

Waiting list application

All sections must be completed. Your application will not be processed if any section is incomplete.

Personal details

You

☐ Mr ☐ Mrs ☐ Ms ☐ Miss

Other (please state)

Surname

First name

Middle name

☐ Male ☐ Female

Date of birth

Marital status

☐ Cohabiting ☐ Civil partnership

☐ Divorced ☐ Married

☐ Separated ☐ Single

☐ Widowed

National Insurance no

Ethnicity

White:

☐ English, Welsh, Scottish, Northern Irish / British

☐ Irish

☐ Gypsy or Irish traveller

☐ Any other white background

Please state

Mixed / multiple ethnic groups:

☐ White & Black Caribbean

☐ White & Black African

☐ White & Asian

☐ Any other mixed / multiple ethnic group

Please state

Joint applicant

☐ Mr ☐ Mrs ☐ Ms ☐ Miss

Other (please state)

Surname

First name

Middle name

☐ Male ☐ Female

Date of birth

Marital status

☐ Cohabiting ☐ Civil partnership

☐ Divorced ☐ Married

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☐ Widowed

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Please state

Mixed / multiple ethnic groups:

☐ White & Black Caribbean

☐ White & Black African

☐ White & Asian

☐ Any other mixed / multiple ethnic group

Please state

DATA PROTECTION ACT 1998

This information will be used to enable Sanctuary Housing to deal with your application. We may also share your information, from time to time, with other organisations for that purpose. The information will be kept securely, and will be kept no longer than necessary. For further details, our Data Protection Policy is available on our website at www.sanctuary-group.co.uk or by phoning 0800 131 3348/0300 123 3511.

This leaflet can be translated into other languages, large print and Braille or recorded on to an audio CD. Please contact your local office for details.

Sanctuary Housing,
Hindle House, Trinity Way, Adderbury, Banbury, OX17 3DZ
T:0800 131 3348 (landline) or 0300 123 3511 (mobile)
E: contactus@sanctuary-housing.co.uk

You	Joint applicant
Asian / Asian British <div><input type="checkbox"/> Pakistani</div> <div><input type="checkbox"/> Indian</div> <div><input type="checkbox"/> Bangladeshi</div> <div><input type="checkbox"/> Chinese</div> <div><input type="checkbox"/> Any other Asian background</div> <div>Please state <input type="text"/></div>	Asian / Asian British <div><input type="checkbox"/> Pakistani</div> <div><input type="checkbox"/> Indian</div> <div><input type="checkbox"/> Bangladeshi</div> <div><input type="checkbox"/> Chinese</div> <div><input type="checkbox"/> Any other Asian background</div> <div>Please state <input type="text"/></div>
Black / African / Caribbean / Black British <div><input type="checkbox"/> African</div> <div><input type="checkbox"/> Caribbean</div> <div><input type="checkbox"/> Any other Black / African / Caribbean</div> <div><input type="checkbox"/> Black British background</div> <div>Please state <input type="text"/></div>	Black / African / Caribbean / Black British <div><input type="checkbox"/> African</div> <div><input type="checkbox"/> Caribbean</div> <div><input type="checkbox"/> Any other Black / African / Caribbean</div> <div><input type="checkbox"/> Black British background</div> <div>Please state <input type="text"/></div>
Other ethnic group <div><input type="checkbox"/> Arab <input type="checkbox"/> Any other ethnic group</div> <div>Please state <input type="text"/></div>	Other ethnic group <div><input type="checkbox"/> Arab <input type="checkbox"/> Any other ethnic group</div> <div>Please state <input type="text"/></div>
Sexuality <div><input type="checkbox"/> Gay man <input type="checkbox"/> Gay woman/lesbian</div> <div><input type="checkbox"/> Heterosexual/straight <input type="checkbox"/> Bisexual</div>	Sexuality <div><input type="checkbox"/> Gay man <input type="checkbox"/> Gay woman/lesbian</div> <div><input type="checkbox"/> Heterosexual/straight <input type="checkbox"/> Bisexual</div>
Religion <div><input type="checkbox"/> Buddhist <input type="checkbox"/> Christian</div> <div><input type="checkbox"/> Hindu <input type="checkbox"/> Jewish</div> <div><input type="checkbox"/> Muslim <input type="checkbox"/> No religion</div> <div><input type="checkbox"/> Sikh <input type="checkbox"/> Other</div> <div>If other, please state <input type="text"/></div>	Religion <div><input type="checkbox"/> Buddhist <input type="checkbox"/> Christian</div> <div><input type="checkbox"/> Hindu <input type="checkbox"/> Jewish</div> <div><input type="checkbox"/> Muslim <input type="checkbox"/> No religion</div> <div><input type="checkbox"/> Sikh <input type="checkbox"/> Other</div> <div>If other, please state <input type="text"/></div>
Current address <input type="text"/> <input type="text"/> <input type="text"/> Postcode <input type="text"/>	Current address <input type="text"/> <input type="text"/> <input type="text"/> Postcode <input type="text"/>
Date moved in to current address <input type="text"/> Telephone number <input type="text"/> Mobile number <input type="text"/> Email address <input type="text"/>	Date moved in to current address <input type="text"/> Telephone number <input type="text"/> Mobile number <input type="text"/> Email address <input type="text"/>

Carers, advocates, support workers, friends and family members

Do you or any member of your household have a social worker, key worker or support worker? ☐ Yes ☐ No

If yes, please provide details

If you would like someone to deal with your application on your behalf, please give their details below

Name

Address

Postcode Telephone number

Relationship to you

Their email address

Declaration and use of my personal data

- In signing this form I agree to the following:
- I will notify Sanctuary Housing of any changes to the details provided on this form
 - I understand that in the event of my details being found to be untrue or inaccurate or if I have neglected to notify Sanctuary Housing about any changes in my circumstances, my application will be cancelled or I may lose any tenancy offered to me. If the tenancy has commenced, Sanctuary Housing reserves the right to take action to terminate this tenancy
 - I understand that my details will be held electronically. I give permission for information regarding my application to be shared with and verified by credit reference agencies, statutory and voluntary bodies, including the police, in order to check the details of this application and to provide assistance with rehousing and sustaining any tenancy that may be offered to me. If my application is successful, I also give permission for my information to be shared with contractors who assist with the services Sanctuary Housing provides and with private organisations, such as utility companies, so they can provide services and contact me in respect of utility charges
 - I consent to references being obtained from my previous landlords during the last three years
 - I consent to Sanctuary contacting the health professionals listed above to obtain information relating to any medical condition or disability in support of rehousing
 - I consent to credit checks being carried out in order to establish my financial status
 - I understand that the completion of this form does not mean I will be offered accommodation
 - I understand that the details of this application will be used for confidential statistical purposes.

Signed: (Applicant)	Print name:	Date:
<input type="text"/>	<input type="text"/>	<input type="text"/>
Signed: (Joint applicant)	Print name:	Date:
<input type="text"/>	<input type="text"/>	<input type="text"/>

Do you need a lift? ☐ Yes ☐ No

If yes, please provide details

Maximum floor level you would accept without a lift? Please state

Do you require a property with adaptations? ☐ Yes ☐ No

If yes, please provide details

Do you want to be considered for (please tick all that apply)

☐ General need housing (all housing except older persons housing) ☐ Older persons housing

In which areas would you like to be considered for housing?

1.

2.

3.

4.

Medical/disability details

If you or any member of your household want to move due to medical reasons or due to a disability, please complete the boxes below. We may also ask you for more information or supporting evidence from a health care professional.

Name of person affected by the condition	Details of medical condition or disability	How does your current home affect the medical condition or disability?	How will rehousing improve the medical condition or disability?	Name and address of doctor or health specialist (we may contact these for further details)

You	Joint applicant
Do you consider yourself to have a disability? <input type="checkbox"/> Yes <input type="checkbox"/> No	Do you consider yourself to have a disability? <input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have any specific communication requirements, for example braille, large print? <input type="checkbox"/> Yes <input type="checkbox"/> No	Do you have any specific communication requirements, for example braille, large print? <input type="checkbox"/> Yes <input type="checkbox"/> No
Please state <div></div>	Please state <div></div>

Who is being housed with you (other than any joint applicant named above)?

Name	Date of birth	Gender	Relationship

Pregnancy

Are you or any member of your household who is moving with you pregnant? ☐ Yes ☐ No

If yes, please provide expected due date

Current circumstances

Present home ☐ Council/housing association rented accommodation ☐ Owner occupier/shared owner

☐ Temporary accommodation ☐ No fixed abode ☐ Private landlord ☐ Lodger

☐ Living with family or friends ☐ Other (please give details)

If living with a current Sanctuary resident, please state your relationship and date you moved in

Do you live in a bedsit/studio? ☐ Yes ☐ No

Number of bedrooms available for use only by people included on this application

If you rent your current home, please give details about your landlord

Name

Address

Postcode Telephone number

Have you been asked to leave your current home? Please tick any boxes which apply to you

☐ You have been served with a Notice of Seeking Possession or Notice to Quit by your landlord

☐ Your home is being repossessed

Please list all of your previous addresses and landlords’ addresses over the past three years and your reason for leaving each address. You should also include any tenancies you have held with Sanctuary.

Property address	Name and address of landlord	Dates you lived there from	Dates you lived there to	Reasons for leaving

Has anyone listed on this application ever had any court proceedings against any tenancy they have held?

☐Yes ☐ No

If yes, please provide details

Do you or any member of your household have any unspent convictions? Yes ☐ No ☐

If yes, please provide details

If you have a probation officer, please provide their name and contact details

Name

Contact details

If you are currently in prison, when will you be released?

Are either you or the joint applicant currently employed? ☐ Yes ☐ No

Do you have any pets/animals that you wish to be housed with you? ☐ Yes ☐ No

If yes, please provide details

Is your current accommodation inappropriate for any of the following reasons?

☐ Relationship breakdown ☐ Households living apart ☐ Living in adapted property that is no longer required

Property in very poor condition(please provide details)

Other – please state

Are you moving from supported housing? ☐ Yes ☐ No

If yes, please provide details

Why you want to move

In the space below, please give the reasons why you want to move. This is an important part of the application and will help us in banding your application. Please use the Guide to Applying for Housing leaflet to help you complete this section.

Conflict of interest

Sanctuary Housing and all its subsidiaries have a policy which prevents us granting benefits to its employees, committee members or their close relatives. Please answer the questions below to help us comply with these provisions and assess your application properly.

Do you work or have you worked for Sanctuary within the last 12 months? ☐ Yes ☐ No

If yes, please provide details

Are you, or your joint applicant, related to anyone who works for Sanctuary now or has done within the last 12 months? ☐ Yes ☐ No

If yes, please provide details

Are you, or your joint applicant, related to anyone who is a member of Sanctuary’s board committees or forums?

☐ Yes ☐ No

If yes, please provide details

Housing requirements

Do you need an extra bedroom on one of the following grounds? (you will need to provide proof for this)

☐ Medical grounds ☐ Carer grounds

Do you need a property which is all on one level (i.e no stairs)? ☐ Yes ☐ No

If yes, please provide details