****

**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/](http://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](mailto: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/**](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 **all** 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 *plus*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** |  |  |
| **Contact details** – please provide at least one contact number and indicate your preferred contact method/s by ticking the relevant box: | | |
|  | **Applicant** | **Partner** |
| **Home** |  |  |
| **Work** |  |  |
| **Mobile** |  |  |
| **Email** |  |  |
| **Current address:** | | |
|  | | |
| **Date you moved into this address:** | | |
|  | | |
| **If your partner does not live 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 currently housed in temporary accommodation provided by any London Borough? Yes No 

Are you currently housed in temporary accommodation provided by anyone else? Yes No 

If yes, who

provided it?

If you live in Temporary Accommodation such as a bed & breakfast or a hostel etc. please tell us how you obtained this accommodation. For example, was it a self-referral, a local authority referral, charity or other organisation? Please provide the full name of the organisation, why you were referred and the approximate length of your stay:

**2. ABOUT YOUR CURRENT HOME**

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

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Council tenant |  | Housing Association tenant |  | Private rented |  | Hostel /  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 ***yes***, 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 address of the person who owns the property.

E.g. Name on the mortgage/title deeds

Do you pay rent? Yes  No  If ‘yes’, how much per month? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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 agent’s name, address and telephone number: (We may take up references from them when/if offering you a property)

Do you have an agreement about the rent you pay? Yes No 

If yes, what sort of agreement is this? e.g.: tenancy agreement, licence, rent book, verbal 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 PRESENT ACCOMMODATION**

What kind of accommodation are you living in?

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Bed & Breakfast |  | Bungalow |  | Flat |  | Hostel |  |
| House |  | Studio |  | Maisonette |  | Other? *Please specify:* | |

How many bedrooms are there in your current property **in total**?

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| None |  | Studio flat |  | 1 |  | 2 |  | 3 |  | 4 |  | +4 + |  |

How many bedrooms do you and the other people on this application have for your **sole/own use**?

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| None |  | Studio flat |  | 1 |  | 2 |  | 3 |  | 4 |  | +4 + |  |

Do you lack any of the following facilities or share with someone who is **not** part of your household?

Yes No 

If you answered ***yes***, please tick which of the following facilities apply to your current housing situation:

|  |  |  |
| --- | --- | --- |
|  | **Share** | **Lack / Do not have** |
| Living / Lounge room |  |  |
| Toilet (any toilet - in bathroom or separately) |  |  |
| Bathroom / shower room |  |  |
| Kitchen and / or cooking facilities |  |  |
| Bedroom |  |  |
| Electricity / Gas supply (you share 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 with** | **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 accommodation situated?

Basement Ground First Second Third Fourth 

Higher (Please specify) ………………..

Is there a lift? Yes  No 

**4. PREVIOUS ADDRESSES**

Please give details of any addresses where you and your partner *(if applicable)* have lived during the past five years. Start with the address you lived in before your current home and work backwards*.*

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Lived there from / to** | **Reason for leaving?** | **Landlord name & address?** |
| **Address 1:** |  |  |  |
| **Address 2:** |  |  |  |
| **Address 3:** |  |  |  |

**Main Applicant**

|  |  |  |  |
| --- | --- | --- | --- |
| **Partner** *(if different addresses)* | **Lived there from / to** | **Reason for leaving?** | **Landlord name & address?** |
| **Address 1:** |  |  |  |
| **Address 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? Yes  No 

If **no**, tell us who did not and when did you/they enter the UK?

If you do not have a British or EU Passport, do you and your partner (if applicable) have access to public funds? (This will be detailed on your immigration papers)

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 or housing association property?

Yes  No 

If **yes**: Who were the tenant/s and who was the landlord, e.g. name of council or housing association?

What was the address of the property? *If more than one property, please detail each address:*

Date the tenancy ceased and why?

Have you ever had action taken against you for breach of tenancy, such as a Notice of Seeking Possession, Notice to Quit, Injunction or Anti-Social Behaviour Order or Possession Order?

Yes No 

If ***yes***, please give the date and details:

Are you currently or have you ever (or anyone else named on this application) received help from 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 REQUIREMENTS**

When do you require Housing? …………………………………………………………………………………………………………………..…..

State which Teachers’ Housing Association scheme or area you wish to be considered for, and the size of accommodation that you require. Please tick the appropriate box.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Housing Scheme / Area** | **Size of Accommodation** | | | | | |
| Shared Housing | Studio | 1 Bed | 2 Beds | 3 Beds | 4 Beds |
| Brent |  |  |  |  |  |  |
| Bexley |  |  |  |  |  |  |
| Kingston-upon-Thames |  |  |  |  |  |  |
| Croydon |  |  |  |  |  |  |
| Haringey |  |  |  |  |  |  |
| Waltham Forest |  |  |  |  |  |  |
| Islington |  |  |  |  |  |  |
| Windsor |  |  |  |  |  |  |

**7. REPAIRS**

Is your home in a state of disrepair? Yes No 

If **yes**, please tick one or more of these boxes to indicate what problems you have in your property:

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Damp / mould |  | Dangerous |  | Electrical / Faulty  wiring |  | Faulty facilities |  |
| Heating / Gas Supply |  | Leaking roof /  leaking other |  | Rotting woodwork |  | Pest infestation |  |
| Structural problems |  | Water Supply |  | Other? *Please specify:* | | | |

Please provide a brief description of the problem: *If you need more space, please continue on a separate sheet.*

|  |
| --- |
|  |

|  |  |  |
| --- | --- | --- |
| Does your landlord know about these problems? | Yes  | No  |
| Have you informed your local council’s Environmental Health team about the problem?  Have they been to assess your property? | Yes   Yes  | No   No  |

If you are a council or Housing Association tenant and have concerns about your home, please contact your landlord in the first instance.

If you are seeking extra priority on your housing application due to disrepair, you will need to contact your local Environmental Health team for an independent assessment. We need to receive a copy of their report and the action taken against the landlord to fix the issue before we can make an assessment.

**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  No Are you in paid employment? Yes No   If **yes**, p*lease complete the following questions for employed 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**

Do you or your partner receive any Government benefits? Yes No 

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  Universal Credit  Universal Credit  Universal Credit  Universal Credit |  |  |
| Private Pension |  |  |
| Other? *Please specify:* |  |  |

**Other income**

Is there any other income or capital that has not been declared on this form? Yes No 

If **yes**, *please specify type of income* (e.g. *private pension, trust fund, shares, investments etc.) and the monthly value*

Do you, your partner or anyone else on this application have any savings? Yes  No 

If **yes**, *please specify the total value of savings for each person*:

Do you, your partner or anyone else on this application have any debt? Yes  No 

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 of the following 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 following?

**Need Receive**

|  |  |  |
| --- | --- | --- |
| Community Psychiatric Nurse |  |  |
| 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:* |  |  |

**Giving support**

Do you or anyone else on this application provide support to someone else? Yes  No 

If ***yes***, please provide the name, address and relationship to the person who receives your support and the reason you need to support them. *Please provide supporting documentation and continue on a separate sheet if 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.

**Accessibility**

Do you or anyone else on this application have any mobility or sensory requirements?

Yes No 

If **yes**, please give details:

Does your current property have any adaptations to aid your disability? Yes No 

If **yes**, please give details:

**Your Health**

Details of any recent serious illness, operation, physical infirmity (e.g. sight or hearing) or long term illness:

Applicant 1: …………………………………………………….. Applicant 2: …………………………………………………….

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Details of any medication taken by either applicant:

Applicant 1: …………………………………………………… Applicant 2: ………………………………………………………

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Is either applicant registered disabled? Applicant 1 Yes No  Applicant 2 Yes No 

If yes, please give a brief description of disability and registration number:

Applicant 1: ……………………………………………………….. Applicant 2: ………………………………………………

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Comments on general health:

Do any members of the proposed household have any medical or health problem(s) which would be improved by moving to a new home? Yes No 

If ***yes***, please give details:

**With the exception of assistance pets, cats or dogs are not permitted in any THA property.**

Please tell us if you have any assistance pets and how they assist you. (e.g.: guide dog etc.)

Do you have any other pets? Yes No 

If ***yes***, are you willing to rehouse them? Yes No 

**Is there anything else about your present accommodation or your circumstances that you wish to add or that we should know?** *If you need more space, please continue on a separate sheet.*

**Language**

Do you require an interpreter? Yes No 

If **yes**, which language?

Do you have a friend or representative who can translate on your behalf? If **yes**, what is their name, relationship to you and their telephone number?

**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**](mailto:enquiries@teachershousing.org.uk)