



For office use

Reference No

Date of App

New Application YES NO

P/O Rented Both

Please complete this form in CAPITAL letters using ink.

1 About You

Surname

Mr Mrs Ms Miss

Status Single Widowed

Married Separated Divorced

Living Together

Any former surname

First names

Address

Postcode

Tel No (Home)

(Work)

(Mobile)

E-mail

Date of Birth

If any child is expected give approximate date of birth

For Joint Applicants - give relationship to Applicant, e.g. Spouse, Partner, Brother, etc

Give an address for letters if they are not to be sent to above address(es)

Address

Postcode

About Joint Applicant

Surname

Mr Mrs Ms Miss

Status Single Widowed

Married Separated Divorced

Living Together

Any former surname

First names

Address

Postcode

Tel No (Home)

(Work)

(Mobile)

E-mail

Date of Birth

2 About Your Household

2.1 Please give details of EVERYONE who is to be housed with you permanently (from when you move in and the following 12 months)

Surname	First Name(s)	Sex	Date of Birth	Relationship to you or Joint Applicant	Child expected (please tick)

If any child is expected, please give approximate date of birth, and number of babies

2.2 Are there any people mentioned above not currently living with you? Yes No

If yes, please give details

Surname(s)

Address

Reason for Separation

2.3 Please give details of other children, in addition to any above, who will regularly stay with you.

Name of Child	Relationship to Applicant or Joint-Applicant	Sex	Date of Birth	Frequency and Duration of Visits

2.4 Are there any people who are currently living with you, but who are NOT to be housed with you?

Yes No

If yes, please give details

	Number	Relationship to You or Joint Applicant
Adults	<input type="text"/>	<input type="text"/>
Children	<input type="text"/>	<input type="text"/>

3 Health

3.1 Do you, or anyone else who wants housing with you, have a medical condition, illness or disability which is made worse by your present housing?

Yes No

3.2 Do you, or anyone else who wants housing with you, have any disability or significant medical condition you would like us to take into account?

Yes No

3.3 If you answer yes to either 3.1 or 3.2, please give details.

Surname	First names	Medical condition, illness or disability
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

Note: If you have filled in the above section, the information will have to be supported by a letter from the relevant consultant or doctor. You will have to arrange for them to write to us.

3.4 If you have given health information above, please tell us if your home will need adapting.

Type of property needed? (e.g. no stairs)

Facilities needed? (e.g. heating, a shower)

Adaptations needed? (e.g. entry ramp)

Note: Any special needs listed above will have to be supported by the relevant consultant, doctor, or occupational therapist. You will need to arrange for them to write to us.

4 Financial Information

4.1 Earnings

Are you and/or your partner working?

You Yes No

Partner Yes No

If yes, please give details of employment and gross* earnings

You

Main Job

Employer's Name

Employer's Address

Post Code

Employer's Telephone No

Date employment started

Gross Pay £

Weekly Monthly

Partner

Main Job

Employer's Name

Employer's Address

Post Code

Employer's Telephone No

Date employment started

Gross Pay £

Weekly Monthly

You

2nd Job

Employer's Name

Employer's Address

Post Code

Employer's Telephone No

Date employment started

Gross Pay £

Weekly Monthly

Partner

2nd Job

Employer's Name

Employer's Address

Post Code

Employer's Telephone No

Date employment started

Gross Pay £

Weekly Monthly

***Gross earnings - pay BEFORE Tax and Social Security is taken out.**

You3rd Job Employer's Name Employer's Address Post Code Employer's Telephone No Date employment started Gross Pay £ Weekly Monthly **Partner**3rd Job Employer's Name Employer's Address Post Code Employer's Telephone No Date employment started Gross Pay £ Weekly Monthly

Please supply details of gross earnings during last year (1st January - 31st December)

You **Partner** **Note: Before we can consider your application, you will have to send in proof of these earnings.**

4.2 Pensions

Do you and/or your partner receive pensions?

You Yes No **Partner** Yes No

If yes, please give details

YouGuernsey OAP Weekly Monthly Amount £ Office use UK Pension Weekly Monthly Amount £ Office use Private Pension Weekly Monthly Amount £ Office use Pension from previous employer Weekly Monthly Amount £ Office use Other Weekly Monthly Amount £ Office use **Partner**Guernsey OAP Weekly Monthly Amount £ Office use UK Pension Weekly Monthly Amount £ Office use Private Pension Weekly Monthly Amount £ Office use Pension from previous employer Weekly Monthly Amount £ Office use Other Weekly Monthly Amount £ Office use **Note: You will have to send in proof of these pensions.**

4.3 Benefits

Do you and/or your partner receive any benefits?

You Yes No

Partner Yes No

If yes, please give details

You

Widows Benefit Weekly Monthly

Amount £ Office use

GSS Supplementary Benefit Weekly Monthly

Amount £ Office use

Unemployment Benefit Weekly Monthly

Amount £ Office use

Sickness Benefit Weekly Monthly

Amount £ Office use

Invalidity Benefit Weekly Monthly

Amount £ Office use

Public Assistance Weekly Monthly

Amount £ Office use

Partner

Widows Benefit Weekly Monthly

Amount £ Office use

GSS Supplementary Benefit Weekly Monthly

Amount £ Office use

Unemployment Benefit Weekly Monthly

Amount £ Office use

Sickness Benefit Weekly Monthly

Amount £ Office use

Invalidity Benefit Weekly Monthly

Amount £ Office use

Public Assistance Weekly Monthly

Amount £ Office use

4.4 Other Income

Do you and/or your partner receive any other income?

You Yes No

Partner Yes No

If yes, please give details

You

Bank interest/Dividends etc Annual

Amount £ Office use

Maintenance payments Weekly Monthly

Amount £ Office use

Other Weekly Monthly Annual

Amount £ Office use

Partner

Bank interest/Dividends etc Annual

Amount £ Office use

Maintenance payments Weekly Monthly

Amount £ Office use

Other Weekly Monthly Annual

Amount £ Office use

Note: You will have to send in proof of this income.

5 About Your Current Home/Accommodation

5.1 Residential Qualifications

You must hold residential qualifications. Please give details.

You

Status Declaration Number

Place of Birth

Date of Marriage (if applicable)

Maiden Name (if applicable)

Partner

Status Declaration Number

Place of Birth

Date of Marriage (if applicable)

Maiden Name (if applicable)

5.2 Current Address

When did you move to your current address?

You

Date

Have you been given a Notice to Quit by your landlord?

Yes

No

If yes, please give details:

Why has Notice to Quit been given?

When will it be effective?

Joint Applicant

Date

5.3 Tenure

Please give details of your present housing circumstances and tick the box which best describes your current situation.

Temporary Let

Living with parents

Private Tenant

Job Tied tenant

Sub-Tenant

H M Forces

Living with relatives/friends

Lodging House

Bed and Breakfast

Of no fixed abode

Other (please specify)

5.4 Landlord

Landlord's name

Telephone Number

Landlord's Address

5.5 Type of Home

Please tick your present type of home

House Bungalow Flat/Maisonette Bedsit Hostel

Other, please specify

Is it shared with anyone not in your household? Yes No

If a Flat/Maisonette/Bedsit/Hostel, please indicate which floor

Does the property have a lift? Yes No

Bedsitting Room Dwellers - Please tell us the length and width of bedsitting room **in metres**

Does the Bedsit have a (please tick) Kitchenette Self contained kitchen Shared use of kitchen

How many bedrooms are there in your home?

5.6 What Facilities are Available to You

Please tick appropriate box.

(Only tick the 'Share' boxes if you share with people who are NOT to be housed with you).

Kitchen	Yes <input type="checkbox"/>	No <input type="checkbox"/>	If Yes, do you share?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Bathroom	Yes <input type="checkbox"/>	No <input type="checkbox"/>	If Yes, do you share?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Shower/Bath	Yes <input type="checkbox"/>	No <input type="checkbox"/>	If Yes, do you share?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Inside WC	Yes <input type="checkbox"/>	No <input type="checkbox"/>	If Yes, do you share?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Outside WC	Yes <input type="checkbox"/>	No <input type="checkbox"/>	If Yes, do you share?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Living Room	Yes <input type="checkbox"/>	No <input type="checkbox"/>	If Yes, do you share?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Dining Room	Yes <input type="checkbox"/>	No <input type="checkbox"/>	If Yes, do you share?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Bedroom(s)	Yes <input type="checkbox"/>	No <input type="checkbox"/>			

Bedroom	Occupants' Names	Occupant's relationship to applicant	Age	Size of room in metres	
				length	width
1	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
2	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
3	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
4	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
5	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Other	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
(please specify)	<input type="text"/>				

5.7 Condition of Home

Does your accommodation suffer from serious disrepair or damp?

Yes

No

If yes, give details. Please be as accurate as you can.

Has a Closure Notice been issued?

Yes

No

6 Other Information

6.1 Previous Addresses

Please list previous addresses in last 2 years. If necessary please continue on a separate sheet.

You

Address

Dates To From

State if Tenant Lodger Owner

Reason for leaving

Address

Dates To From

State if Tenant Lodger Owner

Reason for leaving

Address

Dates To From

State if Tenant Lodger Owner

Reason for leaving

Partner

Address

Dates To From

State if Tenant Lodger Owner

Reason for leaving

Address

Dates To From

State if Tenant Lodger Owner

Reason for leaving

Address

Dates To From

State if Tenant Lodger Owner

Reason for leaving

6.2 Previous Tenancies with Guernsey Housing Association or States Housing

Have you or anyone to be housed with you ever been a Guernsey Housing Association or States Housing Department Tenant?

Yes No

If yes, please give details below.

Address

Tenancy start date Tenancy end date

Tenant reference

Reason for leaving

6.3 Next of Kin

Please provide details for use if we need to contact you in the future, but are unable to do so directly.

You

Mr Mrs Ms Miss

Surname

Forenames

Address

Postcode

Tel No

Relationship

Partner

Mr Mrs Ms Miss

Surname

Forenames

Address

Postcode

Tel No

Relationship

6.4 Ownership of Property

In respect of you and your partner and any dwelling or land in Guernsey or elsewhere:

You

Do you own any property? Yes No

Are you in the process of buying property? Yes No

Have you previously owned property? Yes No

Partner

Do you own any property? Yes No

Are you in the process of buying property? Yes No

Have you previously owned property? Yes No

If yes to 6.4 (overleaf), please give full details.

You

Partner

If any property has been sold, please give details:

Total sale price £

How much did you or your partner receive £

When did the sale(s) take place?

6.5 Absence from Island and Intended Date of Return

If you are currently outside of Guernsey or have returned to the island in the past 12 months, please give details:

You

HM forces discharge date

Prison sentence discharge date

Date of returning to Guernsey

Other reason for absence

If this does not apply, please tick here

Joint Applicant

HM forces discharge date

Prison sentence discharge date

Date of returning to Guernsey

Other reason for absence

If this does not apply, please tick here

6.6 Pets

Note: There are some restrictions on keeping pets.

If your application is successful, will you be moving into the home with any pets? Yes No

If yes, please give details.

Type of Pet(s)	Breed	Age of Pet(s)	Sex	Any other details e.g. has the animal been spayed/neutered

Where will be pet(s) be kept?

Will the pet(s) require a special enclosure within the home? Yes No

If yes, what size?

Will the pet(s) require an enclosure/building in the garden? Yes No

If yes, what size?

Do you only wish to be considered for accommodation where you may take these pets? Yes No

Note: You will have to send in any dog or import licences where applicable.

7 What Property are you seeking?

I am looking for:

Rented Housing Partial ownership housing Both rented and partial ownership

How many bedrooms do you require? Are you willing to consider a property without a garden

Information on Partial ownership:

Partial ownership may help you buy a home if you can't quite afford the full cost yourself. It lets you buy part of a home and rent the rest. You can buy as little as 40% of a home or as much as 80%. Most people need a mortgage for the part they buy, and you will have to arrange this yourself through a bank. GHA has a programme of schemes which will be available for partial ownership and if you are interested please contact us for more details.

If you are seeking partial ownership property, do you hope to buy:

Within the next year?

After one year?

8 Relationship to staff

Are you related to:

Any member of staff at Guernsey Housing Association? Yes No

Any member of staff at States Housing Department? Yes No

Any States' Deputy? Yes No

If 'yes', please specify the person's name, position and your relationship to them.
(We need to know this but it will not affect your application.)

Signed by applicant

Name in CAPITAL letters

Signed by Joint Applicant
and/or Partner

Name in CAPITAL letters

Date of Application

11 Checklist of documents needed

Please make sure that this completed form is sent in to the Association with ALL the supporting paperwork. It will not be possible for the application to be processed without these documents.

Please send us:

- This form, with all sections completed and the declaration on page 14 signed.
If joint applicants, both signatures are required.
- A copy of your residency document. (Your Status Declaration).
If joint applicants please send documents for both of you (Question 5).
- A copy of your wage slips for the past 3 months or proof of your benefit.
If joint applicants, proof of both incomes is required (Question 4).
- Letter from your doctor or medical advisor, if you have answered 'Yes'
to Question 3. Letter is: Enclosed/Being sent directly to you (*delete as applicable*)

Please do not send in your form until you have all the documents required, as we will not be able to process it.

When fully completed, please submit your application to:

Guernsey Housing Association,
6 The Bridge,
St Sampson,
Guernsey
GY2 4QW

If you have any questions or if you need help filling in this form, please contact us on 01481 245530.

