

Teacher, General and Family Housing Application Form

For THA office use only							
Date received by THA	Area Applied For	Property Size Requested	Type of Property Requested				
Surname		Points					

If you need help completing this form please contact the Housing Management Team on 020 7440 9440

1. Are you subject to immigration control in the UK?	Yes 🗆	No 🗆
2. Do you work in Education in one of the Boroughs in which THA has property? (on a minimum 12 month contract and for a minimum of 16 hours per week)	Yes 🗆	No 🗆

If you reply **Yes** to question **1** and/or **No** to question **2**, it is unlikely that you will be eligible for housing with Teachers' Housing Association (THA). Please read the Eligibility/Exclusions section on page 2 of this form for more details about immigration status and other reasons why you may not qualify to apply. If you do not qualify to apply with THA, you should contact the Housing Needs Team at your Local Authority for advice about alternative housing options.

Teachers' Housing Association Privacy Statement

In order to assess your housing application we need to collect personal information from you. The information will be treated as confidential. However, as part of the application process, we may share your information with other agencies and providers. This is explained fully on our website and on the Declaration page of this application form.

The information will be held for a minimum of two months, or for the time we hold your details on a waiting list or six years beyond the end of your tenancy if you are offered and accept a tenancy with us.

Under Data Protection Law you have a number of rights, these include: the right to access your personal data, the right of rectification (if there is a mistake in your data), the right to have your data deleted and the right to ask us not to process your data. (Each of these rights is explained more fully on our website www.teachershousing.org.uk/about-us/general-data-protection-regulations-gdpr/).

Our Data Protection Officer is our Finance Director whose email is DPO@teachershousing.org.uk
If you want to complain about how we have handled your data you can do so with the Information Commissioner, their website is https://ico.org.uk/concerns/

You can use this form to apply for Teacher, General and Family Housing from THA. Information on where our properties are located can be found on our website http://www.teachershousing.org.uk/properties/

Guidance Notes 1 – please read these carefully before you complete this form:

To apply to be on the waiting list, you must be working in education in one of the Boroughs where THA has housing on a minimum of 12 month contract and for more than 16 hours per week.

All the information you give us will be held with your Application Form. THA may share this information with housing associations or other social landlords who could rehouse you. We may also take references from private landlords and contact organisations you tell us about to properly assess your support needs and priority for housing. We may also use your personal information for the prevention or detection of fraud. (Please refer to our Privacy Statement). You have a right to see information kept on file about your application and to ask for any inaccurate information to be removed.

Our full Housing Allocations Policy is published and available by calling the Housing Management Team or you can view it on our website: http://www.teachershousing.org.uk/about-us/general-data-protection-regulations-gdpr/

Please note that the demand for housing is far higher than the supply, which means that it is likely you will have to wait to be rehoused. Therefore you may need to consider alternative accommodation whilst you wait for housing with THA.

Eligibility / Exclusions

You can not apply for housing with THA if you fall in to one or more of the groups listed below:

- You are subject to immigration control. If you do not have citizenship in an EU country or indefinite/exceptional leave to remain in the United Kingdom and are subject to a 'no recourse to public funds condition' or you do not have refugee status, exceptional leave or indefinite leave to remain in the UK you do not qualify to apply for social housing. If you are unsure, please provide us with a copy of your immigration status papers so we can assess your eligibility.
- You do not work in Education in one of the Boroughs THA have property on a minimum 12 months contract for more than 16 hours per week.
- You are a homeowner or have financial interest in a property in the UK or abroad.

You may still apply if:

- Your annual household income exceeds £50,000 before tax for a couple or £40,000 for a single applicant however, you may be awarded a lower priority.
- Your household has savings or capital of over £30,000 however, you may be awarded a low priority.

THA reserves the right not to accept applications from people whose tenancy has previously ended due to rent arrears or anti-social behaviour, such as noise nuisance, domestic violence, racial harassment, intimidation, drug dealing, any other social housing fraud offences or if you owe THA money (i.e. through rent arrears, re-charges etc.) If your application is refused because of unacceptable behaviour, you will be told in writing, and this will include the reasons for our decision and details of your right to request a review.

Guidance Notes 2 – please read these carefully before you complete this form:

- Please make sure that you provide us with all the relevant proof documents for you and your household as listed on the next page. Failure to provide all the documentation that we require will prevent us from registering your application.
- If you do not fill in the form properly, give us all the information we need or you do not sign the Declaration at the end of this form, we will return it to you and this will delay your application.
- Please complete the form in ink and as clearly as possible.
- Where a question is not applicable to you, please mark your form N/A.
- Please read the questions carefully and answer all the questions that apply to you.
- Once your application has been received and processed, we will contact you to confirm this by post or, if you indicate you prefer email, we will email you. This letter will contain details of your awarded points and any other information that you will need. Please keep this information in a safe place.

It is your responsibility to keep us informed of any changes in your circumstances as this may affect your status on the waiting list, failure to do so may result in your application being closed. Changes of circumstance that you need to tell us about include: a change of address, changes to the people in your household, change of employment, income or assets etc. You should contact us if you have any queries about reporting a change of circumstances. If you withhold information in an attempt to secure accommodation you may be prosecuted, which could result in a large fine, imprisonment or other penalty.

If you do not speak English, or English is not your first language, or you do not understand anything on this form and in the Declaration, please contact a member of the Housing Management Team for assistance.

We will review your application annually and you will be required to confirm any changes to your circumstances. Failure to provide the information when requested may result in your application being removed from our waiting list.

If you sign the Declaration at the end of this form, you are agreeing that you understand and agree with these terms.

Proof Document Checklist

Please send us copies of <u>all</u> of the documents that apply to you and your family.

Use the right hand column to 'tick' that you have included documents.

Failure to provide all the documentation required will prevent us from registering your application.

PASSPORT OR UK BIRTH CERTIFICATE FOR EACH PERSON NAMED ON YOUR APPLICATION. You and your partner (if applicable) must have citizenship in an EU country or indefinite/exceptional leave to remain in the United Kingdom with access to public funds. If one or both of you do not have a UK passport, please provide National passports <u>plus</u> Home Office or Immigration documents and work visas (if applicable). DRIVERS LICENCES ARE NOT ACCEPTED AS PROOF NATIONAL INSURANCE NUMBER A recent payslip, N.I. card, DWP/benefit letter, p60, p45 or any other official document that shows a N.I. number for **each person** on the application over 16 years of age. PROOF OF RESIDENCE 1. APPLICANT AND PARTNER (if applicable) - Please provide proof for the last 5 years of all addresses where you have lived such as bank statements, utility or Council Tax bill or any other official document with a name, address and a date on it. We accept joint or individual documents. 2. ANY OTHER PERSON ON THE APPLICATION OVER 18 YEARS OF AGE - Please provide 1 current proof of address such as a bank statement, benefit award letter etc. **PROOF OF BENEFITS** Proof of any Government benefits that you receive such as Job Seekers Allowance, ESA, DLA, PIP, Housing Benefit, Working Tax Credits, Universal Credit, State Pension etc. PROOF OF EMPLOYMENT FOR WORKING TEACHERS AND THOSE WORKING IN EDUCATION 1. LETTER FROM YOUR EMPLOYER - Please enclose a letter that is dated within the last 2 months from your HR Department or Head Teacher. This must be on headed paper and confirm your start date, physical place of work, job title and contracted hours worked each week 2. WAGE SLIP – A wage slip dated within the last 2 months **TENANCY AGREEMENT** If you have signed a tenancy agreement or other agreement for the property you are currently occupying, please provide us with a copy.

- Please note that your application will not be registered without the relevant proof documents.
- If you are adding a civil partner, husband or wife to your application please provide us with a copy of the registration certificate.
- If your documents are in a language other than English please provide an official English translation.
- Please DO NOT send original documents in the post.

Our office address is on the final page of this application form and we would recommend that you send your documents via Recorded Delivery.

1. ABOUT YOU AND YOUR HOUSEHOLD

If you are applying with a partner, provided your partner is eligible, we will treat it as a joint application meaning that any tenancy granted will be joint. The main applicant will be the person with the Employed in Education priority.

	Applicant	Partner				
Title						
Surname/s						
Previous names						
(if any)						
First name/s						
Date of Birth						
National Insurance No						
method/s by ticking the relevant	Applicant	Partner				
Home						
Work						
Mobile						
Email						
Current address:						
Date you moved into this add	lress.					
Date you moved into this address.						
If your partner does not live v	with you, tell us more about this:					

Household details:

Please list details of everyone else in your household *(other than your partner)* with whom you wish to be rehoused:

Surname/s	First name/s	Title (Mr, Mrs, Ms, etc.)	Date of Birth	Relationship daughter/son etc.	National Insurance number (for anyone over 16 years)
Are you current	ly housed in tempo	rary accomm	odation provided b	y any London Bord	ough? Yes □ No □
Are you current	ly housed in tempo	rary accomm	odation provided b	y anyone else?	Yes □ No □
If yes, who provided it?					
you obtained the or other organi	his accommodatio	n. For examp	le, was it a self-re	eferral, a local au	etc. please tell us how thority referral, charity were referred and the
2. ABOUT YOUF	R CURRENT HOME				

Please tick the appropriate box below to show your current housing situation:

Council tenant	Housing	Private rented	Hostel /
	Association tenant		Bed & Breakfast
Home owner	Temporary Accommodation	Living with Family / friends	Refuge
Other*	*Please specify	, , ,,	

Are you in tied/service accommodation?	Yes □	No □					
Is your tied/service accommodation due to end? If <i>yes</i> , when? Date ending:							
If you or anyone else on your application is a council or housing association tenant, please tell us the name of the authority/association:							
If you are not the home owner, please provide name and addre E.g. Name on the mortgage/title deeds	ess of the person who ov	vns the property.					
Do you pay rent? Yes □ No □ If 'yes', how much per m	onth?						
Have you or anyone else on your application ever exercised the Right to Buy? Yes □ No □							
If yes, please provide details of any property that you or anyone else on this application has lived in:							
If you are renting your home, please give us your landlord's or number: (We may take up references from them when/if offer	•	and telephone					
Do you have an agreement about the rent you pay? If yes, what sort of agreement is this? e.g.: tenancy agreement	, licence, rent book, ver	Yes □ No □ pal agreement etc:					
If you do not have an address to register from, please let us know where you usually sleep, how long you have been sleeping there and where you keep your personal belongings:							

We will usually write to you at your present address. If you do not want us to write to you there, please provide an address where we can write to you and the reasons why we cannot contact you at your registered address: (Please note that this does not mean that we will accept an alternative address)													
3. YOUR PRE	SENT AC	соммо	DAT	ION									
What kind of	accomm	nodation	are y	ou living ir	n?								
Bed & Break	fast	Bunga	low			Flat				Hostel			
House		Studio	l			Mais	onett	е	-	Other? Pla	ease s	specify:	.1
How many b	edrooms	are there	e in y	our currer	nt prop	 erty in	total	?					
None	Stu	dio flat		1		2		3		4		+4	
How many b	edrooms	do you a	nd tl	he other p	eople c	n this	applic	ation have	for y	our sole/	own	use?	
None	Stu	dio flat		1		2		3		4		+4	
If you answe	red <i>yes,</i>	please tic	k wh	ich of the	followi	ng facil	lities a	Yes apply to yo			o □ sing	situatior	า:
						9	hare			Lack / [Oo n	ot have	
Living / Loun													
Toilet (any toil Bathroom / s			epara	tely)					+				
Kitchen and ,			ies						+				
Bedroom	0. 00010												
Electricity / G	as suppl	y (you shai	re the	same bill)									
If you lack a toilet, washing or cooking facilities or fuel supply, please tell us how you meet these needs:													

If you share facilities, please say with whom you share them and how they are related to you. If you share with strangers (i.e. in a hostel or room/house share) please write **other tenants** in *person name* and in *relationship to you* section write the approximate **number of people** you share the facilities with:

Name of the person you share wi	ith	Relationship to you	Relationship to you					
E.G. Bob Smith / Mum and Dad	/ other tenants	E.G. Friend / Parent	/ 3 other tenants					
On which floor level(s) is your acco	ommodation situa	nted?						
Basement □ Ground □ First □ Second □ Third □ Fourth □								
Higher (Please specify)								
Is there a lift? Yes □ No □								
4. PREVIOUS ADDRESSES								
Please give details of any addresse	-		_					
past five years. Start with the add	ress you lived in b	efore your current home and	work backwards.					
Main Applicant	Lived there	December lessing?	Landlord name &					
Main Applicant	from / to	Reason for leaving?	address?					
Address 1:								
Address 2:								
Address 3:								
Partner (if different addresses)	Lived there from / to	Reason for leaving?	Landlord name & address?					
Address 1:								
Address 2:								
Address 2.								
A 11 2								
Address 3:								

If you need more space, please continue on a separate sheet.

Have you and everyone else on this application always lived in the UK? If no , tell us who did not and when did you/they enter the UK?	Yes □	No 🗆
If you do not have a British or EU Passport, do you and your partner (if appli public funds? (This will be detailed on your immigration papers)	cable) have access	to
Applicant: Yes □ No □	Partner: Yes □	No □
5. PREVIOUS SOCIAL HOUSING		
Have you or anyone else on this application ever been a tenant of a council of	or housing association Yes	on property? No □
If yes : Who were the tenant/s and who was the landlord, e.g. name of counc	cil or housing asso	ciation?
What was the address of the property? If more than one property, please de	tail each address:	
Date the tenancy ceased and why?		
Date the tenancy ceased and why:		
Have you ever had action taken against you for breach of tenancy, such as a Possession, Notice to Quit, Injunction or Anti-Social Behaviour Order or Poss	_	
If yes , please give the date and details:	Yes 🗆	No □
in yes, pieuse give the dute and details.		
Are you currently or have you ever (or anyone else named on this application	n) received help fr	om a

council or local authority as a homeless applicant?

Yes ☐ No ☐

Please give us a brief description of when this happened, why and what was the outcome of this application:								
6. YOUR HOUSING REQ	UIREME	ENTS						
Mhon do vou roquiro Ho	using?							
When do you require Ho	using r .							
State which Teachers' Ho	nusing A	Association sch	eme or a	rea vou wish t	n he conside	ered for land	the size	
of accommodation that								
you wish to be considere								
				Sino of Acc				
Housing Schem	e /	Shared	a. II		ommodatio			-
Area		Housing	Studio	1 Bed	2 Beds	3 Beds	4 Beds	
Brent								
Bexley				_				
Kingston-upon-Tha	ames							
Croydon								
Haringey				_				
Waltham Forest								
Islington								
Windsor								
7. REPAIRS								
Is your home in a state	of disre	enair?				Υe	s 🗆 No)
is your nome in a state	. Or aisic	. pan .				10	3 🗀 110	_
If yes , please tick one o	or more	of these boxes	s to indica	ate what nroh	lems vou ha	ve in vour nr	opertv:	
Damp / mould		angerous		Electrical / Fa		Faulty fac	<u> </u>	
j. , 5 5		_		wiring	•	·		
Heating / Gas Supply		aking roof /		Rotting wood	lwork	Pest infes	tation	
Ctructural arablems		aking other		O+h ==2 0/- :	::£			
Structural problems	VV	ater Supply		Other? Please	е ѕресіту:			

Please provide a brief description of the problem: If you need more space, please continue on a	a separate sh	neet.
Does your landlord know about these problems?	Yes 🗆	No □
Have you informed your local council's Environmental Health team about the problem?	Yes □	No □
Have they been to assess your property?	Yes □	No □
If you are a council or Housing Association tenant and have concerns about your home, your landlord in the first instance.	please cor	ntact
If you are seeking extra priority on your housing application due to disrepair, you will not your local Environmental Health team for an independent assessment. We need to rece their report and the action taken against the landlord to fix the issue before we can make assessment.	ive a copy	

8. EMPLOYMENT AND INCOME

Please answer the following questions about your employment or any paid work. Please complete both sections for the main applicant and your partner (if applicable).

Main Applicant	Partner
Are you in paid employment? Yes \(\square\) No \(\square\) If yes , please complete the following questions for employed	Are you in paid employment? Yes \(\simega\) No \(\simega\) or self-employed work for you and your partner (if applicable)
What is your total annual income (£) before tax and deductions?	What is your total annual income (£) before tax and deductions?
What is your job title?	What is your job title?
How many hours are you contracted to work each week?	How many hours are you contracted to work each week?
Name and address of your employer / registered business:	Name and address of your employer / registered business:
What was your start date for this employment?	What was your start date for this employment?

Government Benefits

Yes □ No □ Do you or your partner receive any Government benefits? If **yes**, please confirm which benefits you receive and the weekly amount in the grid below: **Applicant Partner** Attendance Allowance (AA) Carer's Allowance Child Benefit Disability Living Allowance (DLA) or PIP **Employment and Support Allowance (ESA) Housing Benefit** Income Support Jobseeker's Allowance (JSA) **Pension Credits** Tax Credits - Working / Child etc **Universal Credit Private Pension** Other? Please specify: Other income Yes \square No □ Is there any other income or capital that has not been declared on this form? If **yes**, please specify type of income (e.g. private pension, trust fund, shares, investments etc.) and the monthly value Yes \square No □ Do you, your partner or anyone else on this application have any savings? If **yes**, please specify the total value of savings for each person: No □ Do you, your partner or anyone else on this application have any debt? If yes, please state the approximate total value of debt and type (i.e. credit card/loan etc.): 9. RECEIVING AND GIVING SUPPORT Have you or anyone else on this application ever had an Adults Social Care Assessment, an NHS Mental Health or care assessment or any other support assessment (such as Drug and Alcohol etc.) Yes □ No □ If yes, who on this application received the assessment? Please provide the name, address and telephone number of the organisation/s and the name of your personal care co-ordinator / support worker:

Do you or anyone else on this application need or already receive support for any o	f the follow	wing		
reasons? You can tick more than one box	Need	Receive		
Mental health				
Drugs / Alcohol				
Domestic violence				
Learning disabilities				
Physical disabilities or ill health				
Sensory disabilities				
Refugee				
Other, please specify:				
Do you or anyone else on this application need or receive support from any of the f	following?			
	Need	Receive		
Community Psychiatric Nurse	1			
District Nurse / other home care / Health Visitor				
Key Worker / Support Worker				
Occupational Therapist				
Probation Service				
Resettlement or Tenancy Sustainment Officer				
Social Worker				
Other, please specify:				
Other, pieuse speetify.				
Giving support Do you or anyone else on this application provide support to someone else? If yes, please provide the name, address and relationship to the person who receive the reason you need to support them. Please provide supporting documentation and continu required.		•		
10. MEDICAL CIRCUMSTANCES Is your current accommodation directly affecting the health or mobility of you or anyone else on this application? Yes □ No□				
Please send any supporting documents from your GP, medical professional or hospital about the condition and treatment received. You will need to provide details for each person in your household whose health is affected by your accommodation.				
	ts? Yes □	No □		
If yes , please give details:				

Does your current property have any adaptations to aid your disability? Yes \square No \square If yes , please give details:		
/our Health		
Details of any recent serious illness, operation, physical infirmity (e.g. sight o	r hearing) or long	term
illness: Applicant 1: Applicant 2:		·····
Details of any medication taken by either applicant:		
Applicant 1: Applicant 2:		•
		···
		••
Is either applicant registered disabled? Applicant 1 Yes \square No \square A	pplicant 2 Yes 🗆	No □
If yes, please give a brief description of disability and registration number:		
Applicant 1: Applicant 2:		
		·•
Comments on general health:		

	old have an Yes □	ny medical or health problem(s) which would be No □
With the exception of assistance pets, cate	_	
Do you have any other pets?	Yes □	No □
If <i>yes</i> , are you willing to rehouse them?	Yes □	No □
Language		eed more space, please continue on a separate sheet.
Do you require an interpreter? Yes If yes , which language?	No 🗆	
Do you have a friend or representative wh relationship to you and their telephone nu		nslate on your behalf? If yes , what is their name,

Declaration

Please read the Declaration below and then sign at the bottom.

If you do not sign and date this form we will return it to you and this will delay your application.

- The details I have given on this form are correct and complete. I will inform THA if there are any changes to my household, employment, medical condition, or housing situation and I understand that any changes may affect my entitlement to housing. If my circumstances have changed and I am offered a property, the offer may be withdrawn if my household or circumstances do not match the information on this Housing Application.
- The Association may use the information provided on this form for the prevention and detection of fraud. It may also share this information with other bodies responsible for auditing or administering public funds for these purposes.
- I agree that you may undertake checks with my employer and other public and private sector organisations to assess my application.
- I agree that THA can contact all the organisations where I have held previous council or housing association tenancies as part of the assessment of my application for social housing.
- I agree that any relevant information may be given to these organisations to help them consider my case.
- I understand that references may be obtained from private sector landlords.
- I agree that my information can be shared, with other people or organisations involved in my care or caring role. I agree that any agency I have listed in the section relating to 'Receiving and giving support' may be contacted.
- I understand that my application may be cancelled if I give false or misleading information, if I withhold information or fail to tell you if my circumstances change.
- If I am granted a tenancy as a result of my giving false or misleading information, or because of information I have withheld, I understand that my tenancy may be terminated, I may have to pay a fine and I could face prosecution action.
- I understand that it is an offence to knowingly make a false statement or withhold information.

Applicant's signature	Date	
Partner's signature	Date	
If this form has been completed by anyone other than the main applicant, please tell us who completed it and why the applicant was not able to:		

Thank you for completing this form. Once you have read and signed the Declaration, please return the form with the necessary proof documents to:

Teachers' Housing Association, Rugby Chambers, 2 Rugby Street, London WC1N 3QU
Telephone: 0207 440 9440 Fax: 0207 404 3322
Email: enquiries@teachershousing.org.uk