

## Social Housing Application & Eligibility Form

Please complete this form to apply for social housing or if you are an existing tenant who wishes to transfer or due for a review of tenancy.

Please complete all appropriate sections of the form clearly using block capitals. We have included a checklist on the final page to assist you in making sure you have included all the information we require.

If you need help completing this form or require further information please contact the Housing Team on 756540/756550 or the Guernsey Housing Association (GHA) Team on 245530. If you would prefer, you may also seek advice and/or assistance from a professional working with you.

<b>PERSONAL INFORMATION - APPLICANT/TENANT 1</b>			
Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Master <input type="checkbox"/> Ms <input type="checkbox"/> Other <input type="checkbox"/>			
Surname		First Name(s)	
Other Names (current or previous)		Date of Birth	
Social Security Number	GY	Residential status	
Address (including postcode)		Any previous addresses in past 2 years	
Home Telephone:		Work Telephone:	
Mobile Telephone:		Email address:	
Do you have any pending court dates? (other than motoring)			YES NO
If yes, please state nature and date:			
<b>PERSONAL INFORMATION - APPLICANT/TENANT 2 (any additional applicants please use a second form)</b>			
If there is no other tenant at the address mark an <b>X</b> here and don't fill in any other box in the section.			
Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Master <input type="checkbox"/> Ms <input type="checkbox"/> Other <input type="checkbox"/>			
Surname		First Name(s)	
Other Names (current or previous)		Date of Birth	
Social Security Number	GY	Residential status	
Relationship to Applicant/ Tenant 1			
Address (if different to Applicant/Tenant 1)		Any previous addresses in past 2 years	
Home Telephone:		Work Telephone:	
Mobile Telephone:		Email Address:	
Do you have any pending court dates? (other than motoring)			YES NO
If yes, please state nature and date:			

If you need help or if you have any questions please contact Housing on 756540 or GHA on 245530

**ABOUT YOUR HOUSEHOLD**

This includes anyone who lives with you permanently or occasionally. It may include people who regularly stay overnight at the property, even if only once a week.

If there is nobody else living with you mark an **X** here and don't fill in any other box in the section.

Surname	First Name(s)	Date of Birth	Social Security Number	Relationship to you	Employed, unemployed, in receipt of benefit or full time education (state which)
			GY		
			GY		
			GY		
			GY		
			GY		
			GY		
			GY		
			GY		
			GY		
			GY		

If any of the people named above are about to leave full-time education, please provide details below including dates:

If any of the people named above are pregnant please indicate expected due date :

If any of the people named above do not live with you permanently, please provide details of who this applies to and the arrangements. If this relates to shared custody we will require evidence of the arrangement (e.g. Court Order or letter from other parent):

Does anyone have any health needs that should be considered as part of your application? e.g. physical, mental health or other support needs. YES NO

If YES, you will need to complete a **Health Needs Assessment Questionnaire**, available on request.

Does anyone have any involvement with other professionals such as social workers, support workers, clinical professionals? YES NO

If Yes, please provide details:

<b>HOUSEHOLD INCOME</b> This section covers income from employment, pensions, benefits, interest, maintenance payments or any other income. <b>Note:</b> NET income (usually detailed at the bottom of your payslip after deductions). If your salary changes a lot, put 'variable' in the NET pay box. Please send us wage slips covering the last two months and your most recent end of year wage slip. Please state if this includes any overtime that isn't part of your standard contract, so we can exclude from our assessment (we may need to ask for further documentation if required)				
Are you <b>EMPLOYED</b> ? If yes, please provide details of all employment and enclose copies of your wage slips covering the last two months.	<b>APPLICANT/TENANT 1</b>		YES	NO
	<b>APPLICANT/TENANT 2</b>		YES	NO
	<b>APPLICANT/TENANT 1</b>		<b>APPLICANT/TENANT 2</b>	
<b>Main Job title</b>				
Employers name: Address:  Telephone number: Email:				
Date employment started:				
NET Pay	Amount £	Frequency	Amount £	Frequency
Overtime or bonus payments	Amount £	Frequency	Amount £	Frequency
	<b>APPLICANT/TENANT 1</b>		<b>APPLICANT/TENANT 2</b>	
<b>Second Job title</b>				
Employers name: Address:  Telephone number: Email:				
Date employment started:				
NET Pay	Amount £	Frequency	Amount £	Frequency
Overtime or bonus payments	Amount £	Frequency	Amount £	Frequency
Any other jobs should be detailed in the <b>Additional Information section</b> at the end of this form.				

Do you receive <b>PENSIONS?</b> If yes, please provide details of all pensions received	<b>APPLICANT/ TENANT 1</b>		YES	NO
	<b>APPLICANT/ TENANT 2</b>		YES	NO
	<b>APPLICANT/TENANT 1</b>		<b>APPLICANT/TENANT 2</b>	
Guernsey OAP	Weekly £		Weekly £	
UK Pensions	Weekly £	Monthly £	Weekly £	Monthly £
Private Pension	Weekly £	Monthly £	Weekly £	Monthly £
Employer's Pension	Weekly £	Monthly £	Weekly £	Monthly £
Other (name): _____	Weekly £	Monthly £	Weekly £	Monthly £
Any other pensions should be detailed in the <b>Additional Information</b> section at the end of this form.				
Do you receive <b>BENEFITS?</b> If yes, please provide details of all benefits received	<b>APPLICANT/ TENANT 1</b>		YES	NO
	<b>APPLICANT/ TENANT 2</b>		YES	NO
	<b>APPLICANT/TENANT 1</b>		<b>APPLICANT/TENANT 2</b>	
Family Allowance	Weekly £		Weekly £	
Income Support	Weekly £		Weekly £	
Unemployment Benefit	Weekly £		Weekly £	
Sickness / Incapacity Benefit	Weekly £		Weekly £	
Severe Disability Benefit / Carers Allowance	Weekly £		Weekly £	
Other	Weekly £		Weekly £	
Do you have any <b>OTHER INCOME?</b> If yes, please provide details of all other income	<b>APPLICANT/ TENANT 1</b>		YES	NO
	<b>APPLICANT/ TENANT 2</b>		YES	NO
	<b>APPLICANT/TENANT 1</b>		<b>APPLICANT/TENANT 2</b>	
Bank interest/dividends	Monthly £	Annually £	Monthly £	Annually £
Maintenance Payments	Weekly £	Monthly £	Weekly £	Monthly £
Other	Weekly £	Monthly £	Weekly £	Monthly £

<b>SAVINGS AND INVESTMENTS</b> This relates to everyone in the household. For example money held in <b>any</b> bank accounts, premium bonds, retirement annuity trust (RATs), funds, stocks and shares whether accessible or not. Declare any interest that you get from your savings.				
Do you and/or your partner/joint tenant and/or dependent children have any <b>SAVINGS OR INVESTMENTS</b> ? All such savings and investments must be declared, and proof provided.			YES	NO
Total amount of <b>SAVINGS/ INVESTMENTS</b>		£		
Detail name of beneficiary and the source				
<b>PROPERTY AND LAND</b>				
Does anyone in the household own, part-own or are in the process of buying, property or land anywhere in the world? If yes, please provide details of all property or land			YES	NO
Name of person:		Approximate value of property or land	£	
Address of property or land:				
Any other properties or land should be detailed in the <b>Additional Information</b> section at the end of this form.				
<b>MAINTENANCE PAYMENTS (PAID OUT)</b> If you and/or your partner have a court order to pay maintenance to a person who does not form part of your household, we require a copy of the order and evidence of payments.				
If you and/or your partner/joint tenant do not pay any Court-ordered maintenance payments mark an <b>X</b> here and don't fill in any other box in the section				
Name of person who pays the maintenance		Name of person who receives the maintenance		
Amount		Frequency		
<b>CHILD CARE EXPENSES</b> If you pay for childcare whilst you are at work, the cost may be deducted against your NET salary.				
If you and/or your partner/joint tenant do not pay for child care whilst you are at work mark an <b>X</b> here and don't fill in any other box in the section				
Name of person/ organisation who looks after child(ren) and their relationship to you		Name(s) of child(ren) looked after		
Hours per week of child minding/pre-schooling		Is the child-minder registered with HSC	YES	NO
Cost per week and frequency:				
Address and contact details of childminder/pre-school				

### NEW TENANTS ONLY TO COMPLETE THE FOLLOWING SECTION:

CURRENT HOUSING CIRCUMSTANCES (please circle )					
Private Tenant	Sub-Tenant	Temporary Let	Living With Friends/ Relatives	Job-Tied Tenant	Lodging House
Bed & Breakfast	HM Forces	Sarnia Housing	Action For Children Flat	No Fixed Abode	Other:
LANDLORD DETAILS IN PREVIOUS TWO YEARS					
Landlord(s) Name Address  Contact number			Landlord(s) Name Address  Contact number		
Current rent	£	Weekly	£	Monthly	
Are you in arrears? If so, by how much?				£	
If you are in arrears or subject to any tenancy breach, please provide details:					
CURRENT PROPERTY					
What kind of property are you living in? (please circle)					
House with stairs	Bungalow	Flat	Bedsit	Hostel	Other:
If you live in a flat, bedsit or hostel, which floor are you on? (please circle)					
Basement	Ground Floor	First Floor	Second Floor	Other:	
How many bedrooms does the property have?				___ Bedrooms	
Do you currently live with anyone who won't be included in this application for social rented housing				YES	NO
If yes, how many adults and children?				___ Adults	___ Children

Does the property have problems with access?	YES	NO
Does the property have a lift?	YES	NO
Does the property suffer from significant disrepair?	YES	NO
If yes, please provide details:		
Has disrepair been reported to Environmental Health?	YES	NO
Has a closure notice been issued?	YES	NO
Has your landlord issued you with a Notice to Quit?	YES	NO
If yes, please provide proof with your application	YES	NO
<b>PETS</b>		
Do you have any Pets you will be seeking permission to keep? If Yes, you will need to complete a <b>Pet Application Form</b> which is available on request	YES	NO

Form updated September 2018

## DECLARATION & DATA PROTECTION

**Read the declaration carefully before signing and dating accordingly. The application form must be signed by the applicant/tenant, or in the case of a joint application, by both parties or by the legal representative.**

Housing and GHA process personal data in order to carry out the functions of the Committee *for* Employment and Social Security that relate to the provision of accommodation. Information collected will depend on your business with us, but will be no more than is required for that purpose. We may obtain information about you from others for any of our purposes if the law allows us to do so. We will share information between Social Security, other States Committees and the Guernsey Housing Association (GHA) to the extent necessary to discharge our responsibilities as co-provider of social rented, sheltered and extra care housing. Any personal information you give to us will be processed in accordance with the Data Protection (Bailiwick of Guernsey) Law, 2017 (DPL). If you wish to know more about the information we have about you, or about the way we process it, you can ask at the Office *for* Employment & Social Security or check the relevant fair processing notice at [gov.gg/dp](http://gov.gg/dp) or [gha.gg](http://gha.gg).

### Consent

I/We consent to the Committee for Employment and Social Security and the Guernsey Housing Association processing, sharing and storing the information provided through this application process in accordance with the Data Protection (Bailiwick of Guernsey) Law, 2017 and their fair processing notices which can be found at [gov.gg/dp](http://gov.gg/dp) and [gha.gg](http://gha.gg).

I/We declare that the information given in this application is true, complete and accurate.

I/We undertake to notify you within seven days, and in writing of any change in my/our circumstances that may affect our eligibility for Social Housing.

I/We give consent for you to contact any States Committee, GHA, person or professional named in this application to discuss and share information related to any part of my/our application.

I/We understand that deliberately supplying false information is fraud, and it may result in a cancellation of all or part of any benefits payable, termination of my/our application/tenancy and/or prosecution.

I/We understand that I/we must provide all the information requested in this form. I/we acknowledge the rights and responsibilities of Housing and GHA with regard to my/our Tenancy Agreement or Licence to Occupy, the Social Housing Income Thresholds Policy and the Capital Sums Policy.

I/We give consent for you to contact my/our employer(s) and/or Social Security to confirm my/our earnings/income (including overtime and bonuses).

I/We understand that if I/we deliberately or recklessly give false information to Housing or withhold information from Housing in connection with this application then:

- I/we will be guilty of an offence under The States Housing (Statutory Tenancies) (Guernsey) Regulations, 2005 and/or The States Housing (Rent and Rebate Scheme) (Guernsey) Regulations, 2005 (where applicable)
- I/we may be liable for prosecution. A custodial sentence/fine may be imposed

I/We understand that incomplete forms will be returned and if I/we fail to provide Housing with the required information my/our application will not be processed or, I/we may be asked to vacate the property in which I/we currently reside if already in social rented housing.

\_\_\_\_\_  
Applicant/Tenant 1 Signature

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Applicant/Tenant 2 Signature

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date



**Additional Information**

**CHECKLIST (to be completed by the applicant/tenant)**

Please confirm that you have enclosed (where applicable) the following information by placing a tick in the right hand box.

**MAKE SURE THAT EVERY SECTION THAT IS APPLICABLE HAS BEEN COMPLETED AND RETURN FORM TO:  
Housing, Edward T Wheadon House, le Truchot, St Peter Port, Guernsey, GY1 3WH**

<b>PROOF</b>	✓
Shared Custody - Court Order or letter confirming contact arrangements	
Wage slips for Applicant/Tenant 1 and/or Applicant/Tenant 2 showing NET/GROSS income covering the last two months (i.e. eight slips if paid weekly, two if paid monthly)	
End of year payslip for Applicant/Tenant 1 and/or Applicant/Tenant 2	
Confirmation of any other income received by Applicant/Tenant 1 and/or Applicant/Tenant 2	
Confirmation of all pensions received (paperwork showing who this is paid by and the amount received)	
Confirmation of all benefits received (paperwork showing who this is paid by and the amount received)	
Confirmation of all savings and investments (including those held by dependent children)	
Bank statements from all bank accounts for the last 3 month for Applicant/Tenant 1 and/or Applicant/Tenant 2 and any dependent children in the household	
Confirmation of all maintenance payments	
Confirmation of paid child care	
Notice to Quit/Eviction documentation	
Copy of Photo ID (Passport or Driving Licence). You will be required to bring in the original for verification by a member of Housing	
Signed and dated the form as required	

**For Office Use Only**

All relevant sections of form completed and signed with supporting evidence provided	
Original Photo ID verified	
Health Needs Questionnaire (if required)	
Pets Application Form (if required)	
Checked by:	Date: