

# ChoiceHomes

## Housing Registration Form

### Important Notes:

Please Read Before Completing the Registration Form

Please read the guidance notes headed: 'A Guide to Choice Homes' before you fill in the form. If when filling out the form you need more room please use additional paper.

Please answer all questions that apply to you as fully as possible. If you do not fill in all the sections of the form that apply to you we will be unable to accept your registration.

You may be required to provide various documents to support you application. If you do not supply these we will be unable to process your application.

Data Protection information: This authority is under a duty to protect the public funds it is responsible for. The information you provide on this form may therefore be used within the authority for the prevention and detection of fraud. The information you provide may also be shared with other public bodies responsible for public funds for the same reason.

It is an offence to knowingly give false information. If you do, we will take legal action which could lead to you receiving a substantial fine.

### OFFICE USE ONLY

Date received

Registration number

Input date

Input by



London Borough of  
**Redbridge**

### Section A: Details of yourself and your household

#### A1: Your own details

Title (Mr/Mrs/Miss/Ms)

Surname

First Name

Sex (Male/Female)

Date of Birth

National Insurance Number

#### A2: Your Present Address

Full Postcode:

#### A3: What date did you move to this address?

#### A4: Your correspondence address (if different from your home address)

Full Postcode:

#### A5: Telephone numbers

Home:

Mobile:

Work:

#### A6: Email address

Section A: (continued)

A7: Starting with yourself, please list below all other household members you are seeking housing for

Surname	First Name	Relationship to you	Date of Birth	Gender	Ethnic Origin Code (See list below)
		Self			

**Ethnic Origin Codes**

Choose ONE section from A to E, then write the code in space provided above for each member of your household

**A: White**

- British A1
- English A2
- Welsh A3
- Irish A4
- Other A5

**D: Black, Black British, Black English, Black Scottish or Black Welsh**

- Caribbean D1
- African D2
- Other D3

**B: Mixed**

- White and Black Caribbean B1
- White and Black African B2
- White and Asian B3

**E: Chinese, Chinese British, Chinese English, Chinese Scottish, Chinese Welsh or other ethnic group**

- Chinese E1
- Other E2

**C: Asian, Asian British, Asian English, Asian Scottish or Asian Welsh**

- Indian C1
- Pakistani C2
- Bangladeshi C3
- Other C4

Section A: (continued)

**A8: Household Separation**

Is anyone included in your application not currently living with you?

Yes  No

If yes, please give details

	Person 1	Person 2
Name	<input type="text"/>	<input type="text"/>
Current Address	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>
Why are they not living with you?	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Have they lived with you in the past?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>

Do you have access to children from a previous relationship who are not included in your application?

Yes  No

If yes, please give details

	Child 1	Child 2
Name	<input type="text"/>	<input type="text"/>
Date of Birth	<input type="text"/>	<input type="text"/>
Address	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>

**A9: Expecting a baby**

Are you or anyone included in your application expecting a baby?

Yes  No

If yes, please give details

	Person 1	Person 2
Name	<input type="text"/>	<input type="text"/>
Date Baby Due	<input type="text"/>	<input type="text"/>

Section A: (continued)

**A10: Special Needs**

Is your current home unsuitable because a member of your household has a medical condition, is disabled or has special needs?

Yes  No

If yes, please give details

	Person 1	Person 2
Name	<input type="text"/>	<input type="text"/>
Briefly describe the medical condition, disability or special needs	<hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>	<hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>
Explain why these make your current home unsuitable	<hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>	<hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>

Do they need to use a wheelchair within the home? Yes  No

Yes  No

Do they need to use a wheelchair outside the home? Yes  No

Yes  No

**Office Use Only**  
**Refer to Social**  
**Services?**

Yes  No

**Section A: (continued)**

**A11: Welfare**

Have you or anyone included in your application had recent involvement with a Social Welfare organisation? (for example Social Services, Probation, Drug and Alcohol, Community Psychiatric Nurse)

Yes  No

If yes please give details

Organisation  Contact Worker

Address

Telephone Number

**A12: Your Doctor**

Please give the name, address and telephone number of your doctor

Name

Address

Telephone number

**A13: Harassment**

Are you or anyone included in your application experiencing any form of harassment or violence or threats of violence?

Yes  No

If yes please give details

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Where does this occur ?

Inside your home      Yes  No

Outside your home      Yes  No

Section A: (continued)

**A14: Local Connection**

If your current home is outside the borough, do you need to move to Redbridge in order to give or receive care, to access specialist medical treatment, to take up permanent employment or a training opportunity?

Yes  No

If yes, please give details

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Do you or anyone included in your application have family living in Redbridge?

Yes  No

If yes, please give details of your relative

Name

Address

Telephone Number

Relationship  How long have they lived in Redbridge?

Does this person require your support for medical or social reasons?

Yes  No

If yes, please give details

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**A15: Current Employment**

If you or anyone included in your application is currently working please give details

	Person 1	Person 2
Name	<input type="text"/>	<input type="text"/>
Job Title	<input type="text"/>	<input type="text"/>
Employer	<input type="text"/>	<input type="text"/>
Employers Address	<input type="text"/>	<input type="text"/>
Employers Telephone Number	<input type="text"/>	<input type="text"/>
Is your work based in this borough?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>

**Office Use Only**  
**Refer to Welfare**  
**Benefits?**

Yes  No

**Section A: (continued)**

**A16: Your Income and Savings and Property Interests**

Please give details of your households total monthly income

Income	Applicant	Partner	Others
Salary / Wages	£	£	£
Jobseekers Allowance	£	£	£
Family Working Tax Credit	£	£	£
Income Support	£	£	£
Child Benefit	£	£	£
Housing Benefit	£	£	£
State Pension	£	£	£
Occupational Pension	£	£	£
Incapacity Benefit	£	£	£
Disability Living Allowance	£	£	£
Attendance Allowance	£	£	£
Other please specify			
	£	£	£
	£	£	£
<b>Monthly Total</b>	£	£	£

If you or anyone included in your application have savings, please give details

Name	Amount

Have you or anyone included in your application ever owned or had a legal interest in any property either in the United Kingdom or any other country (including your current home)?

Yes  No

If yes, please give details

	Person 1	Person 2
Name		
Address of Property		

Section A: (continued)

**A17: Immigration**

Are you or anyone included in your application a citizen of a country other than the United Kingdom?

Yes  No

If yes, please give details and provide documentation

**Please note we will be unable to process your application until you have provided documentation**

	Person 1	Person 2
Name	<input type="text"/>	<input type="text"/>
Immigration Status	<input type="text"/>	<input type="text"/>
Nationality	<input type="text"/>	<input type="text"/>

Have you or anyone included in your application lived outside the United Kingdom in the last 5 years?

Yes  No

If yes, please give details

	Person 1	Person 2
Name	<input type="text"/>	<input type="text"/>
Country	<input type="text"/>	<input type="text"/>
Date From	<input type="text"/>	<input type="text"/>
Date To	<input type="text"/>	<input type="text"/>

Section A: (continued)

**A18: Sex Offenders Act**

Have you or any person included in your application been convicted under the Sex Offenders Act 1997 and/or been placed on the Sex Offenders Register?

Yes  No

If yes, please give details

	Person 1	Person 2
Name	<input type="text"/>	<input type="text"/>
Date of Conviction	<input type="text"/>	<input type="text"/>
Name and Address of Court	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

**A19: Violence and Arson**

Have you or anyone included in your application been convicted of an act of violence or arson?

Yes  No

If yes, please give details

	Person 1	Person 2
Name	<input type="text"/>	<input type="text"/>
Date of Conviction	<input type="text"/>	<input type="text"/>
Name and Address of Court	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Convicted of	<input type="text"/>	<input type="text"/>

## Section B: Your Current Housing Circumstances

### B1: Homelessness

Have you ever applied as homeless to any local authority?

Yes  No

Are you currently in temporary accommodation provided by Redbridge Council's Housing Service?

Yes  No

Are you currently in temporary accommodation provided by another Council's Housing Service?

Yes  No

Are you currently awaiting a decision from a Homeless Persons Unit?

Yes  No

If you have answered yes to any of the above questions, please provide details

Name of Local Authority

Your case reference number

Date of your homelessness application

Name of the officer dealing with your case

Housing Office Address \_\_\_\_\_

Housing Office Telephone Number

### B2: Please tick ONE of the following boxes to indicate your current housing situation (please refer to the guidance notes)

- |  |                          |   |                          |
|--|--------------------------|---|--------------------------|
| Council Tenant   | <input type="checkbox"/> | Nightly Let                                 | <input type="checkbox"/> |
| Assured Shorthold Tenant of a Housing Association or Housing Trust | <input type="checkbox"/> | Owner Occupier (including shared ownership) | <input type="checkbox"/> |
| Assured Tenant of a Housing Association or Housing Trust           | <input type="checkbox"/> | Staying with Friends or Family              | <input type="checkbox"/> |
| Assured Shorthold Tenant of a Private Landlord                     | <input type="checkbox"/> | Armed Forces Accommodation                  | <input type="checkbox"/> |
| In a hostel or refuge  | <input type="checkbox"/> | No Fixed Abode                              | <input type="checkbox"/> |
| In Bed & Breakfast Accommodation                                   | <input type="checkbox"/> | Prison                                      | <input type="checkbox"/> |
|  |                          | Other (please specify)                      | <input type="checkbox"/> |

**Office Use Only**  
**Refer to Public**  
**Protection?**

Yes  No

**Section B: (continued)**

**B3: Under Occupied**

If you are a Redbridge Council Tenant who currently occupies a property too large for your household would you like to move to a smaller property (please see guidance notes)?

Yes  No

**B4: State of Repair**

Do you consider you current home to be in a bad state of repair?

Yes  No

If yes, please give details

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Has your property ever been inspected by Public Protection (Environmental Health)?

Yes  No

If yes, please give date

\_\_\_\_\_

**B5: Accessing your Home**

If you currently live in a flat or maisonette, on which floor do you live?

\_\_\_\_\_

Does the property have a lift?

Yes  No

**B6: Rooms In Your Home**

How many rooms are available to you and everyone else included in your application? (see guidance note)

Room Type	Number Available	Floor Level (e.g. Ground, 1st floor etc.)	Do you share these rooms with people <b>NOT</b> on your application? If so with whom (please tick)		
			Family	Friends	Others
Bedrooms	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Living \ Dining Rooms	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Kitchens	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bathrooms	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Toilets	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Section B: (continued)

**B7: Heating your Home**

Please tick the boxes below to show which type of heating your home has

Central Heating	<input type="checkbox"/>	Gas Fire	<input type="checkbox"/>
Warm Air	<input type="checkbox"/>	Fan Heater	<input type="checkbox"/>
Under Floor Heating	<input type="checkbox"/>	Paraffin Heater	<input type="checkbox"/>
Open Fire	<input type="checkbox"/>	Electric Fire	<input type="checkbox"/>
Storage Heaters	<input type="checkbox"/>	Other (please specify)	<input type="checkbox"/> <input type="text"/>
		None	<input type="checkbox"/>

**B8: Renting Your Home**

If you are currently renting your home, please give details

Your Landlord's Name

Your Landlord's Address \_\_\_\_\_  
\_\_\_\_\_

Your Landlord's Telephone Number

**B9: Security of Tenure**

Have you been asked to leave your current home in the last 4 weeks?

Yes  No

Have you been served with a current Notice to Quit or a Notice Seeking Possession?

Yes  No

Have the Courts served you with a current Possession Order?

Yes  No



Section C: (continued)

C1: (continued)

Address

Landlord Name

Landlord Address

Landlord Telephone Number

Reason for Leaving

Date Moved In	Date Moved Out
<input type="text"/>	<input type="text"/>

Address

Landlord Name

Landlord Address

Landlord Telephone Number

Reason for Leaving

Date Moved In	Date Moved Out
<input type="text"/>	<input type="text"/>

Address

Landlord Name

Landlord Address

Landlord Telephone Number

Reason for Leaving

Date Moved In	Date Moved Out
<input type="text"/>	<input type="text"/>

Section C: (continued)

**C2: Evictions**

Have you been evicted from any previous addresses?

Yes  No

If yes, please give details

Address

Reason for Eviction \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Date of Eviction

**C3: Previous Tenancies**

Have you or anyone included in your application ever been a tenant of any Council or Housing Association?

If yes, please give details

Name	Address	Name of Council or Housing Association	Reason Tenancy Ended
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

### Section D: Where you would like to live

#### D1: Sheltered Housing

If you are over the age of 55 are you interested in Sheltered housing (please see guidance notes)?

Yes  No

#### D2: Shared Ownership

Are you interested in Shared Ownership (please see guidance notes)?

Yes  No

#### D3: Relocation

Are you interested in being rehoused in another part of the country (see guidance notes)?

Yes  No

#### D4: Area of Choice

Depending on your circumstances, the London Borough of Redbridge may decide it is necessary to make you a direct offer of accommodation. Where possible the Council will strive to offer accommodation within the borough in an area of your choice. The Council has divided the borough into 7 areas. Please indicate which of the 7 areas you would like to live by ticking the boxes below.

The map shows the London Borough of Redbridge divided into seven areas, each outlined in red. The areas are labeled as follows:

- AREA 1: Wanstead
- AREA 2: Woodford, South Woodford
- AREA 3: Hainault
- AREA 4: Barkingside
- AREA 5: Seven Kings, Chadwell Heath
- AREA 6: Ilford
- AREA 7: Cranbrook, Newbury Park, Goodmayes

To the right of the map is a legend with seven rows, each consisting of a label and an empty checkbox:

- Area 1
- Area 2
- Area 3
- Area 4
- Area 5
- Area 6
- Area 7

## Section E: Declaration

### Declaration (please see guidance notes)

I declare that the details I have given on this form are, to the best of my knowledge, true. I agree to let you know as soon as possible if the circumstances of my household detailed on this form change in any way. I understand that if I give false or misleading information my application to register may be refused, any future offers of tenancies withdrawn and any tenancies I am granted lost. I authorise you to make whatever enquiries are necessary to check the details I have provided on this form are accurate, including contacting my Doctor, Carer or Social Worker if appropriate. I also authorise you to share the information I have provided with other public bodies for the prevention and detection of fraud.

Your Signature

Date

### Please return this form to:

The Housing Advice Centre  
The London Borough of Redbridge  
Housing Service  
17/23 Clements Road  
Ilford  
Essex IG1 1AG

### Data Protection Act

For the purposes of the Act, the data controller is the London Borough of Redbridge and the nominated representative is the Data Protection Officer, Queen Victoria House, telephone no: 020 8708 7208

### What happens next?

Your application will be assessed and you will be notified in writing whether we can accept your registration.