



188A Brockley Road
London SE4 2RL
Tel: 020-8692 5258
Fax: 020-8894 1840
e-mail: housing@chisel.org.uk

This application form is for CHISEL shared housing only.

PLEASE FILL IN THIS FORM IN BLUE OR BLACK INK. IF YOU HAVE ANY DIFFICULTIES FILLING IN THIS FORM, PLEASE RING THE CHISEL OFFICE ON 020-8692 5258. WHEN YOU HAVE COMPLETED THIS FORM, PLEASE RETURN IT TO, CHISEL, 188A BROCKLEY ROAD, LONDON SE4 2RL.

PERSONAL DETAILS

Name Mr/Ms.....

Address.....

.....Postcode.....

Telephone.....(home).....(work).....(mobile)

Date of birth.....National Insurance No.....

Next of kin name and address.....

.....

Next of kin relationship to you.....

YOUR PRESENT ACCOMMODATION

Is your present accommodation (please tick)

- A council tenancy?
- A housing association tenancy?
- A housing co-operative tenancy?
- A licence?
- Staying with family or friends?
- Bed and breakfast?
- Hostel?
- Private landlord?
- Owner occupier?

Other? (please give details)

.....

Do you live in (please tick)

- A house?
- A flat? Which floor?
- A maisonette? Which floor?
- A bed-sit? Which floor?
- Other (e.g. hostel, B&B) Which floor?

How many rooms do you currently have for your own use?

- Living room(s)
- Bedroom(s)
- Kitchen
- Bathroom
- Separate toilet

Do you share any of the above with anyone who is not a member of your household?

Yes No

If yes, please give details.....

Please describe the state of repair of your current accommodation.....

.....

.....

.....

How long have you lived at your current address?.....

If less than two years, please state where you have lived before in the previous three years?

.....
.....

If you rent your accommodation, please give your landlords name and address

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.....
.....

How much rent do you pay? £..... per week/month

(If we offer you accommodation, we will contact your landlord to confirm details)

HOUSING NEED

Please tell us why you want/need to be re-housed and to give any other information you think is important, and any factors that you feel may affect your application.

.....
.....
.....
.....
.....
.....

Do you have any disabilities or medical reasons why you need rehousing?

Yes No

If yes, please give details

.....

(If you have included any details of disabilities or other medical grounds, it will help your application if you supply proof ie. a letter from your doctor).

Do you have a social worker? Yes No

If yes, please give your social workers name, address and telephone number.

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.....
.....

Do you have a problem of social, racial, sexual or other serious harassment in your current accommodation? Yes No

If yes, please give details

.....
.....

(If possible, please provide evidence of harassment, eg. Police, medical or social services referrals).

Do you smoke? Yes No

Do you have pets? Yes No

If yes, please give details.....

Are you registered on the waiting list with the Council? Yes No

If yes, please state which one

What is your waiting list number?

Are you on the waiting list of any other housing association or co-op
Yes No

If yes, please state which one

Were you recommended to us by the council or any other organisation?
Yes No

If yes, which one?

If no, how did you hear about CHISEL?.....

This application is for a single person for a room in a shared house. We have shared houses in Bromley (Beckenham/Penge) and Brighton. Are there any of these areas that you definitely **would not** be interested in?

.....

INCOME AND EMPLOYMENT

What is your source of income? Please tick

- Employment
- Income support
- Job seekers allowance
- Invalidity/Disability benefit
- Student Grant/Loan

Other – please specify

.....

Occupation.....

Employers name and address.....

.....

What is your weekly income £.....

IMPORTANT INFORMATION

Before an interview or offer or accommodation is made, you will be required to produce three forms of identification. Acceptable forms of ID are;

- Birth Certificate
- National Insurance Card
- Medical Card
- Passport
- Benefit books
- Bank account details
- Driving licence
- Student ID card

Existing tenants of shared housing are invited to participate in the selection process of new tenants in their house.

DECLARATION

I understand that CHISEL believes that everyone, irrespective of age, sex, race, marital status, sexual orientation or religion have equality with all other members of society and as a tenant of CHISEL I will be expected to respect this equality.

I also declare that the information given on this form is true to the best of my knowledge and I understand that giving false or inaccurate information will disqualify my application.

Signed.....

Dated.....

EQUAL OPPORTUNITIES

CHISEL is committed to equal access to housing for everyone, irrespective of age, sex, race, marital status, sexual orientation or religion.

To help us assess whether our policy is effectively carried out, we ask you to help by completing this page. However, your application will not be affected if you do not do so.

Ethnic origin (please tick)

White

- | | |
|---------|--------------------------|
| British | <input type="checkbox"/> |
| Irish | <input type="checkbox"/> |
| Other | <input type="checkbox"/> |

Mixed

- | | |
|-------------------------|--------------------------|
| White & Black Caribbean | <input type="checkbox"/> |
| White & Black African | <input type="checkbox"/> |
| White & Asian | <input type="checkbox"/> |
| Other | <input type="checkbox"/> |

Asian or Asian British

- | | |
|-------------|--------------------------|
| Indian | <input type="checkbox"/> |
| Pakistani | <input type="checkbox"/> |
| Bangladeshi | <input type="checkbox"/> |
| Other | <input type="checkbox"/> |

Black or Black British

- | | |
|-----------|--------------------------|
| Caribbean | <input type="checkbox"/> |
| African | <input type="checkbox"/> |
| Other | <input type="checkbox"/> |

Chinese or other ethnic group

- | | |
|---------|--------------------------|
| Chinese | <input type="checkbox"/> |
| Other | <input type="checkbox"/> |

- | | |
|----------------|--------------------------|
| <u>Refused</u> | <input type="checkbox"/> |
|----------------|--------------------------|