

**Housing Application**

Please complete the application form as fully as possible to allow us to consider your application correctly. If the second applicant lives at a different address, please ask for an extra application form and return them together.

Please let us know if you require this form in a different format.

Equal Opportunities Statement: RNIB will not discriminate on age, disability, gender reassignment, marriage, civil partnership, pregnancy & maternity, race, religion or belief, sex, and sexual orientation, in line with the 2010 Equalities Act.

1. **First Applicant’s Details**

Title (Miss/Mr/Mrs/Ms) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Surname \_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

First Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Post Code\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Tel No \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of birth \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

National Insurance no.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Second Applicant’s Details**

Title (Miss/Mr/Mrs/Ms) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Surname \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

First Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Post Code\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of birth \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

National Insurance no.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Relationship between 1st & 2nd applicant\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please complete the following details for the FIRST applicant only. Give all details for your current accommodation only. If your circumstances are about to change, advise us of this when it happens

What date did you move to this address? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Are you a tenant, a lodger, living with parents or a homeowner?

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

Do you own any property that you do not live in? Please provide details.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If a tenant, please tell us the full name and address of your landlord. If a lodger, please tell us who the householder is and their relationship to yourself.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Why do you want to move? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**2)** Please now tell us your living circumstances in the last five years before you moved to your current address.

**Address of where you lived**

|  |  |  |  |
| --- | --- | --- | --- |
| **Address of where you lived** | **Name and address of landlord or owner of the property** | **From** | **To** |
|  |  |  |  |
|  |  |  |  |

**3)** Are you registered blind or partially sighted\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

What is your eye condition \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Do you have a guide dog \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

What is your preferred format for communication?

Large print: 18pt 20pt 22pt 24pt 26pt

I prefer information on audio CD.

I prefer all information by email.

I prefer all information in Braille.

**4)** Other Relevant Information: Please state if you have any other needs in relation to your current home or the type of property you require. If you have a longstanding and serious medical condition, which is being made worse by your housing situation, please give details. If you are homeless, record that here. You will then be asked to call for an interview to provide further information.

|  |
| --- |
|  |

**5)** Are you related to a staff member at RNIB\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**6)** Are you or anyone in this application required to register with the Police under the Sex Offenders Act 1997? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**7)** Your Views on Our Service

We value your opinion, so occasionally, we may ask for your views on the service we provide to you. Is this ok? **Yes No**

Would you be interested in becoming a tenant’s representative? **Yes No**

**8) Please provide your next of kin details**:

|  |
| --- |
|  |

**9)** Declaration

* I certify that the information contained in this application form is true to the best of my knowledge. I agree to notify you in writing of any change to the information given by me, as this may affect my position on the waiting list. **Yes**
* I understand that any false or misleading information given or relevant information withheld now or at any time may result in any tenancy granted being terminated or my application being suspended. **Yes**
* I understand that RNIB may make enquiries regarding any current or former tenancies I have held. I agree that RNIB may make enquiries regarding my tenancy-related support needs. **Yes**
* I understand that my information, including my name and address, can be used for statistical purposes by RNIB and other local housing providers. **Yes**
* I understand that the information I have provided will be treated as confidential. **Yes**
* RNIB will not discuss this information with any third party unless I have given written permission to do so **Yes**

**Signature (First Applicant**) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Date** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Signature (Second Applicant)** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Date** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Equal Opportunities Questionnaire**

RNIB aims to ensure a commitment to equal opportunities.Thank you for your co-operation.

All applicants are asked to complete this form which will be used only for the purposes of equal opportunities monitoring. Your housing application will not be affected if you do not complete this part.

**1**. Are you: **Male Female**

**2**. Do you consider yourself to have a disability. By this, we mean a condition which has a long-term and substantial effect on your ability to carry out normal day-to-day activities?

**Yes No**

**If yes, it is: (please circle any that apply)**

Physical Mental

Ill-Health

Learning Disability

Visual Impairment

Hearing Impairment

Other **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**3. How would you describe the ethnic origin of your household?**

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

Thank you for your co-operation.