

Application Form

Renting a C&C home

C&C
LONDON HOMES
SINCE 1926

PART OF
ASTER
GROUP

C&C Transfer or Direct Application for Sheltered Housing or General Needs Accommodation.

Please fill in this form clearly and return to:

**C&C, c/o Aster Group, Aster Wiltshire Correspondence Team,
Sarsen Court, Horton Avenue, Devizes, Wiltshire SN10 2AZ.**

Protecting your privacy and personal information is important to us, you can find out more about how we will use the information you provide at www.aster.co.uk/privacy

Part 1 Personal Details

Main Applicant:

First name:

Last name:

Title:

Mr Mrs Miss Ms

Age:

Date of birth:

National insurance number:

Current address:

Notice period at this address:

Phone number:

Email address:

How easy is it for you to speak English:

No problem Difficult but possible Impossible

If English is not your first language, please tell us your preferred language, when communicating with us:

Preferred contacted method:

Phone Email Letter No preference

Marital status:

Single Married Divorced Widowed

Part 1 Personal Details (continued)

Emergency Contact Details (Main Applicant):

Full name:

Address:

Relationship to you:

Is this a joint application? (If **No**, please go to **Part 2**)

Yes

No

Second Applicant:

First name:

Last name:

Title:

Mr

Mrs

Miss

Ms

Age:

Date of birth:

National insurance number:

Current address:

Notice period at this address:

Phone number:

Email address:

How easy is it for you to speak English:

No problem

Difficult but possible

Impossible

If English is not your first language, what is your preferred language, when communicating with us:

Preferred contact method

Phone

Email

Letter

No preference

Marital status:

Single

Married

Divorced

Widowed

Part 1 Personal Details (continued)

Emergency Contact Details (Second Applicant):

Full name:

Address:

Relationship to you:

Current housing status:

Local Authority Tenant

Housing Association Tenant

Supported Housing Tenant

Temporary Accommodation

Private Tenant

Owner/Leaseholder

No Fixed Abode

Do you own any property:

Yes

No

Please give details of housing history, for the past 3 years:

Address:

Landlord Details:

Name:

Phone number:

Address:

Landlord Details:

Name:

Phone number:

Part 1 Personal Details (continued)

Please give details of housing history, for the past 3 years:

Address:

Landlord Details:

Name:

Phone number:

What size of accommodation are you looking for?

Please be aware we have a very limited stock of 1 and 2 bedroom flats, which will be allocated on a needs basis. We recommend you are flexible with your requirements.

Studio

One-bedroom

Two-bedroom

What is the highest floor level you would live on if you had access to a lift?

(Zero being ground floor)

Ground Floor

First Floor

Second Floor

Third Floor

Fourth Floor

Fifth Floor or above

Is there any medical reason why you cannot live on any floor level with a lift, or why you must have a ground floor flat?

Yes

No

If **Yes**, please provide evidence.

Have you a preference for any particular areas?

The more choices you make, the better are your chances of a quick offer.

Camden

Ealing

Hillingdon

Kingston

Merton

Richmond

Do you have any pets?

Yes

No

If **Yes**, please state:

Part 2 Financial Details

What are your total household savings and capital:

Are you in any kind of employment?

Yes

No

Are you in receipt of any kind of Government support?

Yes

No

If **Yes**, please provide details:

Type	Amount
State Pension	£
Occupational Pension	£
Universal Credit	£
Income Support	£
Housing Benefit	£
Disability Allowance	£
Other (please state) _____	£
Total amount of monthly support:	£

Part 3 Medical Details

Do you have any medical conditions? Please list the conditions and their impact upon you.

Condition	Impact

Part 3 Medical Details (continued)

In order to ensure that our housing will meet your requirements, we may need to ask for more information about your medical and/or social care needs from somebody else, such as your GP. This is so that the Housing team, and any care services, are aware of any difficulties you may need help with.

GP:

Name:

Phone number:

Address:

Hospital:

Name:

Phone number:

Address:

Social Worker:

Name:

Phone number:

Address:

Other:

Name:

Phone number:

Address:

Part 3 Medical Details (continued)

Have you ever been affected by mental health issues?

Yes

No

If **Yes**, are you receiving support with this at present?

Yes

No

If **Yes**, from whom:

Name:

Phone number:

Do you have a history of alcohol dependency?

Yes

No

If **Yes**, are you receiving support with this at present?

Yes

No

If **Yes**, from whom:

Name:

Phone number:

Do you have a criminal record?

Yes

No

If **Yes**, please provide details:

Have you ever been involved in an ASB or domestic violence case?

Yes

No

If **Yes**, please provide details:

Do you use a mobility aid?

Yes

No

If **Yes**, please provide details:

Can you walk more than 100 yards without help and without stopping?

Yes

No

Can you climb more than 5 stairs without help or discomfort?

Yes

No

Would you be able to get out of your home without help?

Yes

No

Part 4 Diversity Monitoring Information

C&C is committed to ensuring equality of opportunity to all our tenants regardless of race, ethnicity, religion, sexuality, age, class, gender and disability.

The purpose of the questions below is to help us:

- Monitor access to our accommodation and services
- Identify areas for improvement.

Ethnicity:

White British

White Irish

White Other

Mixed – White and Black Caribbean

Mixed – White and Black African

Mixed – Other (Please state)

Indian

Pakistani

Other (Please state)

Bangladeshi

Asian British

Asian – Other (Please state)

Black African

Black Caribbean

Black Afro-Caribbean British

Middle Eastern

Gender:

Male

Female

Transgender Male

Transgender Female

Faith:

Christian

Buddhist

Jewish

Muslim

Sikh

Other

None

Hindu

Part 4 Diversity Monitoring Information (continued)

Proof of savings, capital and investments

We need to see evidence for all savings, capital and investments that all occupants have:

- Latest full bank statements
- Building society or post office books
- National Savings Certificates, ISAs, stocks, shares and unit trusts.

If they have an online bank account, a printed statement will be acceptable.

The evidence that you send must show details for at least the last three months. Although we need to know the value of any Premium Bonds, cash or capital bonds that you may have you do not need to send proof of these.

I give you permission to check the information I have provided on this form, including permission to contact present and previous landlords, doctors and any other professional body referenced within my application.

I understand that any offer of accommodation will depend on me providing proof of my housing need, as well as personal identification, address and all other supporting evidence that may otherwise be required. I accept that all cases are different and I may be asked to produce information at any time.

I understand that if I have given false, or withheld relevant, information, my application may be cancelled.

Print name:

Signed:

Date:

I understand that C&C Housing Trust operates in partnership with sister companies that provide housing specifically for over 55's. I confirm that I am happy for the personal information contained within my application to be shared with these companies for consideration to their schemes as an alternative routes of accessing accommodation.

Print name:

Signed:

Date:

Part 5 Disclaimer

Please confirm that you have read and accept the following information by ticking the boxes on the right hand side. Please note that not confirming that you have read and accepted the information may prevent C&C from offering you a home.

	Main Applicant	Second Applicant
You are required to provide proof of your identity. Please tick which of the following you are able to provide:		
Driving License	<input type="checkbox"/>	<input type="checkbox"/>
Valid passport	<input type="checkbox"/>	<input type="checkbox"/>
Full Birth certificate	<input type="checkbox"/>	<input type="checkbox"/>
Letter or benefits paperwork issued in the last 3 months, by HMRC, Local Authority, Job Centre plus or other Government department.	<input type="checkbox"/>	<input type="checkbox"/>
You employer confirming the company name and address and your 'employed' status.	<input type="checkbox"/>	<input type="checkbox"/>
Identity card or letter issued by UK HM forces.	<input type="checkbox"/>	<input type="checkbox"/>
Letter from HM prison or probation service.	<input type="checkbox"/>	<input type="checkbox"/>
A letter from Police force confirmed you are a victim of crime within the last 3 months and that personal documents have been stolen.	<input type="checkbox"/>	<input type="checkbox"/>
Letter from UK further or Higher education confirming your acceptance on a course of study.	<input type="checkbox"/>	<input type="checkbox"/>
A current UK firearm or shotgun certificate.	<input type="checkbox"/>	<input type="checkbox"/>

Office Use: Proof of ID seen and copies taken.

Authorised by Letting Co-ordinator: Date:

Anti-Social / Criminal Behaviour:

I consent to Aster Group making enquiries with the relevant law enforcement organisations to establish any history of a serious offending nature. I further declare that to the best of my knowledge the information I have provided in relation to my offending history (if any) is true and accurate. I understand that withholding or providing false information will constitute a breach of the terms of my proposed tenancy agreement and will in turn invalidate any such agreement.

<input type="checkbox"/>	<input type="checkbox"/>
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Photographs:

I understand that my photograph is needed to safeguard me from identity theft and to help Aster Group combat tenancy fraud. I agree that my picture can be taken and I understand that it will be retained while I am a tenant and for six months after my account is closed and I have paid all my debts to Aster Group. I understand that if there should be a significant change in my identity, I need to contact Aster Group to update my photograph.

<input type="checkbox"/>	<input type="checkbox"/>
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Part 5 Disclaimer (continued)

Probity:

Do you know or are you related to any staff or board member of the Aster Group or Central and Cecil Housing Trust, East Boro Housing Trust, or Enham Trust which are part of Aster Group?

- A tenancy or leasehold matter - are you or any of your relatives tenants of ours?
- An employment matter - are they employed within the Group?
- A business matter - does your partner work for a local building company or a company that provides goods or services to the Group?
- A company directorship – is any of your family a director of a commercial company which could do work for us?
- Land or property - do you have interests in land and buildings which could affect our work?
- A position of public responsibility - are you or your partner members of a local Parish Council or local authority?
- Membership of an organisation or society - are you a trustee of a charity or a member of a professional body and trade association?
- Close friends.

Main
Applicant

Second
Applicant

Yes

No

Yes

No

Main Applicant: If Yes, please provide details:

Name:

Department:

Nature of relationship:

How much contact do you have?

Second Applicant: If Yes, please provide details:

Name:

Department:

Nature of relationship:

How much contact do you have?

Part 5 Disclaimer (continued)

Data Protection

Gathering this information about you and any other household members, helps us to understand your circumstances and the housing needs of other people living in your household. Information provided about a household member over the age of 13 must be with their consent.

It will be used to help us find the right home for you, tailored to your housing needs. Based on the information you have provided we will check your eligibility for an Aster Home, the type of tenancy we may grant you, that any support that may be needed to sustain a tenancy is appropriate and in place, confirm the rent is affordable and know the best way to contact you.

We may need to share some of the information you provide with other agencies such as the Local Authority, the DWP etc. and we may request a reference from your current landlord.

If you become a tenant we will use this information for statistical purposes to monitor our service provision. If your application is unsuccessful, the information provided above will be kept for 6 months after which time it will be securely deleted.

For more information on how Aster uses your personal information, please visit: www.aster.co.uk/privacy

Main Applicant Second Applicant

I understand how Aster will use the personal details I have provided in relation to processing my application and managing any future tenancy agreement.

<input type="checkbox"/>	<input type="checkbox"/>
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I confirm that the details are true.
(If your information changes, please let us know as soon as you can).

<input type="checkbox"/>	<input type="checkbox"/>
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I understand that it is a criminal offence to give any false or misleading statement or to withhold any relevant information or to fail to tell you of a change in my / our circumstances which may result in any tenancy not being granted or which may result in any tenancy granted to me / us being ended and / or may lead to me being prosecuted.

<input type="checkbox"/>	<input type="checkbox"/>
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Part 6 Disclaimer (continued)

Client's Name:

Assessment Officer:

Completion Date:

Identified risk			Referrals made (if applicable)	Completion date
Physical / mental health: Confusion, memory problems, hoarding issues.	Yes	No		
Medication: Takes more than 4 different types a day, confused about times of taking medication.	Yes	No		
Mobility: Falls, transfers, unsteadiness, shuffles when walking.	Yes	No		
Substance misuse: Drugs, alcohol, alcohol with medication.	Yes	No		
Violence: Physical, verbal aggression to others, from others, harassment.	Yes	No		
Harm: Neglect, isolation, vulnerability to abuse.	Yes	No		
Other.	Yes	No		
Assessment Officer's Signature:	<input type="text"/>			