed part time
- 3. Self employed
- 4. Home maker
- 5. Retired
- 6. Full time student
- 7. Unemployed

Employment address

Length of time with this employer

Employer's trade or business
eg. media company, garage, hospital etc.

Name of employer	
Job title/occupation	
Gross Wage/Salary per month	

Do you or your co-applicant have any savings/investments? Yes No

If Yes, please tell us how much: Applicant Co-Applicant

- Number of hours worked**
- 30 or more
 - 16 up to 30
 - under 16

6. Benefits & Pensions

Please tell us if anyone receives any benefits or pensions.

Name	Benefit	Amount * per week

HORSHAM DISTRICT COUNCIL FINANCIAL STATEMENT

**Please complete this form fully, including all Income and Outgoings.
Where these are not known, please estimate as closely as possible.**

To convert

Four weekly to weekly - Divide by 4;

Monthly to weekly - Multiply by 12 then divide by 365 then multiply by 7;

Quarterly to weekly - Divide by 13;

Annual to weekly Divide by 365 then multiply by 7.

Name:

Address:

Number of people in my household:	Adults:	Children:
--	----------------	------------------

Monthly Income:-

Capitol:-

Net Monthly Salary	£
Partners Salary	£
Overtime etc	£
Child Benefit	£
Working Families Tax Credit	£
Income Support	£
Housing Benefit	£
Maintenance	£
Job Seekers Allowance	£
State Retirement Pension	£
Incapacity Benefit	£
Disability Living Allowance	£
Statutory Maternity Pay	£
Private Pension	£
Non-dependants contribution	£
Other Income (please specify)	£
Total Monthly Income	£

Equity in property	£
Stocks / Shares	£
Bank Account (Current)	£
Bank Account (Deposit)	£
Other Bank Accounts	£
Tessa	£
ISA	£
Other Building Society Accounts	£
Any other form of savings	£
Any other capital	£
Total Capitol	£

Monthly Costs:-

1. Housing	
Mortgage	£
Mortgage Endowment	£
2 nd Mortgage	£
Rent	£
Council Tax	£
Other (please specify)	£
Total Housing Cost	£
2. Services	
Gas	£
Electricity	£
Water Rates	£
Cesspit emptying	£
Other (please specify)	£
Total Services Costs	£
5. Other	
Credit Card Debts Payments	£
Child Care	£
School Meals	£
Private Pension Plan	£
Insurance Policy	£
Travel Expenses Bus / Train	£
Child Maintenance Payments	£
Other (please specify)	£
Total Other Costs	£
TOTAL MONTHLY INCOME	£
TOTAL MONTHLY COSTS	£
AVAILABLE FUNDS	£

3. Housekeeping	
Food/Drink/Household/ Toiletries	£
Telephone	£
TV Licence/Rental	£
Broadband/Wireless	£
Health Care/Prescriptions	£
Family Clothing	£
Other (please specify)	£
Total Housekeeping Costs	£
4. Car Costs	
Road Tax	£
Insurance	£
MOT / Repairs	£
Petrol / Oil	£
Repayments	£
Total Car Costs	£
6. Priority Debts	
Mortgage Arrears	£
Rent Arrears	£
Council Tax Arrears	£
Water Rates Arrears	£
Electricity Arrears	£
Gas Arrears	£
Court Fines Arrears	£
Maintenance/child Support	£
Others (Please state)	£
Total Priority / Debts Costs	£
	£
	£
	£

PROOF OF ALL INCOME AND CAPITAL MUST BE PROVIDED WITH THIS FINANCIAL STATEMENT

SIGNED: _____ DATED: _____

PRINT NAME: _____

7. Your Current Housing Situation

Please use this section to tell us about your present home.

(a) When did you move into your present home?

APPLICANT

CO-APPLICANT

(b) Is your home a:

House

Bungalow

Flat

Bedsitter/Studio Flat

Maisonette

Mobile Home/Caravan

Hostel/Guest House

Other, please specify

How many bedrooms does your home have? double

double

single

single

If flat or maisonette, what floor is it on?

Do you have a lift? Yes No

(c) Are You: A Tenant

Yes

No

Yes

No

A Lodger

Yes

No

Yes

No

Living with Family

Yes

No

Yes

No

Living with Friends

Yes

No

Yes

No

Other, please specify

Do you share your home with anyone else who is **not** included on this application

Yes

No

Yes

No

If you or your co-applicant are a tenant please tell us the name and address of the landlord(s).

Do you rent or lease any other home? Yes No If Yes, what is the address?

To the best of your knowledge have you broken any of your tenancy conditions?

Yes No

Please give details

What is your full monthly rent? Do you have any rent arrears?

8. Previous Residence

Please use this section to tell us about your previous addresses in this country or abroad.

A. APPLICANT

ALL Addresses over the past FIVE years.	Name of landlord/ housing association	DATES	
		From	To
FORMER RENT ARREARS	Yes <input type="checkbox"/> No <input type="checkbox"/>	Landlord	Amount
Address			£

B. CO-APPLICANT

ALL Addresses over the past FIVE years.	Name of landlord/ housing association	DATES	
		From	To
FORMER RENT ARREARS	Yes <input type="checkbox"/> No <input type="checkbox"/>	Landlord	Amount
Address			£

9. Young Persons

If you are **under 18 years old**, please complete the following section. Otherwise, please go to section 10.

Name and address of school/college

At what age did you leave school/college?

Name, address and phone of parent/guardian

Details of any previous or current employment (including part-time work)

Please provide name and contact details of any of the following (where applicable)

Social Worker

Connexions Worker

Youth Offending Worker

Mental Health Key Worker

Substance Misuse Worker

10. Ethnic Monitoring

The Council has introduced procedures designed to prevent the possibility of discrimination to any applicant. Please tick (✓) the category that most closely fits your household ethnic origin

- | | | | |
|------------------------------------|-----------------------------------|--|-----------------------------------|
| 1. White British | (✓)
<input type="checkbox"/> | 10. Asian / Asian British Bangladeshi | (✓)
<input type="checkbox"/> |
| 2. White Irish | <input type="checkbox"/> | 11. Asian / Asian British Other | <input type="checkbox"/> |
| 3. White Other | <input type="checkbox"/> | 12. Black / Black British Caribbean | <input type="checkbox"/> |
| 4. Mixed White & Black Caribbean | <input type="checkbox"/> | 13. Black / Black British African | <input type="checkbox"/> |
| 5. Mixed White & Black African | <input type="checkbox"/> | 14. Black / Black British Other | <input type="checkbox"/> |
| 6. Mixed White & Asian | <input type="checkbox"/> | 15. Chinese / Other Ethnic Group Chinese | <input type="checkbox"/> |
| 7. Mixed Other | <input type="checkbox"/> | 16. Chinese / Other Ethnic Group Other | <input type="checkbox"/> |
| 8. Asian / Asian British Indian | <input type="checkbox"/> | 17. Refused | <input type="checkbox"/> |
| 9. Asian / Asian British Pakistani | <input type="checkbox"/> | | |

11. Home Ownership

Please use this section to tell us about any home that you or your co-applicant own, or have owned previously.

(a) Property Currently Owned

Do either you or your co-applicant currently own any residential property (including joint ownership with another person?)

Yes

No

If Yes, please give the address:

(b) Property Previously Owned

Have you or your co-applicant owned any property previously? Yes

No

If Yes, please give the address:

When did you dispose of this home?

12. Reasons for Applying and Additional Information

Please tell us why you are in housing need and the reason for your application

Is there any information relating to your housing situation that you would like us to know about?

Do you consider that you will require any additional support if rehouse - give details

13. Accommodation Required / Areas of Choice

Please tick (✓) all the areas you will consider. Remember the greater the choice the more opportunity we have to help you. (✓)

Amberley	AMBER	
Ashurst	ASHRST	
Ashington	ASHTON	
Broadbridge Heath	BBH	
Billingshurst	BILL	
Coldwaltham	COLDW	
Colgate	COLG	
Cowfold	COWFLD	
Dial Post	DIALP	
Faygate	FAYGT	
Horsham East	HE	
Horsham West	HW	
Henfield	HENFLD	
Itchingfield/Barns Green	ITCHBG	
Lower Beeding	LOWB	
Mannings Heath/Nuthurst	MHNUT	
Parham/Cootham	PARCOO	
Partridge Green/West Grinstead	PGWG	
Pulborough/Nutbourne	PULNUT	
Rudgwick	RUDG	
Rusper	RUSPER	
Shermanbury	SHERM	
Shipleigh/Coolham	SHIPCO	
Slinfold	SLINF	
Steyning	STEYN	
Storrington	STORR	
Southwater/Christ's Hospital	SWCH	
Thakeham	THAKE	
Upper Beeding/Small Dole	UBSMD	
Warnham	WARN	
Washington	WASH	
West Chiltington	WCHILT	
Woodmancote	WOOD	

14. Local Connection

Do you have local connection with any parish you have selected? Yes No

If Yes, which parish or parishes?

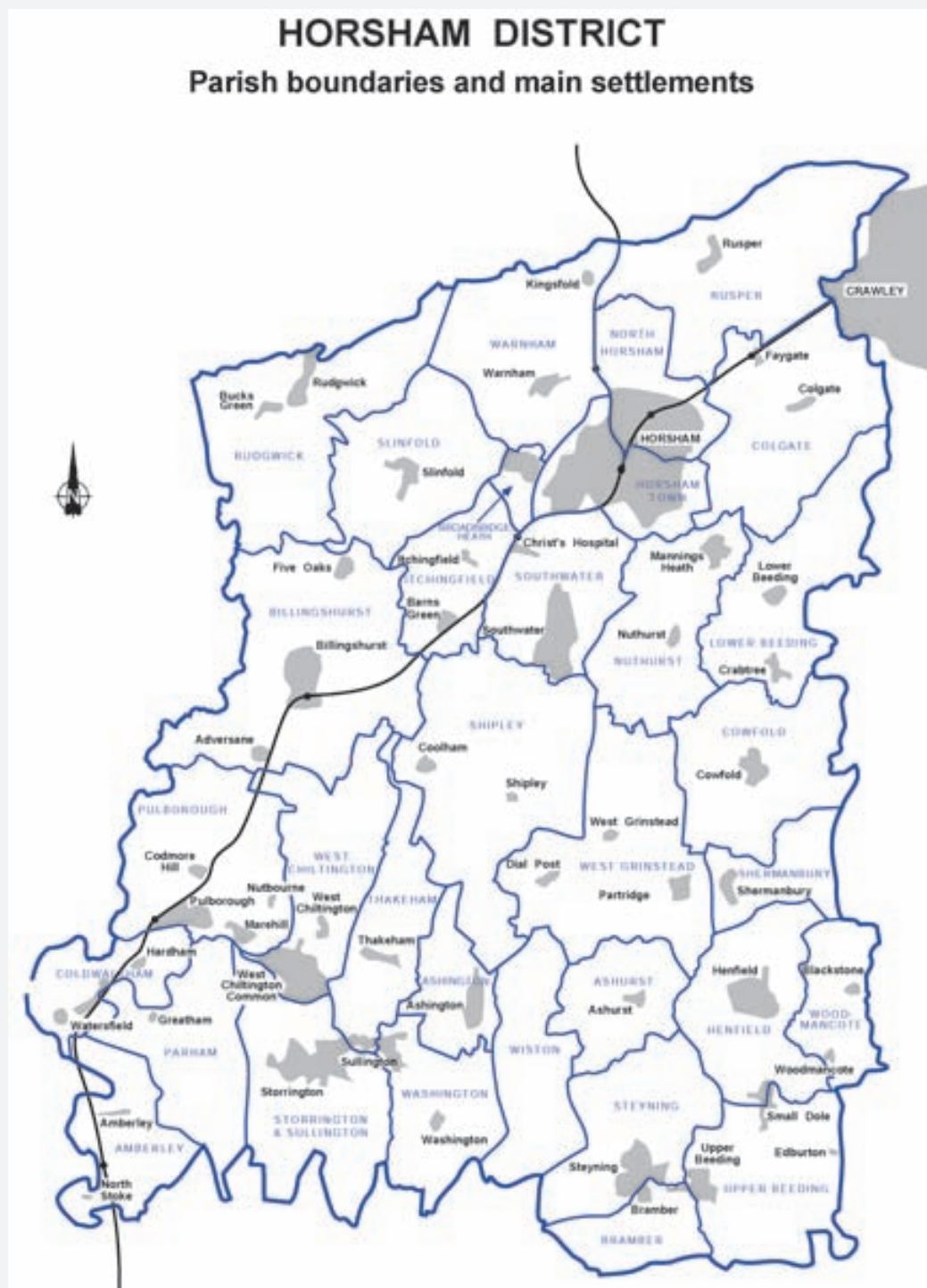
Do you have any relatives who live in the Horsham District Council Area? If so please give details.

Name	Address & Tel. No.	Relationship to you	Time lived in area

15. Pets

Do you have any pets? Yes No

Details



Proof of Circumstances

ALL NEW APPLICANTS

If this is a new application to join the Council's Housing Register, you will need to provide

- **Proof of Identity for all people listed on your application**
- **Proof of Residence**
- **Your National Insurance Number**

Where applicable, please also provide evidence of

- **Pregnancy**
- **Contact arrangements with any children from a previous relationship**
- **Any current tenancy**
- **Ownership (past or present) of any other property**
- **Current total income including any benefits**
- **Any savings/investments**

UPDATING YOUR APPLICATION

Please provide evidence of identity for any new applicant being added to your application, along with appropriate evidence of any change in circumstances of anyone included in the application. (For example, if changing name by marriage, please provide Marriage Certificate.)

CHECKLIST – Please list the documents you have included: -

Evidence of:-	Format (passport/payslip (etc))	FOR OFFICE USE ONLY
1. Identity		
2. Residence		
3. National Insurance No,		
4. Pregnancy/Access to or full-time care of children		
5. Current tenancy		
6. Home ownership or sale		
7. Income/Savings/Benefits		
OTHER		

Acceptable Documentation

PLEASE NOTE: At the initial stages of an application, photocopies of documents are acceptable. However, you may be required to produce original documents at interview.

1. Proof of Identity (**Any one of the following for each applicant**)

- ✓ **Birth Certificate/Adoption Certificates**
- ✓ **Passport**
- ✓ **New type Driving Licence**
- ✓ **Photo ID Card (Employee/Student/HM Forces/Proof of Age card)**
- ✓ **EU Identity Card**
- ✓ **Approved Immigration Status Document**

2. Proof of Residence (**Any two of the following**)

- **Household Bill (gas, electricity, Council Tax etc)**
- **Tenancy or Licence Agreement**
- **Benefits Agency document (Award Letter/payment book)**
- **Driving Licence**
- **Bank/Credit Card/Mail Order Account statement**

3. Proof of National Insurance Number (**One of the following**)

- ✓ **National Insurance Card**
- ✓ **Pay Advice**
- ✓ **Income Tax Statement**

4. Proof of Pregnancy/Responsibility for children

- **EDC certificate or GP letter giving date of confinement**
- **Residence Order or Child Benefit Award letter or Payment Book**
- **Confirmation of arrangements from Solicitor or other parent/Guardian**

5. Proof of Current Tenancy (**Any one of the following for each applicant**)

- **Tenancy or Licence Agreement**
- **Rent Book**
- **Letter from your Landlord**

6. Proof of Sale of Property

- **Completion Statement**
- **Letter of Confirmation from Solicitor/Mortgage Lender**

7. Proof of Income and Savings

- **Recent payslips**
- **Bank/Building Society Statements**
- **Benefit Award Letters**

Translation

If you would like help communicating with us in your language, please contact the number below and we will arrange for an interpreter to help.

Polish: Jeżeli potrzebują Państwo pomocy w komunikowaniu się z nami w Państwa języku, prosimy o skontaktowanie się z nami pod poniższym numerem telefonu. Zorganizujemy pomoc tłumacza ustnego.

French: Si vous avez besoin d'aide pour communiquer avec nous dans votre langue, veuillez nous contacter au numéro de téléphone ci-dessous et nous vous offrirons les services d'un interprète.

German: Wenn Sie in Ihrer eigenen Sprache mit uns kommunizieren möchten, wählen Sie bitte die unten genannte Nummer, und wir sorgen dafür, dass ein Dolmetscher bei dem Gespräch hilft

Turkish: Bizimle kendi dilinizde iletişim kurmanızda yardımcı olmamızı istiyorsanız lütfen aşağıdaki telefon numarasını arayınız, yardımcı olması için bir çevirmen sağlayacağız.

Portuguese: Se por acaso você precisar de ajuda para comunicar-se conosco em seu próprio idioma, queira por favor ligar para o número de telefone abaixo e nós providenciaremos um intérprete para ajudá-lo.

Cantonese

如欲尋求協助，以你的母語和我們溝通的話，請撥以下電話，我們便會為你安排傳譯員，提供協助。

Bengali

যদি আপনি আমাদের সাথে আপনার ভাষায় কথা বলার জন্য সাহায্য চান, দয়া করে নিম্ন লিখিত নাম্বারে ফোন করুন এবং আমরা একজন দো-ভাষীর ব্যাবস্থা করব আপনাকে সাহায্য করার জন্য।

Gujarati

જો તમને તમારી ભાષામાં અમારી સાથે વાતચીત કરવામાં મદદ જોઈતી હોય તો, કૃપા કરી નીચેના નંબરે સંપર્ક સાધવાથી અમે મદદરૂપ બનવા ઈન્ટરપ્રિટરની ગોઠવણ કરીશું.

Punjabi

ਜੇ ਸਾਡੇ ਨਾਲ ਤੁਸੀਂ ਆਪਣੀ ਭਾਸ਼ਾ ਵਿਚ ਗੱਲਬਾਤ ਕਰਨ ਵਿਚ ਮਦਦ ਲੈਣਾ ਚਾਹੁੰਦੇ ਹੋ, ਤਾਂ ਹੇਠ ਲਿਖੇ ਨੰਬਰ 'ਤੇ ਫੋਨ ਕਰੋ ਅਤੇ ਅਸੀਂ ਕਿਸੇ ਇੰਟਰਪ੍ਰੀਟਰ ਕੋਲੋਂ ਤੁਹਾਨੂੰ ਮਦਦ ਦੁਆਵਾਰੋ।

Urdu

اپنی زبان میں ہم سے بات چیت کے لیے اگر آپ کو مدد کی ضرورت ہو تو براے مہربانی مندرجہ ذیل نمبر سے رابطہ کیجئے۔ ہم آپ کے لیے مترجم (انٹریٹر) کا انتظام کریں گے۔

Horsham District Council,
Park North, North Street, Horsham, West Sussex, RH12 1RL

 **Phone us on 01403 – 215204**

16. Declarations

- A. Are you or any member of your household related to any Councillor or employee working for Horsham District Council. Yes No

If yes, please state name and relationship to you.

Name:

DECLARATION and AUTHORISATION FORM

Please read carefully before signing.

If you do not understand what you are signing please ask

Section 171 Part IV (1)(2) (Allocations) Housing Act 1996

Attention is drawn to the above provisions of Part IV (Allocations) Housing Act 1996. A person commits a criminal offence if, in connection with the application:-
He/She knowingly or recklessly makes a statement which is false in a material particular.
A person guilty of an offence under this section is liable on summary conviction to a fine not exceeding level 5 on the standard scale (Maximum £5,000).

I confirm that all the information which I provide to the Council in connection with my application for accommodation is accurate and that I will notify the Council of any change in my or my household's circumstances that might affect my application or the Council's decision. I am aware that it is a criminal offence to withhold information or to provide false information, and that the Council reserves the right to recover possession if a tenancy is allocated to me/us on false or misleading information.

I accept that as part of the application process the Council may consult third parties for further information about me and/or my family which may include enquiries with a credit reference agency. I authorise disclosure to Housing Services such information as they may reasonably require in order that my application for housing may be fully considered. In particular I authorise my medical representatives and any relevant statutory body to disclose medical information and/or care plan/assessments about me. I also authorise my landlord to provide information regarding my tenancy/rent account and my mortgage/loan lender information about my mortgage, if this applies to me.

In addition I authorise Horsham District Council to convey essential and relevant information in relation to my application for accommodation to the Council's Independent Medical Advisor, Support Provider, Statutory Agency and any Housing Provider to whom I may be nominated with a view to re-housing.

I agree that details given in this form can be used in the decision about any homeless application I may make under Part V11 of the Housing Act (as amended).

If consent is not given the Council may be unable to determine your application.

In completing and signing this form, **I hereby consent** to the Council using any of the information given pursuant to the Data Protection Act 1998:

1. in connection with the supply of the service, permission, consent, approval, financial or other assistance for which this application is made;
2. for the furtherance of any other of the Council's statutory purposes;
3. for the purposes of sharing with any of its statutory purposes;
4. in connection with the prevention and detection of fraud or evasion of tax; and
5. for the purposes of statutory monitoring or regulatory compliance requirements.

APPLICANT (print full name)

Current or previous address

Postcode _____

Tel No: _____

Signed _____ Date _____

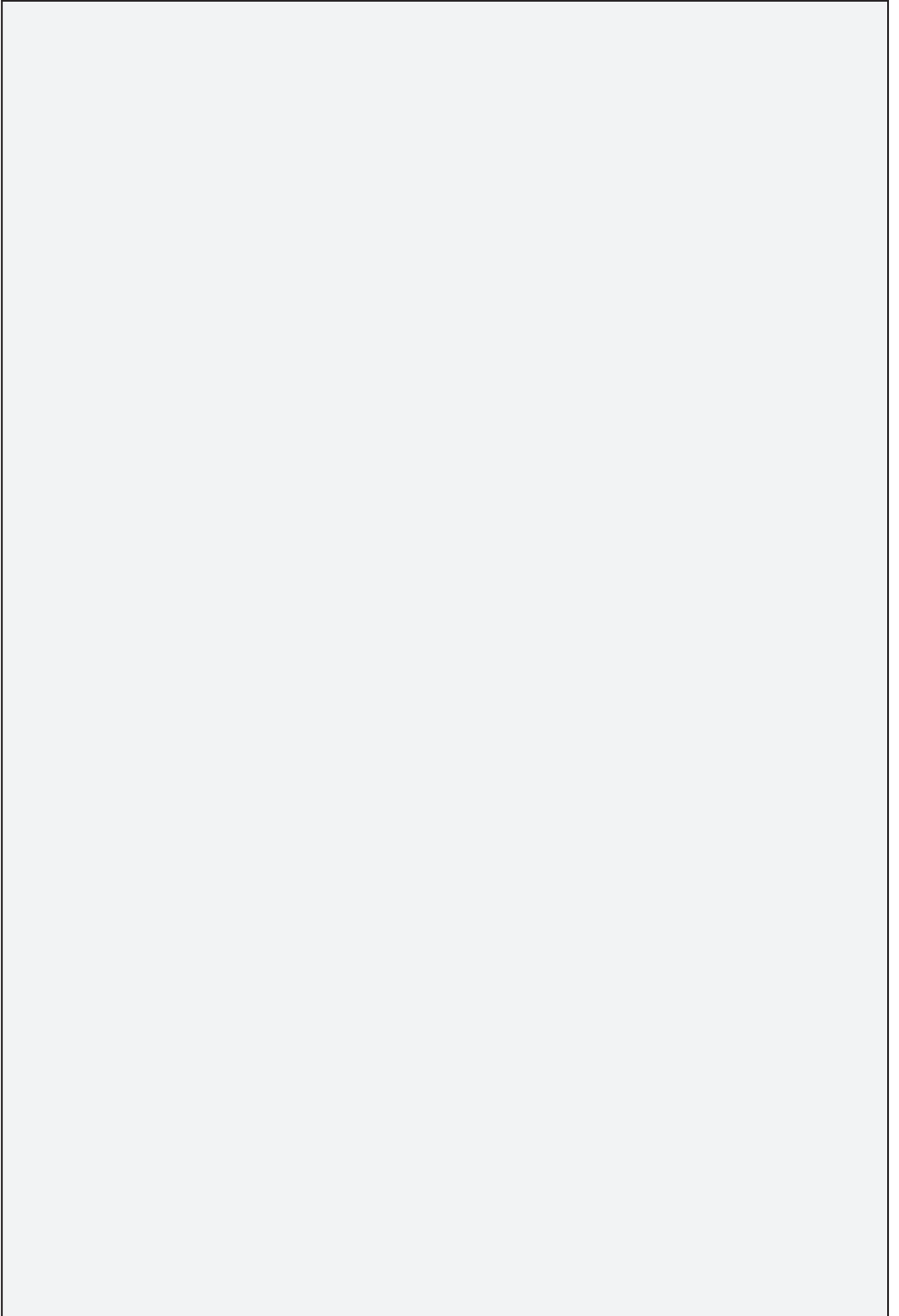
PARTNER (print full name)

Current or previous address

Postcode _____

Tel No: _____

Signed _____ Date _____



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