Housing Application Form This application form is for the City of London Housing Register **Date received by Housing Needs Team** For office use only Surname **Housing Registration Number** If you need help completing this form or help with English, please contact the Housing Needs Team 1. Are you subject to immigration control in the UK? Yes \square No 🗆 2. Do you live in the City of London 'square mile'? (for a minimum of 24 months) Yes \square No □ 3. Do you work in the City of London 'square mile'? (for a minimum of 24 months and over 16 hours per week) Yes \square No \square Yes \square No □ 4. Are you a current City of London tenant The City of London 'square mile' is the term used to define our local authority boundary. Please check our boundary map on www.cityoflondon.gov.uk/maps or search your postcode online. If you reply yes to question 1 and/or no to questions 2 and 3, it is unlikely that you will be eligible for housing with the City of London. Please read the Eligibility/Exclusions section on page 2 of this form for more details about immigration status and other reasons why you may not qualify to apply. If you do not qualify to apply with this particular authority, you may still contact the Housing Needs Team for advice about alternative housing options. I am: ☐ a transfer applicant - an existing tenant paying rent to the City of London

Please read the Guidance Notes on page 3 before completing this form

☐ a home seeker – anyone else, renting privately, living with family or friends, living in temporary

accommodation and/or applying for social housing for the first time with a local connection to this authority

If you need a different type of housing such as Sheltered Accommodation for people over 66 years of age, you may need to complete a separate form. Please ask a member of the Housing Needs Team for advice before you complete this form.

City of London Housing Needs Team
Department of Community and Children's Services
Barbican Estate Office
3 Lauderdale Place
Barbican
EC2Y 8EN

Telephone 0207 332 1237 / 3452 / 3141

Email: hadvice@cityoflondon.gov.uk



The City of London works in partnership with the following local Housing Associations:

Guinness Trust – ISHA – Local Space - One Housing Group - Peabody Trust – Providence Row

You can use this form to apply for general housing from the City of London Corporation on our housing estates across London, whether you are a home seeker applying for the first time or a transfer applicant.

To apply to be on our register, you must have a local connection to this authority. You have a connection if you are living or working within the City of London 'square mile' for a minimum of 24 months and for more than 16 hours per week, if you are an existing tenant of the City of London or the child of a City of London tenant who has always lived at home. The City of London 'square mile' is the term used to define our local authority boundary. Please check our boundary map on www.cityoflondon.gov.uk/maps or search your postcode online.

People currently serving in H.M regular armed forces or who were serving in the regular forces for any time in the previous five years preceding this application.

All the information you give us will be placed on the City of London Corporation Housing Register database. The City of London Corporation may share this information with Housing Associations or other social landlords who could rehouse you. We may also take references from private landlords and contact organisations you tell us about to properly assess your support needs and priority for housing. We may also use your personal information for the prevention or detection of fraud.

You have a right to see information kept on file about your application and to ask for any inaccurate information to be removed.

Our full Housing Allocations Policy 2017 is published and available by calling the Housing Needs Team.

Under the lettings scheme, all applications for housing are assessed and given a number of points – depending on current circumstances and housing need. Priority is decided first by points and then waiting time.

Please note that the demand for housing is far higher than the supply, which means that it is likely you will be **waiting a number of years before you are rehoused**. Therefore you may need to find alternative accommodation whilst you wait in line for social housing.

Home Connections - Choice Based Lettings

With the exception of a few cases, we no longer directly allocate properties to people on the housing register. Once you are registered, to be considered for a property you will need to look at our Choice Based Lettings scheme which is run through Home Connections - www.homeconnections.org.uk. Any available City of London Corporation property or any Housing Association nomination that we receive will be advertised online on a weekly basis. To be considered for a property you must bid on those in which you are interested and qualify. Properties are then offered to applicants within the specified band with the highest points and waiting time. We will send you further information about the scheme and a user guide once your application has been registered.

Eligibility / Exclusions

Anyone 18 years of age and over can apply for housing with the City of London, unless they fall in to one or more of the groups listed below:

- You are subject to immigration control. If you do not have citizenship in an EU country or indefinite/exceptional leave to remain in the United Kingdom and are subject to a 'no recourse to public funds condition' or you do not have refugee status, exceptional leave or indefinite leave to remain in the UK you do not qualify to apply for social housing. If you are unsure, please provide us with a copy of your immigration status papers so we can assess your eligibility.
- You do not have a current local connection through employment or residence in the City of London 'square mile' for a minimum of 24 months and more than 16 hours per week.

- You are not the child of a City of London tenant who has <u>always</u> lived at home.
- You are a homeowner or have financial interest in a property in the UK or abroad.
- Your annual household income is more than £60,000 before tax.
- Your household has savings or capital of over £30,000 or more.
- The City of London reserves the right not to accept applications from people whose tenancy has previously ended due to rent arrears or anti-social behaviour, such as noise nuisance, domestic violence, racial harassment, intimidation, drug dealing, any other social housing fraud offences and if you owe the City of London money (i.e. through rent arrears, re-charges etc.) If your application is refused because of unacceptable behaviour, you will be told in writing, and this will include the reasons for our decision and details of your right to request a review.

<u>Transfer applicants</u> - a current tenant of the City of London who is living in an overcrowded situation or wishes or needs to downsize can apply for a transfer.

- The City of London will not normally make offers of accommodation to transfer applicants in rent arrears, in breach of any other aspect of their tenancy agreements or if their current property is deemed to be in a state of disrepair that is not the responsibility of the City of London.
- Tenancy checks will be carried out after your application to transfer has been registered.

If you are a current City of London tenant who wishes to move to a property of the same size but in another location or estate, you need to register for a Mutual Exchange. This can be done through www.homeswapper.co.uk for free and/or through other online providers. Please ask for more details.

<u>Guidance Notes</u> – please read these carefully before you complete this form:

- Please make sure that you provide us with all the relevant proof documents for you and your family
 as listed on the next page. Failure to provide all the documentation that we require will prevent us
 from registering your application.
- If you do not fill in the form properly, give us all the information we need or you do not sign the declaration at the end of this form, we will return it to you and this will delay your application.
- Please complete the form in ink and as clearly as possible.
- Where a yes/no answer is required, please put a tick in the appropriate box.
- Please read the questions carefully and answer all the questions that apply to you.
- If you are applying for a transfer, please follow the instructions in the form to make sure you answer all the questions that are relevant to you.
- Once your application has been registered, we will contact you with your bidding pack by post or if
 you indicate you prefer email, we will email you. This pack will contain your registration number,
 banding and any other information that you will need. Please keep this information in a safe place.

It is your responsibility to keep us informed of any changes in your circumstances as this may affect your status on the housing register, failure to do so may result in your application being closed. Changes of circumstance that you need to tell us about include: a change of address, changes to the people in your household, change of employment, income or assets etc. You should contact us if you have any queries about reporting a change of circumstances. If you withhold information in an attempt to secure accommodation you may be prosecuted, which could result in a large fine, imprisonment or other penalty.

If you do not speak English, or English is not your first language, or you do not understand anything on this form and in the declaration, please contact a member of the Housing Needs Team for support.

If you sign the declaration you are agreeing that you understand and agree with these terms.

PROOF DOCUMENT CHECKLIST

Please send us ALL of the documents that apply to you and your family. Failure to provide all the documentation will prevent us from registering your application.

PASSPORT OR UK BIRTH CERTIFICATE:

You and your partner (if applicable) must have citizenship in an EU country or indefinite/exceptional leave to remain in the United Kingdom with access to public funds. If one or both of you do not have a UK passport, please provide National passports **plus** Home Office or Immigration documents and work visas (if applicable). **DRIVERS LICENCES ARE NOT ACCEPTED AS PROOF**

FULL BIRTH CERTIFICATE FOR EACH CHILD:

We only accept the **full** A4 Birth Certificate that gives information in regard to the parent(s) of the child. If you do not have this version you will need to contact the relevant Registry Office to obtain one. If you have a non-UK Birth Certificate we will need an English translated version, if applicable.

NATIONAL INSURANCE NUMBER:

A recent payslip, N.I. card, DWP/benefit letter, p60, p45 or any other official document that shows a N.I number for **each person** on the application over 18 years of age.

PROOF OF RESIDENCE:

- **1. APPLICANT AND PARTNER** (if applicable) Please provide proof for the **last 5 years** at any address where you have lived. This can be a Bank Statement, Utility Bill or any other official document with a name, address and a date on it. We accept joint or individual documents.
- **2. ANY OTHER PERSON ON THE APPLICATION OVER 18 YEARS OF AGE** Please provide 1 current proof of address. A bank account, college/education, work or benefit letter etc.

PROOF OF BENEFITS:

Any Government benefits that you and your family receive such as Job Seekers Allowance, ESA, DLA, PIP, Housing Benefit, Child Tax Credits, Working Tax Credits, Universal Credit etc.

PROOF OF EMPLOYMENT FOR CITY CONNECTION:

If you are claiming a local connection to this authority by your place of work please provide:

- 1. LETTER FROM YOUR EMPLOYER Please enclose a letter that is dated within the last 2 months from your HR department or Manager. This must be on company headed paper confirming your start date, physical place of work and the number of hours worked each week.
- 2. WAGE SLIP A payslip dated within last 2 months.

PROOF OF PREGNANCY:

This must be official documentation from your GP or hospital that shows the Expected Delivery Date (EDD), such as a MATB1 form which is provided at your dating scan.

TENANCY AGREEMENT:

If you have signed a tenancy agreement, licence, a rent book or other agreement for the rent you are paying, please provide us with a copy.

H.M. ARMED FORCES DOCUMENTATION

a copy of military service records or current service information

PASSPORT SIZED PHOTOGRAPH OF EACH ADULT APPLICANT

Please write your names clearly on the back of each photograph

- Please note that your application will not be registered without the relevant proof documents.
- If you are adding a civil partner, husband or wife to your application please provide us with a copy of the registration certificate.
- If your documents are in a language other than English please provide an official English translation.
- Please DO NOT send original documents in the post.

Our office address is on the front and back pages of this application form

About you and your household

If you are applying with a partner, provided your partner is eligible we will treat it as a joint application, meaning that any tenancy granted will be joint. The main applicant should be the person with the local connection priority.

		Applicant		Partner	
Surname/	s				
Previous r (if any)	names				
First name	e/s				
Date of Bi	rth				
National I	nsurance No				
Contact d	etails – please	indicate preferred contact method	/s by	ticking the relevant box:	
Hama	Applicant		Pa	rtner	
Home					
Work					
Mobile					
E-mail					
Current a	ddress:				
		(if your partner does not live with	you, t	there is space below to tell us more abou	t this)
Date vou	moved in to t	his address:			
-		eding to leave:			
icason 10	wanting / nc	cums to leave.			
Are you	currently hous	ed in temporary accommodation p	rovide	ed by the City of London? Yes 🏻	No 🗆
		ed in temporary accommodation p			No 🗆
If yes, who					

If you live in Temporar how you obtained this or other organisation? approximate length of	accommodation. Fo Please provide the f	r example, v	was it a self-refe	erral, a local autl	nority referral, c	harity
Household details						
Please list details of evrehoused:	eryone else in your h	nousehold (other than your	<i>partner)</i> with w	hom you wish to	o be
Surname/s	First name /s	Title (Mr, Mrs, Ms etc.)	Date of Birth	Relationship daughter/son etc.	National Insu Number (for a over 16 years)	
Household members r	ames of people who				•	
be rehoused.	Please note that	this does not	mean that we will	necessarily accept t		
Surname/s	First name/s		Title (Mr, Mrs, Ms etc)	Date of Birth	Relationship to	o you
Please give the reason you at present and the	• •			• •	ey do not live w	 vith
, ,			, ,			
Is anyone you have nat If yes , who is pregnant				:	Yes 🗆	No 🗆

About your current home Please tick the appropriate box below to show your current housing situation: Council tenant Private rented Hostel / **Housing Association** Bed & Breakfast tenant Living with Home owner Refuge Temporary Accommodation family/friends Please specify: Other? Are you in tied/serviced accommodation? Yes \square No 🗆 Is your tied/serviced accommodation due to end? Yes □ No □ If **yes**, when?: If you or anyone else on your application is a council or Housing Association tenant, please tell us the name of the authority/association: Yes \square Have you or anyone else on your application ever exercised the Right To Buy? No 🗆 If yes, please provide details: (on any property that you or anyone else on this application has lived in) If you are renting your home, please give us your landlord's or agent's name, address and telephone number: Yes \square Do you have a signed agreement or any other agreement about the rent you pay? No □ If yes, what sort of agreement is this? e.g.: tenancy agreement, licence, rent book, verbal agreement etc: If you do not have an address to register from, please let us know where you usually sleep, how long you have been sleeping there and where you keep your belongings: We will usually write to you at your present address. If you do not want us to write to you there, please provide an address where we can write to you and the reasons why we cannot contact you at your registered address: (Please note that this does not mean that we will accept an alternative address):

Your presen	t acco	mmo	odation									
What kind o	f accor	nmo	dation a	re you livir	ng in?							
Bed & Break	akfast Bungalow				Flat				Hostel			
House			Studio	flat			Mais	onette		Othe	r? Please s	pecify:
How many b	edroo	ms a	re there	in your cui	rrent pro	pert	y in to	tal?		<u> </u>		
None	St	udio	flat	1		2		3		4		4 +
How many b	edroo	ms d	lo you ar	d the othe	r people	on t	his ap	plication	have for	your sole,	own use	?
None	St	udio	flat	1		2		3		4		4 +
Do you lack For example, it members (such	f you live h as pare	e in m ents)	nultiple occ and they a	cupation hou are <u>not</u> on thi	ising, you is applicat	live wi	ith frien rm.	ds or you	live with otl	ner tenants	Yes or other far	No □ nily
ii you unowe	irea ye	.s, p.	case tren	Willell Of C		••••		are	to your co		Do not h	
Living / Lour	nge roc	m										
Toilet (any to	ilet - in l	bathr	oom or se	parately)								
Bathroom /												
Kitchen and	or coc	king	facilities	5								
Bedroom												
Electricity/ (Gas sup	ply	(you share	the same bil	II)							
If you share with strange relationship	ers (i.e.	in a	hostel o	r room/ho	use shar	e) ple	ease w	rite othe	er tenants	in persor	n name an	
Name of the	•							ationshi		THE TACING	103 111111	
E.G. Bob Smi	-	-	m and Dad		tenants			. Friend	/ Paren	t / 3 othe	er tenants	
Who uses the Studio flat Living Room	ne bedi Age 1 Perso	st	ns in you Male / Female	r present a	accomm Male / Female	Age	ion? e 3 rd	Male / Female	Age 4 th person	Male / Female	Age 5 th person	Male / Female
Bedroom 1												
Bedroom 2										1		

Bedroom 3 Bedroom 4

Previous addresses

Please give details of any addresses where you and your partner (*if applicable*) have lived during the past five years. Start with the address you lived in before your current home and work back.

Main Applicant	Lived there from / to	Reason for leaving?	Landlord name & address?
Address 1:	-		
Address 2:			
Address 3:			
Address 4:			
Partner (if different)	Lived there from / to	Reason for leaving?	Landlord name & address?
Address 1:			
Address 2:			
Address 3:			
If you need more space, please continue on a	a senarate sheet		
Have you and everyone else on this a	•	us lived in the LIK?	Yes □ No □
If no , tell us who did not and when d	• •		163 L NO L
If you do not have on EU Decement do		outros (if our lischle) hove o	acces to muchlic founds?
If you do not have an EU Passport, do (This will be detailed on your immigration page)		icant: Yes \Box No \Box /	Partner: Yes No \
Previous social housing			
Have you or anyone else on this appl	ication ever bee	n a tenant of a council or Hou	
If yes : Who were the tenant/s and w	ho was the landl	ord, e.g.: name of council o	Yes □ No □ r Housing Association?
<u> </u>			

What was the address of the property? If more than one property, please detail each address:
Date the tenancy ceased and why?
Date the tenancy ceased and why:
Have you ever had action taken against you for breach of tenancy, such as a Notice of Seeking Possession,
Notice to Quit, Injunction or Anti-Social Behaviour Order? Yes No No
If yes, please give the date and details :
Are you currently or have you ever (or anyone else named on this application) received help from a council or local authority as a homeless applicant? Yes \square No \square
Please give us a brief description of when this happened, why and what was the outcome of this application:
Have you or anyone else named on this application received a deposit, rent in advance, bond scheme or
guarantee to access a private rented property from a landlord or letting agency? Yes \square No \square
If yes : Name of the person/s on this application who received the assistance:
What is the name of the organisation that provided the deposit (council or other)?
What was the total amount of funds received? :
Address of the property secured with the deposit and the date you moved in:
Reason for leaving the property (if not still in residence) and date you left:

Owner occupation						
Do you or anyone else on	Do you or anyone else on this application own the property in which you currently live? Yes \Box No \Box					
Do you or anyone else on	Do you or anyone else on this application own any other property in the UK or abroad? Yes \square No \square					
(Owning can be having a mort	gage/owning outright/financial int	erest/ inherited etc.)				
•	on this application had a mo broad which has been sold in		ty (solely or jointly) es □ No □			
Please provide details inc	luding the address/s and the	e name of the person/s on	the mortgage / deeds:			
'		' '				
Repairs						
Is your home in a state of	disrepair?		Yes □ No □			
•	more of these boxes to indicate	ate what problems you ha	ive in vour property:			
Damp / mould	Dangerous	Electrical / Faulty	Faulty facilities			
Damp / modia	Dangerous	wiring	radity racintles			
Heating/Gas Supply	Leaking roof / leaking other	Rotting woodwork	Pest infestation			
Structural problems	Water Supply	Other? Please specify:	<u> </u>			
Please provide a brief des		If you need more snace, nle	ase continue on a separate sheet.			
Trease provide a brief des		ij you need more space, pie	ase continue on a separate sheet.			
Does your landlord know	about these problems?		Yes □ No □			
Have you informed your	local council's environmenta	l health team about the p	roblem? Yes □ No □			
Have they been to assess	your property?		Yes □ No □			
		I have concerns about you	ır home, please contact your			
landlord in the first instar	ice.					
If you are seeking extra p	If you are seeking extra priority on your housing application due to disrepair, you will need to contact your					
	th team for an independent					
report and the action taken against the landlord to fix the issue before we can make an assessment.						
Washing and ampleyment						
Working and employment Please answer the following questions about your employment or any naid work. Please complete both						
Please answer the following questions about your employment or any paid work. Please complete both sections for the main applicant and your partner (if applicable).						
Main Applicant Partner						
Are you in paid employment? Yes \(\Delta \) No \(\Delta \) Are you in paid employment? Yes \(\Delta \) No \(\Delta \)						
If yes , please complete the foll	If yes , please complete the following questions for employed or self-employed work for you and your partner (if applicable)					
What is your total annual	income before tax?	What is your total annua	al income before tax?			
What is your job title?		What is your job title?				
How many hours are you	contracted to work each	How many hours are you	u contracted to work each			
week?		week?				

Name and address of your employer / registered business:	Name and address of you business:	ir employer / regist	ered
Where do you geographically carry out your work, if different to employer / business address?	Where do you geographic if different to employer /		work,
What was your start date for this employment?	What was your start date	for this employme	nt?
	cant: Yes □ No □ /	Partner: Yes □	No 🗆
Government Benefits	αf:+α?	Yes □	No □
Do you or your partner receive any Government ben		res 🗀	INO L
If yes , please confirm which benefits you receive and	•		
Allowed and Allower (AA)	Applicant	Partner	
Attendance Allowance (AA)			
Carer's Allowance Child Benefit			
Disability Living Allowance (DLA) or PIP			
Employment and Support Allowance (ESA)			
Housing Benefit			
Income Support			
Jobseeker's Allowance (JSA)			
Pension Credits			
Tax Credits - Working / Child etc			
Universal Credit			
Other? Please specify:			
Other income		1	
	drop over age of 19) claimi	ng honofits?	
Is there any other person on this application (e.g. chill If yes, please specify:	uren over age or 18/ claim	Yes 🗆	No □
Is there any other person on this application (e.g. chil	dren over age of 18) in paid		_
If yes , please specify:		Yes 🗆	No 🗆
Is there any other income or capital that has not been	n declared on this form?	Yes □	No □
If yes , please specify type of income (e.g. private pension		etc) and the monthly	value:
Tyes, preuse specify type of meome (e.g. private pension	, trust juna, snares, investments	etc) und the monthly	varue.
Do you, your partner or anyone else on this application of the specify the total value of savings for each		Yes 🗆	No 🗆
Do you, your partner or anyone else on this application	on have any debt?	Yes 🗆	No 🗆
If yes , please state the approximate total value of deb	<u> </u>		

	Drug and Alcohol و Yes	•
If yes , who on this application received the assessment?:		
Please provide the name, address and telephone number of the organisation	/s and the name o	of your
personal care co-ordinator / support worker:		
Do you or anyone else on this application need or already receive support for	any of the follow	ing reasons?
You can tick more than one box	Need	Receive
Mental health	11000	
Drugs/Alcohol		
Domestic violence		
HIV/AIDS		
Learning disabilities		
Physical disabilities or ill health		
Sensory disabilities		
Young person leaving care Refugee		
Other, please specify:		
Do you or anyone else on this application need or receive support from any c	of the following?:	
	Need	Receive
Community Psychiatric Nurse		
District Nurse / other home care / Health Visitor		
Key Worker / Support Worker		
Occupational Therapist		
Probation Service		
Resettlement or Tenancy Sustainment Officer		
Social Worker Other, please specify:		
Other, piease specify.		
Giving support	Yes	II No II
Giving support Do you or anyone else on this application provide support to someone else?	Yes	
Giving support	receives your supp	ort and the

Her Majesty's Regular Armed Forces Are you currently serving in H.M regular armed forces or have you served at any time during the 5 years prior to this application? Yes No If so please give details in the box at the bottom of this page or on a separate sheet. You will need to provide a copy of your service records. Medical circumstances Is your current accommodation directly affecting the health or mobility of you or anyone else on this					
application?					
us. The information you g	If yes, we will send you an 'Additional Assessment Form' which you will need to complete and return to us. The information you give on this form will help an independent medical advisor to assess your priority for housing based on your current accommodation.				
There is no need to contact your doctor when completing the form although you can send us any supporting documents from your GP, medical professional or hospital about the condition and treatment received. You will need to complete a separate medical form for each person in your household whose health is affected by your accommodation. If you require more than one form, please tell us how many you need.					
Accessibility Do you or anyone else on If yes, please give details:	this application have any	mobility or sensory requirer	ments? Yes \(\square\) No \(\square\)		
Does your current proper If yes , please give details:	ty have any adaptations t	to aid your disability?	Yes □ No □		
, ,,					
Please tick any of the follo	wing adaptations or facili	ities that you require in your	future accommodation?:		
Bathroom adaptations	Ground floor accommodation	Kitchen adaptations	Level access downstairs toilet		
Wet room / adapted shower	Wheelchair adaptations	Other? Please specify:			
Do you think that you would be able to stay in your current home if extra care and support were provided, for example a home help, community alarm, specialist equipment or any adaptations? Yes \(\text{\bar{\text{\tex{\tex					
Pets		_			
Cats or dogs are not permitted on any City of London estate or property except assistance pets. Please tell us if you have any assistance pets and how they assist you. (e.g.: guide dog etc.)					
, , , , , , , , , , , , , , , , , , , ,					
Is there anything else abo	ut your present accomm	odation or your circumstand	ces that you wish to add or ase continue on a separate sheet.		
THE THE SHOWN RHOW!		у уби песи тоге зрисе, ргес	Se commune on a separate sheet.		

Language Do you require an interpreter?	Yes □	No □
If yes , which language?		
Do you have a friend or representative who can translate on your behalf? If yes , what is their n you and their telephone number?	ame, relation	ship to
Faualities		

The City of London has policies to ensure that everyone who applies for housing is provided with a service that is relevant to their needs. To provide a housing service that is accessible to all applicants, the service must be monitored to ensure it is provided fairly. By giving the following information, you will help us to make sure that these policies are working properly. It is important that you complete this section but we realise that some people may be unwilling to do so, therefore this information is optional. All lettings to council accommodation and nominations to Housing Associations from the housing register will be made according to housing need, regardless of ethnic origin, marital status, race, gender or sexuality.

Ethnicity		Applicant	Partner	Religion	Applicant	Partner
White	British			None		
	Irish			Christian		
	European EU			Buddhist		
	European other			Hindu		
Other White background	d, please specify:			Jewish		
Black	Black British			Muslim		
	Caribbean			Sikh		
	African			Other, please	specify:	
Other Black background	, please specify:					
Mixed	White & Black British			Sexuality		
	White and Black Caribbean			Heterosexual		
	White and Black African			Gay		
	White and Asian			Lesbian		
Other mixed backgroun	d, please specify:			Bisexual		
Asian	Asian British			Other, please	state:	
	Indian					
	Pakistani					
	Bangladeshi			Disability		
	Chinese			Do you consid	er yourself disa	abled?
	Japanese			YES 🗆		NO 🗆
	West Asian / Middle Eastern			If YES, please s	specify:	
	South East Asian					
Other Asian background	l, please specify:					
Americas	South American					
	Central American			_		
Other ethnic group, ple	ase specify:					
				1		

This authority is under a duty to protect the public funds it administers, and to this end may use the information you have provided on this form for the prevention and detection of fraud. It may also share this information with other bodies responsible for auditing or administering public funds for these purposes. For further information, search NFI at www.cityoflondon.gov.uk.

The City of London fully endorses and adheres to the Principles of Data Protection as enumerated in the General Data Protection Regulation (GDPR) and the Data Protection Act 2018 (DPA 2018). For further details about how and why we process your personal data, please see our full privacy notice at www.cityoflondon.gov.uk/privacy. Further information about data protection at the City of London Corporation is also available online at: www.cityoflondon.gov.uk/dataprotection.

Declaration

Please read the declaration below and then sign at the bottom.

If you do not sign and date this form we will return it to you and this will delay your application.

- The details I have given on this form are correct & complete. I will inform City of London Housing Needs Team if there are any changes to my household, medical condition, or housing situation and I understand that any changes may affect my entitlement to housing. If my circumstances have changed and I am offered a property, the offer may be withdrawn if my household or circumstances do not match the information on this Housing Application.
- I agree that you may undertake checks with other departments within the City of London and other public and private sector organisations to assess my application.
- I agree that the City of London can contact all the organisations where I have held previous council or Housing Association tenancies as part of the assessment of my application for social housing.
- I agree that any relevant information may be given to these organisations to help them consider my case.
- I also agree that my file will be passed to these organisations if I am to be rehoused by them. I also understand that references may be obtained from private sector landlords.
- I agree that my information can be shared with other people or organisations involved in my care or caring role. I agree that any agency I have listed in the section relating to 'Receiving and giving support' may be contacted.
- I understand that my application may be cancelled if I give false or misleading information, if I withhold information or fail to tell you if my circumstances change.
- If I am granted a tenancy as a result of my giving false or misleading information, or because of information I have withheld, I understand that my tenancy may be terminated, I may have to pay a fine and I could face prosecution action. I also agree that the details given on this form can be used in the decision about any homeless application I may make under Part VII of the 1996 Housing Act.
- I understand that it is an offence to knowingly make a false statement or withhold information.

Applicant's signature:	Date:
Partner's signature:	Date:
If this form has been completed by anyone other than the the applicant was not able to:	main applicant, please tell us who completed it and why

Thank you for completing this form. Once you have read and signed the declaration, please return the form along with the necessary proof documents to:

Housing Needs Team, City of London, Barbican Estate Office, Lauderdale Place, London, EC2Y 8EN

Telephone: 0207 332 1237 / 3452 / 3141 Email: hadvice@cityoflondon.gov.uk