



# Your Choice Your Home

## APPLICATION FORM

Use this form to apply to join the North Norfolk Your Choice Your Home Housing Register. The Housing Register is held and managed by North Norfolk District Council.

Please answer all questions on this form fully, in block capitals. If a question does not apply please state none or not applicable (n/a). Incomplete forms will be returned and will not be assessed until completed. If you prefer you can complete this application form online at [www.yourchoiceyourhome.org.uk](http://www.yourchoiceyourhome.org.uk). If you choose to complete the form online it will be quicker for you and may reduce the amount of time taken to assess your application. We may contact you to discuss your application and ask for more information or to request evidence to support your application.

It is a criminal offence to give false or misleading information or withhold information relevant to

your housing application. Before you complete the form please read the declaration at section 16. If you have any concerns about the declaration please contact us. When you have completed the form sign and date the declaration and return the form to:

**North Norfolk District Council, Council Offices,  
Holt Road, Cromer, Norfolk, NR27 9EN.**

If you need assistance in completing this form or if English is not your first language and you would like this form to be translated please contact us on **01263 516375** between 8.30am and 5pm Monday to Thursday and 8.30am and 4.30pm on Friday.



### Section 1: Details of the main applicant and any joint applicant

#### Main Applicant

Title: (please tick)  Mr  Mrs  Ms  Miss

Other (please state):

Are you: (please tick)  Male  Female

Full Name:

Date of Birth: \_\_\_/\_\_\_/\_\_\_\_\_

NI number:

#### Joint Applicant

Title: (please tick)  Mr  Mrs  Ms  Miss

Other (please state):

Are you: (please tick)  Male  Female

Full Name:

Date of Birth: \_\_\_/\_\_\_/\_\_\_\_\_

NI number:

If the contact details for the joint applicant are the same as those for the main applicant, please only complete the questions for the main applicant.

### Main Applicant Contact Details

Address:

Telephone number (inc code):

Mobile number:

Email address:

**What is your preferred method of contact?**  
(please tick box below)

telephone  text  email  post

**Please give your care of address if correspondence should not be sent to your home address:**

Address:

Postcode:

**Please say why you need to have correspondence sent to a care of address:**

### Joint Applicant Contact Details

Address:

Telephone number (inc code):

Mobile number:

Email address:

**What is your preferred method of contact?**  
(please tick box below)

telephone  text  email  post

**Please give your care of address if correspondence should not be sent to your home address:**

Address:

Postcode:

**Please say why you need to have correspondence sent to a care of address:**

## Section 2: Details of your household

Please give details of everyone who needs to be rehoused with you.

Surname:  Forenames:

Date of Birth: \_\_\_/\_\_\_/\_\_\_\_ Relationship to main applicant:

Are they: (please tick)  Male  Female Do they live with you now? (please tick)  yes  no

Surname:  Forenames:

Date of Birth: \_\_\_/\_\_\_/\_\_\_\_ Relationship to main applicant:

Are they: (please tick)  Male  Female Do they live with you now? (please tick)  yes  no

Surname:  Forenames:

Date of Birth: \_\_\_/\_\_\_/\_\_\_\_ Relationship to main applicant:

Are they: (please tick)  Male  Female Do they live with you now? (please tick)  yes  no

Surname:	Forenames:
Date of Birth: ___/___/_____	Relationship to main applicant:
Are they: (please tick) <input type="checkbox"/> Male <input type="checkbox"/> Female	Do they live with you now? (please tick) <input type="checkbox"/> yes <input type="checkbox"/> no
Provide details of any additional household members at Section 12.	

**Do you have a child or children who do not live with you but who occasionally stay with you?** (please tick)

yes  no

**If yes, please give the following information for each child:**

Full Name:	
Sex: (please tick) <input type="checkbox"/> Male <input type="checkbox"/> Female	Date of Birth: ___/___/_____
Please give details of the access arrangements:	

Full Name:	
Sex: (please tick) <input type="checkbox"/> Male <input type="checkbox"/> Female	Date of Birth: ___/___/_____
Please give details of the access arrangements if different from above:	

Full Name:	
Sex: (please tick) <input type="checkbox"/> Male <input type="checkbox"/> Female	Date of Birth: ___/___/_____
Please give details of the access arrangements if different from above:	

**Is anyone who needs to be rehoused pregnant?** (please tick)

yes  no

If yes, please state who is pregnant:

When is the baby due?

**If you or the joint applicant do not currently or have not previously lived in North Norfolk, please give details of any family member who lives in North Norfolk:**

Name:	Relationship:
When did they move to North Norfolk? ___/___/_____	
Address:	
Postcode:	

Please provide details of any other family members who live in North Norfolk at Section 12.

## Section 3: Details of your Home

If the main applicant and joint applicant live apart please complete this section for both the main applicant and the joint applicant. If the main applicant and joint applicant live together, please only complete the questions for the main applicant.

### Main Applicant

Please give the following details about your current home.

When did you move to your current address?

\_\_\_ / \_\_\_ / \_\_\_\_\_

Which of the following best describes your housing situation? (please tick)

- own your own home
- rented from Local Authority/ Housing Association
- private rented
- nursing/care home/hospital
- no fixed address
- a lodger (including sharing with family or friends)
- renting a home that comes with your job
- other, please state:

If the home is rented please give the following information of your landlord:

Name:

Address:

Contact number:

Have you got any outstanding debt on your current home (i.e. mortgage, mortgage arrears, secured loan, rent arrears)? (please tick)

- yes  no

### Joint Applicant

Please give the following details about your current home.

When did you move to your current address?

\_\_\_ / \_\_\_ / \_\_\_\_\_

Which of the following best describes your housing situation? (please tick)

- own your own home
- rented from Local Authority/ Housing Association
- private rented
- nursing/care home/hospital
- no fixed address
- a lodger (including sharing with family or friends)
- renting a home that comes with your job
- other, please state:

If the home is rented please give the following information of your landlord:

Name:

Address:

Contact number:

Have you got any outstanding debt on your current home (i.e. mortgage, mortgage arrears, secured loan, rent arrears)? (please tick)

- yes  no

## Main Applicant

Which of the following best describes the type of home you live in? (please tick)

- house
- bungalow
- ground floor flat
- first floor and above flat
- maisonette
- mobile home
- caravan
- other, please state:

How many bedrooms does the home have?

How many reception rooms does the home have?

Do you have an inside WC?  yes  no

Are there any problems with your current home? For example, is it damp or are there some rooms which have no heating? (please tick)

yes  no

If yes, we will contact you to discuss the problems you have.

If you are a lodger or share with friends or family, please advise what facilities you share:

kitchen  bathroom  
 shower  bath  WC

How many bedrooms do you or your family have use of? (please insert the number of bedrooms of each size your family has use of)

single  double

## Joint Applicant

Which of the following best describes the type of home you live in? (please tick)

- house
- bungalow
- ground floor flat
- first floor and above flat
- maisonette
- mobile home
- caravan
- other, please state:

How many bedrooms does the home have?

How many reception rooms does the home have?

Do you have an inside WC?  yes  no

Are there any problems with your current home? For example, is it damp or are there some rooms which have no heating? (please tick)

yes  no

If yes, we will contact you to discuss the problems you have.

If you are a lodger or share with friends or family, please advise what facilities you share:

kitchen  bathroom  
 shower  bath  WC

How many bedrooms do you or your family have use of? (please insert the number of bedrooms of each size your family has use of)

single  double

If you or anyone in your household own, part own or lease a property in the United Kingdom or abroad please give the following information – even if you do not currently live there:

Full address of property:

When was the property bought?

What is the value of the property? £ \_\_\_\_\_

What is the outstanding mortgage amount? £ \_\_\_\_\_

What is the value of any secured loans on the property?  
(only include loans that are registered as a charge on the property)

Why do you not live there?

Provide details of any other properties at Section 12.

If you or anyone in your household have a tenancy of a property in the United Kingdom or abroad that you do not live in please give the following information:

Full address of the property :

Why do you not live there?

Provide details of any other properties at Section 12.

## Section 4: Housing History

If the main applicant and joint applicant live apart please complete this section for both the main applicant and the joint applicant. If the main applicant and joint applicant live together, please only complete the questions for the main applicant.

### Main Applicant

Please give details of your previous addresses for the last 5 years:

Address:

Post Code:

From \_\_\_\_/\_\_\_\_/\_\_\_\_

To \_\_\_\_/\_\_\_\_/\_\_\_\_

### Joint Applicant

Please give details of your previous addresses for the last 5 years:

Address:

Post Code:

From \_\_\_\_/\_\_\_\_/\_\_\_\_

To \_\_\_\_/\_\_\_\_/\_\_\_\_

**Why did you leave?**

**Was the property:** (please tick)

owned     rented

other: (please detail)

**If rented please give the name of your landlord:**

**Address:**

**Post Code:**

From \_\_\_/\_\_\_/\_\_\_\_\_

To \_\_\_/\_\_\_/\_\_\_\_\_

**Why did you leave?**

**Was the property:** (please tick)

owned     rented

other: (please detail)

**If rented please give the name of your landlord:**

**Address:**

**Post Code:**

From \_\_\_/\_\_\_/\_\_\_\_\_

To \_\_\_/\_\_\_/\_\_\_\_\_

**Why did you leave?**

**Was the property:** (please tick)

owned     rented

other: (please detail)

**If rented please give the name of your landlord:**

**If you need to provide details of other addresses please continue at Section 12**

**Why did you leave?**

**Was the property:** (please tick)

owned     rented

other: (please detail)

**If rented please give the name of your landlord:**

**Address:**

**Post Code:**

From \_\_\_/\_\_\_/\_\_\_\_\_

To \_\_\_/\_\_\_/\_\_\_\_\_

**Why did you leave?**

**Was the property:** (please tick)

owned     rented

other: (please detail)

**If rented please give the name of your landlord:**

**Address:**

**Post Code:**

From \_\_\_/\_\_\_/\_\_\_\_\_

To \_\_\_/\_\_\_/\_\_\_\_\_

**Why did you leave?**

**Was the property:** (please tick)

owned     rented

other: (please detail)

**If rented please give the name of your landlord:**

**If you need to provide details of other addresses please continue at Section 12**

### Main Applicant

If you have previously been a tenant within the last 5 years and have outstanding rent arrears on the property please give the following details:

Address of property:

Amount of outstanding arrears: £ \_\_\_\_\_

Have you been evicted from or left a rented property without giving notice in the last five years?

yes  no

If yes, please give the following details:

Address of property:

If you answer yes to the above 2 questions your application will still be considered.

### Joint Applicant

If you have previously been a tenant within the last 5 years and have outstanding rent arrears on the property please give the following details:

Address of property:

Amount of outstanding arrears: £ \_\_\_\_\_

Have you been evicted from or left a rented property without giving notice in the last five years?

yes  no

If yes, please give the following details:

Address of property:

If you answer yes to the above 2 questions your application will still be considered.

## Section 5: Local Lettings

Throughout North Norfolk we provide both rented and Newbuild HomeBuy homes for households who have a local connection to the parish in which the scheme is located and the physically adjoining parishes. A local connection is living in, previously living in, having a family member who lives in or previously lived in or working in the parish.

Complete the following questions if you or your partner have a local connection to a parish. Complete all the sections that apply for all your connections and continue on a separate sheet if necessary. Complete all the sections that apply for all your connections and continue at Section 12 if necessary.

### Main Applicant

#### Residence

Please provide details of how long you have lived in the parish. Please also include details of all times you have previously lived in the parish

Address:

Post Code:

From \_\_\_/\_\_\_/\_\_\_\_\_

To \_\_\_/\_\_\_/\_\_\_\_\_

### Joint Applicant

#### Residence

Please provide details of how long you have lived in the parish. Please also include details of all times you have previously lived in the parish

Address:

Post Code:

From \_\_\_/\_\_\_/\_\_\_\_\_

To \_\_\_/\_\_\_/\_\_\_\_\_

### Main Applicant

#### Immediate family lives in or previously lived in the parish

If an immediate member of your family (please see the list below) lives in the parish or has done so previously please give the following information:

Full Name:

Address:

Post Code:

From \_\_\_/\_\_\_/\_\_\_\_\_

To \_\_\_/\_\_\_/\_\_\_\_\_

Relationship: (please tick)

- |                                      |                                      |
|--------------------------------------|--------------------------------------|
| <input type="checkbox"/> mother      | <input type="checkbox"/> Father      |
| <input type="checkbox"/> brother     | <input type="checkbox"/> Sister      |
| <input type="checkbox"/> grandfather | <input type="checkbox"/> grandmother |

#### Other family lives in or previously lived in the parish

If a family member (please see the list below) lives in the parish or has done so previously please give the following information:

Full Name:

Address:

Post Code:

From \_\_\_/\_\_\_/\_\_\_\_\_

To \_\_\_/\_\_\_/\_\_\_\_\_

Relationship:

- |  |                                      |
|--|--------------------------------------|
| <input type="checkbox"/> step father   | <input type="checkbox"/> step mother |
| <input type="checkbox"/> step daughter | <input type="checkbox"/> step son    |
| <input type="checkbox"/> step brother  | <input type="checkbox"/> step sister |
| <input type="checkbox"/> uncle         | <input type="checkbox"/> aunt        |
| <input type="checkbox"/> cousin        |                                      |

Please state the reason you need to be near the family member:

### Joint Applicant

#### Immediate family lives in or previously lived in the parish

If an immediate member of your family (please see the list below) lives in the parish or has done so previously please give the following information:

Full Name:

Address:

Post Code:

From \_\_\_/\_\_\_/\_\_\_\_\_

To \_\_\_/\_\_\_/\_\_\_\_\_

Relationship: (please tick)

- |                                      |                                      |
|--------------------------------------|--------------------------------------|
| <input type="checkbox"/> mother      | <input type="checkbox"/> Father      |
| <input type="checkbox"/> brother     | <input type="checkbox"/> Sister      |
| <input type="checkbox"/> grandfather | <input type="checkbox"/> grandmother |

#### Other family lives in or previously lived in the parish

If a family member (please see the list below) lives in the parish or has done so previously please give the following information:

Full Name:

Address:

Post Code:

From \_\_\_/\_\_\_/\_\_\_\_\_

To \_\_\_/\_\_\_/\_\_\_\_\_

Relationship:

- |  |                                      |
|--|--------------------------------------|
| <input type="checkbox"/> step father   | <input type="checkbox"/> step mother |
| <input type="checkbox"/> step daughter | <input type="checkbox"/> step son    |
| <input type="checkbox"/> step brother  | <input type="checkbox"/> step sister |
| <input type="checkbox"/> uncle         | <input type="checkbox"/> aunt        |
| <input type="checkbox"/> cousin        |                                      |

Please state the reason you need to be near the family member:

## Section 6: Reason For Move

Why do you want to move (please tick all that apply)

- |   |   |
|---|---|
| <input type="checkbox"/> need larger home                   | <input type="checkbox"/> fleeing harassment   |
| <input type="checkbox"/> need smaller home                  | <input type="checkbox"/> private rented home and contract coming to an end                |
| <input type="checkbox"/> asked to leave                     | <input type="checkbox"/> home in poor repair  |
| <input type="checkbox"/> unable to afford                   | <input type="checkbox"/> leaving hospital   |
| <input type="checkbox"/> cannot maintain home or garden     | <input type="checkbox"/> live in supported housing and need independence                  |
| <input type="checkbox"/> being harassed                     | <input type="checkbox"/> need independence  |
| <input type="checkbox"/> fleeing violence                   | <input type="checkbox"/> need ground floor home   |
| <input type="checkbox"/> need to move for employment        | <input type="checkbox"/> need additional bedroom for carer or health reasons              |
| <input type="checkbox"/> need to move to be nearer support  | <input type="checkbox"/> relationship breakdown   |
| <input type="checkbox"/> need to move to give support       | <input type="checkbox"/> being repossessed or evicted                                     |
| <input type="checkbox"/> Other: (please give details below) | <input type="checkbox"/> If you need an additional bedroom/s: (please give details below) |
- \_\_\_\_\_

Does anyone in your family have a medical condition which affects your need to move? (please tick)

- yes  no If yes, you will be contacted for more information.

Does anyone in your family need an adapted property? (please tick)  yes  no

Does anyone in your family use a wheelchair? (please tick)  yes  no

Will anyone in your family need an adapted property in the future? (please tick)  yes  no

If yes when will this need arise? (please tick)  1 - 2 years  2 - 5 years

Will anyone in your family need a wheelchair in the future? (please tick)  yes  no

If yes, when will this need arise? (please tick)  1 - 2 years  2 - 5 years

Do you currently receive support? (please tick)  yes  no

Please give details of any social worker, support worker, health visitor or other professional, who supports your need to move:

Name: Organisation:

Address:

Contact Number:

If you do not receive support but would like to, please tick the box

## Section 7: Income Information

### Main Applicant

Please give details of your current employment. If you are self employed please complete the following questions where they apply:

Name of employer:

Address of employer:

Place of work if different:

Is your employment: (please tick)

permanent  fixed term  temporary

When did your employment or contract start?

\_\_\_/\_\_\_/\_\_\_\_\_

When is your contract due to end?

\_\_\_/\_\_\_/\_\_\_\_\_

How many hours a week do you work?

What is your weekly or monthly gross pay (before tax and deductions)? £ \_\_\_\_\_

Is this weekly or monthly?

Are you self employed? (please tick)  yes  no

Do you receive any other income or benefits?

(please tick)

yes  no

Total amount of other income or benefits:

£ \_\_\_\_\_

Is this weekly or monthly?

Have you got any savings, bonds, investments or land holdings in the United Kingdom or abroad?

(please tick)

yes  no

If yes, please give the total value of these:

£ \_\_\_\_\_

### Joint Applicant

Please give details of your current employment. If you are self employed please complete the following questions where they apply:

Name of employer:

Address of employer:

Place of work if different:

Is your employment: (please tick)

permanent  fixed term  temporary

When did your employment or contract start?

\_\_\_/\_\_\_/\_\_\_\_\_

When is your contract due to end?

\_\_\_/\_\_\_/\_\_\_\_\_

How many hours a week do you work?

What is your weekly or monthly gross pay (before tax and deductions)? £ \_\_\_\_\_

Is this weekly or monthly?

Are you self employed? (please tick)  yes  no

Do you receive any other income or benefits?

(please tick)

yes  no

Total amount of other income or benefits:

£ \_\_\_\_\_

Is this weekly or monthly?

Have you got any savings, bonds, investments or land holdings in the United Kingdom or abroad?

(please tick)

yes  no

If yes, please give the total value of these:

£ \_\_\_\_\_

### Main Applicant

Do you have any personal debt?  yes  no

If yes, please state amount: £ \_\_\_\_\_

### Joint Applicant

Do you have any personal debt?  yes  no

If yes, please state amount: £ \_\_\_\_\_

## Section 8: What type of home do you want?

Please advise what types of home you want: (tick all that apply)

- house  bungalow  ground floor flat  upper floor flat  maisonette  sheltered  
 housing with care (also known as Extra care housing or Frail Elderly)  other supported housing

How many bedrooms do you require?

Is a bedroom required for a carer to stay overnight? (please tick)  yes  no

If yes, please give details of what care you receive:

## Section 9: Where do you want to live?

Please let us know where you want to live by ticking the boxes below and on the following page. Please note that there are some areas where there is no or little rented stock. This information also helps the Council to identify where new homes may need to be provided.

Please tick the boxes below to show which areas you would like to be housed in.

- |  |  |   |   |
|--|--|---|---|
| <input type="checkbox"/> Alby with Thwaite | <input type="checkbox"/> Beeston Regis | <input type="checkbox"/> Butchers Common          | <input type="checkbox"/> Dilham           |
| <input type="checkbox"/> Aldborough        | <input type="checkbox"/> Bessingham    | <input type="checkbox"/> Calthorpe                | <input type="checkbox"/> Dunton           |
| <input type="checkbox"/> Antingham         | <input type="checkbox"/> Binham        | <input type="checkbox"/> Catfield                 | <input type="checkbox"/> East Barsham     |
| <input type="checkbox"/> Ashmanhaugh       | <input type="checkbox"/> Blakeney      | <input type="checkbox"/> Cley Next The Sea        | <input type="checkbox"/> East Beckham     |
| <input type="checkbox"/> Aylmerton         | <input type="checkbox"/> Bodham        | <input type="checkbox"/> Cockthorpe               | <input type="checkbox"/> East Raynham     |
| <input type="checkbox"/> Baconsthorpe      | <input type="checkbox"/> Bradfield     | <input type="checkbox"/> Colby                    | <input type="checkbox"/> East Runton      |
| <input type="checkbox"/> Bacton            | <input type="checkbox"/> Briggate      | <input type="checkbox"/> Corpusty                 | <input type="checkbox"/> East Ruston      |
| <input type="checkbox"/> Bale              | <input type="checkbox"/> Briningham    | <input type="checkbox"/> Cromer                   | <input type="checkbox"/> Eccles on Sea    |
| <input type="checkbox"/> Banningham        | <input type="checkbox"/> Brinton       | <input type="checkbox"/> Crossdale Street         | <input type="checkbox"/> Edgefield        |
| <input type="checkbox"/> Barney            | <input type="checkbox"/> Briston       | <input type="checkbox"/> Crostwick                | <input type="checkbox"/> Edgefield Street |
| <input type="checkbox"/> Barton Turf       | <input type="checkbox"/> Brumstead     | <input type="checkbox"/> Croxton<br>(Fulmodstone) | <input type="checkbox"/> Edingthorpe      |

- |  |  |  |   |
|--|--|--|---|
| <input type="checkbox"/> Erpingham             | <input type="checkbox"/> Houghton St Giles | <input type="checkbox"/> Plumstead         | <input type="checkbox"/> Swanton Abbott     |
| <input type="checkbox"/> Fakenham              | <input type="checkbox"/> Hoveton           | <input type="checkbox"/> Potter Heigham    | <input type="checkbox"/> Swanton Novers     |
| <input type="checkbox"/> Felbrigg              | <input type="checkbox"/> Hunworth          | <input type="checkbox"/> Pudding Norton    | <input type="checkbox"/> Tatterford         |
| <input type="checkbox"/> Felmingham            | <input type="checkbox"/> Ingham            | <input type="checkbox"/> Ridlington        | <input type="checkbox"/> Tattersett         |
| <input type="checkbox"/> Field Dalling         | <input type="checkbox"/> Ingham Corner     | <input type="checkbox"/> Ridlington Street | <input type="checkbox"/> Thornage           |
| <input type="checkbox"/> Frankfort             | <input type="checkbox"/> Ingworth          | <input type="checkbox"/> Roughton          | <input type="checkbox"/> Thorpe Market      |
| <input type="checkbox"/> Fulmodestone          | <input type="checkbox"/> Irstead           | <input type="checkbox"/> Salthouse         | <input type="checkbox"/> Threehammer Corner |
| <input type="checkbox"/> Gimingham             | <input type="checkbox"/> Itteringham       | <input type="checkbox"/> Saxlingham        | <input type="checkbox"/> Thurgarton         |
| <input type="checkbox"/> Glandford             | <input type="checkbox"/> Kelling           | <input type="checkbox"/> Saxthorpe         | <input type="checkbox"/> Thurning           |
| <input type="checkbox"/> Great Ryburgh         | <input type="checkbox"/> Kettlestone       | <input type="checkbox"/> Sco Ruston        | <input type="checkbox"/> Thursford          |
| <input type="checkbox"/> Great Snoring         | <input type="checkbox"/> Knapton           | <input type="checkbox"/> Scottow           | <input type="checkbox"/> Trimingham         |
| <input type="checkbox"/> Great Walsingham      | <input type="checkbox"/> Langham           | <input type="checkbox"/> Sculthorpe        | <input type="checkbox"/> Trunch             |
| <input type="checkbox"/> Gresham               | <input type="checkbox"/> Lessingham        | <input type="checkbox"/> Sea Palling       | <input type="checkbox"/> Tunstead           |
| <input type="checkbox"/> Gunthorpe             | <input type="checkbox"/> Letheringsett     | <input type="checkbox"/> Sharrington       | <input type="checkbox"/> Upper Sheringham   |
| <input type="checkbox"/> Hanworth              | <input type="checkbox"/> Little Barningham | <input type="checkbox"/> Shereford         | <input type="checkbox"/> Walcott            |
| <input type="checkbox"/> Happisburgh           | <input type="checkbox"/> Little Ryburgh    | <input type="checkbox"/> Sheringham        | <input type="checkbox"/> Warham             |
| <input type="checkbox"/> Happisburgh<br>Common | <input type="checkbox"/> Little Snoring    | <input type="checkbox"/> Sidestrand        | <input type="checkbox"/> Waxham             |
| <input type="checkbox"/> Helhoughton           | <input type="checkbox"/> Little Walsingham | <input type="checkbox"/> Skeyton           | <input type="checkbox"/> Wells-next-the-Sea |
| <input type="checkbox"/> Hempstead             | <input type="checkbox"/> Lower Street      | <input type="checkbox"/> Skeyton Corner    | <input type="checkbox"/> West Barsham       |
| <input type="checkbox"/> Hempton               | <input type="checkbox"/> Ludham            | <input type="checkbox"/> Sloley            | <input type="checkbox"/> West Beckham       |
| <input type="checkbox"/> Hickling              | <input type="checkbox"/> Matlask           | <input type="checkbox"/> Smallburgh        | <input type="checkbox"/> West Raynham       |
| <input type="checkbox"/> Hickling Heath        | <input type="checkbox"/> Melton Constable  | <input type="checkbox"/> South Raynham     | <input type="checkbox"/> West Runton        |
| <input type="checkbox"/> High Kelling          | <input type="checkbox"/> Metton            | <input type="checkbox"/> Southrepps        | <input type="checkbox"/> Westwick           |
| <input type="checkbox"/> Hindolveston          | <input type="checkbox"/> Morston           | <input type="checkbox"/> Stalham           | <input type="checkbox"/> Weybourne          |
| <input type="checkbox"/> Hindringham           | <input type="checkbox"/> Mundesley         | <input type="checkbox"/> Stibbard          | <input type="checkbox"/> Whipwell Green     |
| <input type="checkbox"/> Holkham               | <input type="checkbox"/> Neatishead        | <input type="checkbox"/> Stiffkey          | <input type="checkbox"/> Wickmere           |
| <input type="checkbox"/> Holt                  | <input type="checkbox"/> North Barsham     | <input type="checkbox"/> Stody             | <input type="checkbox"/> Wighton            |
| <input type="checkbox"/> Honing                | <input type="checkbox"/> North Walsham     | <input type="checkbox"/> Suffield          | <input type="checkbox"/> Witton Bridge      |
| <input type="checkbox"/> Horning               | <input type="checkbox"/> Northrepps        | <input type="checkbox"/> Sustead           | <input type="checkbox"/> Wiveton            |
| <input type="checkbox"/> Horsey                | <input type="checkbox"/> Overstrand        | <input type="checkbox"/> Sutton            | <input type="checkbox"/> Wood Norton        |
|  | <input type="checkbox"/> Paston            | <input type="checkbox"/> Swafeld           | <input type="checkbox"/> Worstead           |

## Section 10: Other housing options

There are no Council Houses in North Norfolk and the turnover of rented Housing Association Homes is very low. Most applicants on the housing register will not be successful in being offered a Housing Association rented home. Please indicate whether you would consider the following options as well as or instead of being considered for a Housing Association rented home.

### HomeBuy

There are a range of HomeBuy products designed to help you become a homeowner. Please note that you will need an earned income or a lump sum to be eligible for any of the HomeBuy products. For more information on HomeBuy please see the Council's website. ([www.northnorfolk.org](http://www.northnorfolk.org))

Are you interested in being considered for HomeBuy products? (please tick)  yes  no

If yes, is this as well as or instead of a rented property? (please tick)  as well as  instead of

### Private Rented

The Council can sometimes help find a suitable home for rent owned by a private landlord. Such properties will be let using an Assured Shorthold Tenancy for a period of not less than 6 months.

Are you interested in being considered for private rented properties? (please tick)  yes  no

If yes, is this as well as or instead of a Housing Association rented property?  As well as  Instead of

### Mutual Exchange

If you are a Council or Housing Association tenant you may have the right to swap homes with another Council or Housing Association tenant with the approval of your landlord (although in some circumstances the landlord can refuse to give consent). A mutual exchange can often be a quicker way to move home. If you are interested in a mutual exchange, please contact your landlord to discuss the options available.

## Section 11: Help with bidding

The Council operates Choice Based Lettings, which means that applicants on the Housing Register bid for (express an interest in) properties they are interested in.

Will you need help bidding for properties you would be interested in living in? (please tick)  yes  no

If yes, what help will you need? (Please tick all that apply)

will need to be sent adverts for properties which maybe of interest

the Council will need to bid on my behalf

a support worker will need to bid on my behalf.

Please give the name, address and contact number for the support worker who will bid on your behalf:

Name:

Agency:

Address:

Contact number:

If you will need the Council or your support worker to bid on your behalf please sign below to give authority for bids to be made on your behalf in areas which you have identified that you want to live in.

Main Applicant Signature:

Joint Applicant Signature:

If we need to contact you to discuss your application will you need an interpreter? (please tick)

yes  no

What is your first spoken language?

Do you need written information to be translated? (please tick)  yes  no

if yes, which language do you require?

Do you need written information to be provided in another format such as large print, audio tape or braille?  
(please tick)  yes  no

If yes, which format do you require?

The Council will not discuss your application with anyone who is not part of your household without your written consent. If you want your application to be discussed with another person such as a friend, member of your family or any other person please give their details below and sign to confirm your consent.

Name:

Address:

Relationship to you:

Main Applicant Signature:

Joint Applicant Signature:

## Section 12: Any other information

If there is any other information you want to give in support of your application please use the space below and over the page. Also use this space where you need to provide more information to answer questions from previous sections. Please use another sheet and attach if necessary.



## Section 13: Special Permissions

If you are an employee or councillor of North Norfolk District Council or an employee or Board Member of any of the Housing associations which have properties in North Norfolk or if you are related to an employee or councillor of North Norfolk District Council or related to an employee or Board Member of any of the Housing Associations with properties in North Norfolk special permission may be needed before an offer of housing can be made.

Name of household member with connection:

Name of relative with connection:

Which organisation is the connection with:

## Section 14: Anti-social behaviour and convictions

The Council takes the safety of our staff, people acting on our behalf and our residents very seriously. The responses to the following questions will help to assess any risk you or a member of your household may pose. Responding yes to the following questions will not automatically mean that your application to join the housing register will be refused or that your application will be given a lower priority.

**Anti-social behaviour -**

Are you or someone who lives with you or who will be living with you subject to a current:

Anti Social Behaviour Order (ASBO)? (please tick)  yes  no

Anti Social Behaviour Order on conviction (CRASBO)? (please tick)  yes  no

Anti Social Behaviour Injunction (ASBI)? (please tick)  yes  no

If you answered yes to any of the above what is the name/s of the person/people with the ASBO / CRASBO / ASBI?

**Convictions - Have you or someone who lives with you or who will be living with you been convicted for the following (do not include convictions that are spent):**

Using a property for an immoral or illegal purpose? (please tick)  yes  no

An offence committed in your current or a previous home or in the area around the home? (please tick)

yes  no

If you answered yes to any of the above 2 questions, what is the name/s of the person/people with the conviction?

When will the conviction/s be spent? \_\_\_/\_\_\_/\_\_\_\_\_

Are you or someone who lives with you or who will be living with you currently on the sex offenders register?

(please tick)  yes  no

If yes, what is the name/s of the person/people on the register?

Please note that answering the above questions does not automatically mean that your application to join the housing register will be refused or you will be given lower priority.

## Section 15: Nationality and Residence

Some people from abroad will not be eligible for housing, in order to assess whether you are eligible for housing please answer the following questions:

What is your nationality?

Have you or any member of your household ever lived outside of the United Kingdom?

yes  no

If no, please go to Section 16 and complete the declaration. If yes, please give details below:

Name of person/people:

Country/countries:

Dates of residence: \_\_\_/\_\_\_/\_\_\_\_\_, \_\_\_/\_\_\_/\_\_\_\_\_, \_\_\_/\_\_\_/\_\_\_\_\_

Was this:  rented  owned  tied to employment

other

Are you or anyone who lives with you or will live with you subject to any type of immigration control?

yes  no

If yes, please give the following information:

Names:

Current status in UK (i.e. seeking asylum, granted limited leave to remain etc):

The Council will contact you to make arrangements to see your immigration documents.

## Section 16: Declaration

**Please note your application can not be processed if you do not sign the declaration.**

All information given, or obtained, in connection with this application form will be held by North Norfolk District Council in accordance with the Data Protection Act 1998 and related legislation. The information collected from this form will be used for the purposes of processing and assessing your Housing Register application form and for assessing housing need. North Norfolk District Council may disclose your details to the North Norfolk District Council Council Tax and Housing Benefit departments and the Community Safety Team. Any information you provide may also be used for the prevention of crime, the apprehension or prosecution of offenders, or the assessment or collection of any tax or duty.

By signing this application form, you and / or your joint applicant state that you understand and agree to the following:

- That information will be held on a computer.
- That it is an offence to give false or misleading information or to withhold information relevant to this application.
- Providing false or misleading information or withholding information relevant to this application could result in your priority for housing being reduced, criminal proceedings being taken against you and/or if you have been rehoused the Housing Association taking eviction proceedings to end your tenancy.
- That the Council reserves the right to request proof of any information given to ensure it is correct.
- That you give permission for other relevant professionals such as doctors, social workers, health care workers, probation officers, health visitors, district nurses, family liaison officers and the police, to release information including personal sensitive data held by them to the Council in order to assist in the assessment of your housing need. In addition, this may include requests for information such as mortgage accounts, landlord tenancy records and other Council records.
- That you give permission to the Council to release the information held by the Council in relation to your application to other organisations, i.e. Housing Associations, Social Services, the Benefits Agency and police. This may also include providing details of your current address to the Council Tax and Housing Benefit departments, the Community Safety Team and Social Services.
- That I / we will notify the Council of any change in our circumstances which affect the assessment of this Housing Register application.
- That I / we understand that applying does not guarantee an offer of accommodation.

Under the terms of the Data Protection Act 1998, you are entitled to a copy of all information we hold. However, we may need to get permission from the people who gave us the information before we can release it.

#### Main Applicant

Signature:
Date: ___/___/_____

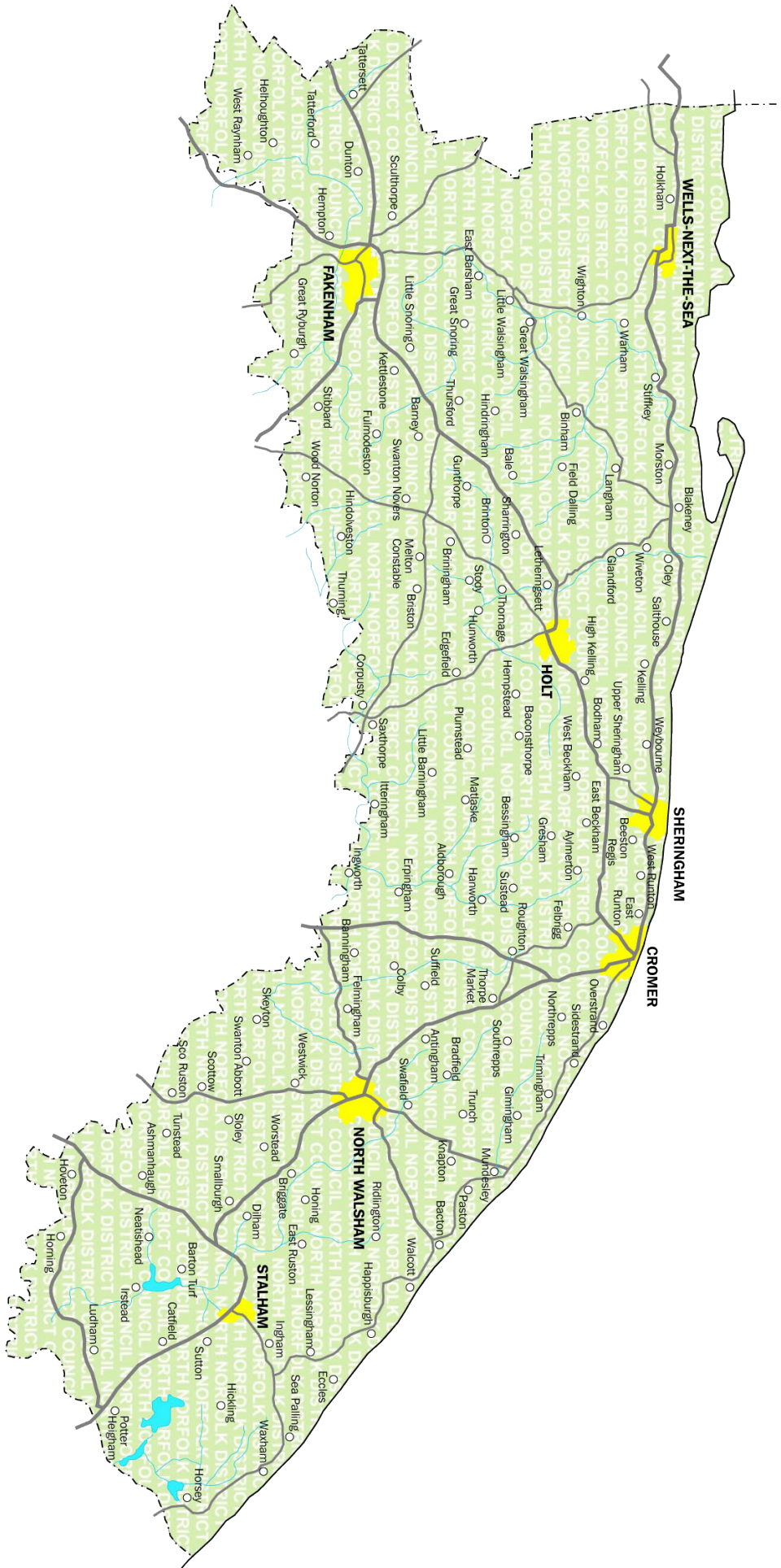
#### Joint Applicant

Signature:
Date: ___/___/_____

Your Choice Your Home is a partnership between North Norfolk District Council and Housing Associations to provide a Choice Based Lettings scheme within North Norfolk area.

By joining the North Norfolk Housing Register you will be able to be considered for properties owned by the following landlords:

Broadland Housing Association	Cotman Housing Association	English Churches Housing Group
Hanover Housing Association	Hastoe Housing Association	Housing 21
Livability	Peddars Way Housing Association	Orbit East
Places for People	Riverside Housing	The Guinness Trust
Victory Housing Trust	Wherry Housing Association	



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## Equality Monitoring

It is against the law for the Council and Housing Associations to discriminate against anyone applying for housing. To ensure that the Council and Housing Associations who work with the Council do not discriminate against anyone because of their age, sexuality, faith or belief, race, ethnicity, disability or gender we need to collect information from everyone who applies for housing. This information will be detached from your application and will only be used for monitoring purposes. The information will remain confidential. You do not have to answer the questions if you prefer not to.

Please tick the boxes that apply

### Main Applicant

#### Gender

Are you:

- Prefer not to say  
 Male  Female  Transsexual

#### Disability

Do you have any long-term illness, health problem or disability? (Long-term means anything that has troubled you over a period of time or that is likely to affect you over a period of time)

- Prefer not to say  yes  no

If yes, does this illness or disability limit your daily activities in any way?  yes  no

#### Religion / Belief (please tick one box only)

- Prefer not to say  None  
 Christian Including Church of England, Catholic, Protestant and other Christian denominations  
 Jewish  Buddhist  Hindu  
 Muslim  Sikh  Baha'l  
 Jain  Zoroastrian  Shinto  
 Rastafarian  Taoist  
 Other faith/belief group  
 please specify \_\_\_\_\_

#### Sexual Orientation

What is your sexual orientation?

- Prefer not to say  
 Heterosexual (attracted to the opposite sex)  
 Bisexual  
 Gay man  
 Gay woman/lesbian  
 Other, please state \_\_\_\_\_

### Joint Applicant

#### Gender

Are you:

- Prefer not to say  
 Male  Female  Transsexual

#### Disability

Do you have any long-term illness, health problem or disability? (Long-term means anything that has troubled you over a period of time or that is likely to affect you over a period of time)

- Prefer not to say  yes  no

If yes, does this illness or disability limit your daily activities in any way?  yes  no

#### Religion / Belief (please tick one box only)

- Prefer not to say  None  
 Christian Including Church of England, Catholic, Protestant and other Christian denominations  
 Jewish  Buddhist  Hindu  
 Muslim  Sikh  Baha'l  
 Jain  Zoroastrian  Shinto  
 Rastafarian  Taoist  
 Other faith/belief group  
 please specify \_\_\_\_\_

#### Sexual Orientation

What is your sexual orientation?

- Prefer not to say  
 Heterosexual (attracted to the opposite sex)  
 Bisexual  
 Gay man  
 Gay woman/lesbian  
 Other, please state \_\_\_\_\_

## Main Applicant

Ethnicity
Which of these groups do you consider you belong? (please tick one box only)
<input type="checkbox"/> Prefer not to say
<b>a. White</b>
<input type="checkbox"/> British <input type="checkbox"/> Irish
Any other white background:
<input type="checkbox"/> Bulgarian <input type="checkbox"/> Lithuanian
<input type="checkbox"/> Cypriot <input type="checkbox"/> Maltese
<input type="checkbox"/> Czech <input type="checkbox"/> Polish
<input type="checkbox"/> Estonian <input type="checkbox"/> Portuguese
<input type="checkbox"/> Hungarian <input type="checkbox"/> Romanian
<input type="checkbox"/> Italian <input type="checkbox"/> Slovakian
<input type="checkbox"/> Latvian <input type="checkbox"/> Slovenian
<input type="checkbox"/> Other: please state: _____
<b>b. Mixed</b>
<input type="checkbox"/> White & Black Caribbean
<input type="checkbox"/> White & Black African <input type="checkbox"/> White & Asian
<input type="checkbox"/> Any other mixed background: please state _____
<b>c. Asian or Asian British</b>
<input type="checkbox"/> Indian <input type="checkbox"/> Bangladeshi
<input type="checkbox"/> Pakistani <input type="checkbox"/> Kashmiri
<input type="checkbox"/> Any other Asian background: please state _____
<b>d. Black or Black British</b>
<input type="checkbox"/> Caribbean <input type="checkbox"/> African
<input type="checkbox"/> Any other Black background: please state _____
<b>e. Gypsy/Traveller</b>
<input type="checkbox"/> Roma <input type="checkbox"/> Irish
<input type="checkbox"/> New/Other <input type="checkbox"/> Travelling Show People
<b>f. Chinese or other ethnic group</b>
<input type="checkbox"/> Chinese
<input type="checkbox"/> Any other ethnic group: please state _____

## Joint Applicant

Ethnicity
Which of these groups do you consider you belong? (please tick one box only)
<input type="checkbox"/> Prefer not to say
<b>a. White</b>
<input type="checkbox"/> British <input type="checkbox"/> Irish
Any other white background:
<input type="checkbox"/> Bulgarian <input type="checkbox"/> Lithuanian
<input type="checkbox"/> Cypriot <input type="checkbox"/> Maltese
<input type="checkbox"/> Czech <input type="checkbox"/> Polish
<input type="checkbox"/> Estonian <input type="checkbox"/> Portuguese
<input type="checkbox"/> Hungarian <input type="checkbox"/> Romanian
<input type="checkbox"/> Italian <input type="checkbox"/> Slovakian
<input type="checkbox"/> Latvian <input type="checkbox"/> Slovenian
<input type="checkbox"/> Other: please state: _____
<b>b. Mixed</b>
<input type="checkbox"/> White & Black Caribbean
<input type="checkbox"/> White & Black African <input type="checkbox"/> White & Asian
<input type="checkbox"/> Any other mixed background: please state _____
<b>c. Asian or Asian British</b>
<input type="checkbox"/> Indian <input type="checkbox"/> Bangladeshi
<input type="checkbox"/> Pakistani <input type="checkbox"/> Kashmiri
<input type="checkbox"/> Any other Asian background: please state _____
<b>d. Black or Black British</b>
<input type="checkbox"/> Caribbean <input type="checkbox"/> African
<input type="checkbox"/> Any other Black background: please state _____
<b>e. Gypsy/Traveller</b>
<input type="checkbox"/> Roma <input type="checkbox"/> Irish
<input type="checkbox"/> New/Other <input type="checkbox"/> Travelling Show People
<b>f. Chinese or other ethnic group</b>
<input type="checkbox"/> Chinese
<input type="checkbox"/> Any other ethnic group: please state _____