

Housing Application Form

Who should fill in this form?

You should only fill in the form if you wish to apply for:

- A Council home in Carmarthenshire
- A housing association home in Carmarthenshire
- One of the Affordable Housing schemes in Carmarthenshire
- A home with the Social Lettings Agency in Carmarthenshire

We are not able to offer a council or housing association home to everyone who would like one. If you would like advice about availability of properties, or other options available, you can either speak to an advisor by phoning the appropriate area office, see below for contact information. Information is also available on our website, www.carmarthenshirehousing.co.uk.

Carmarthenshire County Council

Housing Services, Tŷ Elwyn, Llanelli, SA15 3AP
Tel: 01554 742194

Housing Services, 3 Spilman Street, Carmarthen, SA31 1LE
Tel: 01267 228937

Housing Services, Town Hall, Ammanford, SA18 3BE
Tel: 01269 598213

www.carmarthenshire.gov.uk
www.carmarthenshirehousing.co.uk

Housing Associations

Coastal Housing Group Ltd,
11 Wind Street, Swansea, SA1 1DP
Tel: 01792 479200 www.coastalhousing.co.uk

Cymdeithas Tai Cantref

Llys Cantref, Lôn yr Eglwys, Castell Newydd Emlyn,
Sir Gaerfyrddin, SA38 9AJ
Tel: 01239 712002 www.cantref.co.uk

Bro Myrddin Housing Association

Cillefwr Industrial Estate, Johnstown, Carmarthen, SA31 3RB
Tel: 01267 232714 www.bromyrdin.co.uk

Gwalia Housing Group

7-13 The Kingsway, Swansea, SA1 5JN
Tel: 01792 460609 www.gwalia.com

Family Housing Association

43 Walter Road, Swansea, SA1 5PN
Tel: 01792 460192 www.fha-wales.com



General Points

- If you would like help making your application, please contact an advisor by phoning any of the above area offices.
- If you are applying by completing a paper form, please use a pen
- Please provide as much information as you can; if you do not answer a question, we may have to contact you to check your circumstances – this could delay how quickly we can process your application
- Once you are on the Register, we will give you an application reference number. Please make sure you keep this safe.
- If your situation changes (for example, if you move home, or anyone else moves in with you), please tell us. Changes such as these could affect your points, or the sort of home we can offer you.
- If we have not offered you a home, we contact you once a year to make sure you want to remain on the Register, and whether anything has changed with your application. It is important that you respond or we will assume that you no longer want us to consider you for a new home, and remove your application from the register.

SECTION I – Information about you

Please write in **BLOCK CAPITALS** throughout this form

Applicant

Title (Mr., Mrs, Ms)

First Name

Surname

Have you been known by another name

Sex

Date of birth

National Insurance Number

Phone numbers

Home

Work

Mobile

Other

Email address

How would you like us to contact you?

Mobile phone Letter

Landline phone In person

Email

Text

Joint Applicant

Title (Mr., Mrs, Ms)

First Name

Surname

Have you been known by another name

Sex

Date of birth

National Insurance Number

Phone numbers

Home

Work

Mobile

Other

Email address

How would you like us to contact you?

Mobile phone Letter

Landline phone In person

Email

Text

HELP

If you are applying to be a joint tenant with someone else, you should include their details in the joint applicant column throughout this form.

HELP

It is useful if you put in phone numbers because it will make it easier for us to contact you.

Please write in **BLOCK CAPITALS** throughout this form

Applicant

1. Which is your preferred language?

Welsh
English
Other (please specify) _____

2. Are you related to an employee, a committee member, of either the council or a housing associations.

Yes/No **If yes, please provide details*


Name


Position

3. What is your nationality

Are you subject to immigration control?

Yes/No

 If you are subject to immigration control, please provide proof of your immigration status.

 Please provide us with proof of who you are. This can include your passport, driving licence, birth certificate or proof of benefit.

Joint Applicant

Which is your preferred language?

Welsh
English
Other (please specify) _____

Are you related to an employee, a committee member, of either the council or a housing associations.

Yes/No **If yes, please provide details*


Name


Position

What is your nationality

Are you subject to immigration control?

Yes/No

 If you are subject to immigration control, please provide proof of your immigration status.

 Please provide us with proof of who you are. This can include your passport, driving licence, birth certificate or proof of benefit.

HELP
If you are related to someone like this, we will not allow your relative to be involved with your application.

SECTION 2 – where you live now ?

Please write in **BLOCK CAPITALS** throughout this form

4. Applicant

Current address

5. Can we contact you at this address?

Yes/No

** If not, please can you provide an address where we can contact you*

6. Is your current home

- Privately rented from a landlord
- Rented from CCC
- Rented from another council
- Rented from a housing association
- Owner occupied
- Sharing with relatives or friends
- HM forces accommodation
- Supported housing
- Other

7. If you rent your home, please give details of your landlord

Name

Address

Phone number(s)

Joint Applicant

Current address

Can we contact you at this address?

Yes/No

** If not, please can you provide an address where we can contact you*

Is your current home

- Privately rented from a landlord
- Rented from CCC
- Rented from another council
- Rented from a housing association
- Owner occupied
- Sharing with relatives or friends
- HM forces accommodation
- Supported housing
- Other

If you rent your home, please give details of your landlord

Name

Address

Phone number(s)

HELP

If you are applying to be a joint tenant with someone else, you should include their details in the joint applicant column throughout this form.

HELP

It is useful if you put in phone numbers because it will make it easier if we need to contact you.

Applicant

Joint Applicant

8. Type of property

Type of property

- House
- Ground floor flat
- Upper floor flat
- Bungalow
- Bedsit
- Room in a shared house
- Hostel/refuge

- House
- Ground floor flat
- Upper floor flat
- Bungalow
- Bedsit
- Room in a shared house
- Hostel/refuge

9. Please say how many bedrooms your home has.

- One Two Three Four Five

How many bedrooms do only you and your family use?

- One Two Three Four Five

10. Has your current home got any of the following disabled adaptations?

Has your current home got any of the following disabled adaptations?

- Stairlift
- Hoists
- A lift to all floors
- Ground floor bedroom extension
- Ground floor bathroom extension
- Wheelchair access to the front
- Wheelchair access to the back

- Stairlift
- Hoists
- A lift to all floors
- Ground floor bedroom extension
- Ground floor bathroom extension
- Wheelchair access to the front
- Wheelchair access to the back

11. Do you still need the adaptations?

Do you still need the adaptations?

Yes/No

Yes/No

12. Please provide the addresses of where YOU have lived for the past 8 years. Please include your present home.

Address		
	Date From:	Date To:
Address		
	Date From:	Date To:
Address		
	Date From:	Date To:

HELP
 We need to know your previous addresses because we need to assess whether you qualify for residency points (you may get these if you want to live in the same area you have lived before)

Please continue on a separate sheet if required

13. If you are applying for a joint application, please provide us with the address of where the joint applicant has lived for the past 8 years. Please include your present home

Address	Date From:	Date To:
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Address	Date From:	Date To:
---------	------------	----------

Address	Date From:	Date To:
---------	------------	----------

Please continue on a separate sheet if required

SECTION 3 – Who will be living with you in your new home

14. Please list everyone who lives with you now, and tick the end column to say who will move with you

Full name	Date of birth	Sex	Relationship to you	Please tick if this person will move in with you

15. Will anyone be living with you in your new home who lives elsewhere?

Name	Address	Reason they don't currently live with you

16. Are you or anyone who will be living with you pregnant?

Name of pregnant person	Date baby is due

HELP

Please provide proof of pregnancy to show when the baby is due, such as a certificate from your midwife

17. Do you or your partner have a child or children not included above to who you regularly have access?

Yes / No (if no, please go to Section 4- Why are you applying for a home)

18. How often does the child or children stay with you?

- Weekly (please state how many days a week) _____
- Weekends
- Monthly
- During holidays

HELP
We need written confirmation of any access arrangements you have, such as solicitor's letter, court papers or a letter from the child's legal guardian.

If you have children staying with you, we will look at each case separately.

19. Do you have any of the following (tick any which apply):

- A joint residence order
- A contact order
- Agreed access arrangements
- Other arrangements (please explain) _____

SECTION 4: Why are you applying for a new home?

20. Please explain in your own words why you are applying for a new home.

SECTION 5: Medical reasons for applying for housing

21. Do you or anyone included with your application have a medical problem which is made worse by your current home?

Yes / No (If no, please go to Section 6 – Current Condition of your Home)



You do not need to contact your GP directly, but should sign this form allowing us to get information from your GP if we need to. If we need more information about your health issues, we will give you a letter to take to your doctor.

Name of person with medical condition	Illness or problem

HELP

Medical points are only awarded where rehousing will reduce your medical problems

22. How is your/their illness/health made worse by your current home?

23. How would rehousing help or improve your situation?

24. Name and address of GP

25. Is anyone else involved with your case, such as a social worker or consultant

Yes No

Please provide details

SECTION 6: Current condition of your home

26. Does your home have any repair problems which are affecting your health or safety?

Yes / No (If no, please go to section 7 applicants who need to move to provide or receive support or care)

HELP

Please be aware that if you have provided information in this section, we may refer your details to our Environmental Health Officers who will assess your home. Points will only be awarded if they determine that your home has some dangers which need attention. If you rent your home from a private landlord, the Environmental Health Officer will contact your landlord if any dangers are found.

27. Please provide details of the problems with your home in the table below

Problem	Rooms affected
Does your home suffer from damp/condensation? Yes / No	
Is your home difficult to keep warm? Yes / No	
Do you have problems with the electrical system? Yes / No	
Is there anything inside your home or in the garden or yard which you could trip over and fall? Yes / No	
Does your home or garden have steep or uneven steps or stairs? Yes / No	
Please provide details of any other problems you have with your home Yes / No	
If you have said yes to any of the above, please explain.	

SECTION 7 – Care and Support

28. If you are currently receiving care or support please complete Section 7, if no, please continue to Section 8

Please give the name and address of the person who will provide or receive the care or support.

Name

HELP

Applications under this category will be considered on a case by case basis. We may need to refer your case to an independent assessor if necessary.

Address

29. How long have they lived at this address? _____

Please describe the nature of the care and support

30. How often will this care and support be provided?

- | | |
|------------------------|--------------------------|
| A few times a day | <input type="checkbox"/> |
| Once a day | <input type="checkbox"/> |
| A few times a week | <input type="checkbox"/> |
| Once a week | <input type="checkbox"/> |
| Once a month | <input type="checkbox"/> |
| Less than once a month | <input type="checkbox"/> |

31. Is there anyone else who can provide this support?

Yes / No

Please provide details

32. Do you or the person providing the support or care have a car or access to transport?

SECTION 8: Other reasons for applying

Please provide details if any of the following apply to you

33. Do you live in a private rented property and your landlord has given you written notice to leave?

Yes / No

If yes, when does the notice end _____

HELP

If you have received written notice, please enclose a copy of your tenancy agreement and notice with your form. We can copy these for you if you bring them into our offices.

34. Are you currently in hospital or residential care, and are unable to return home because it is unsuitable for your needs?

Yes / No

HELP

The Health Authority will contact us if this applies to you.

35. Are you in need of sheltered housing?

Yes / No

If yes, do you need Extra Care accommodation?

Yes / No

HELP

Sheltered Housing and Extra Care accommodation is suitable for people who are aged over 55, and need support.

Your needs will be assessed by a Sheltered Scheme Officer and the Community Support Team

36. Are you a veteran who has seen active service in the armed forces and are suffering from post traumatic stress disorder or a serious illness directly related to your service in the Forces

Yes / No

HELP

You will need to provide evidence from a professional to prove that you meet this criteria

37. Do you need to move to take up or carry on with full-time employment, education or training?

Yes / No

If yes, please give us details about who we can contact for more information.

Name

Address

Phone number

HELP

Your employer, school, college or university will have to provide confirmation of this

SECTION 9: Tenancy support

38. Do you need support to keep your home and/or move to suitable accommodation?

Yes / No (if no please go to Section 11 – Where you want to live)

If 'Yes', please indicate which of the following are reasons for you needing support by placing a tick in the box next to it. You can tick more than one.

Support needs

Domestic Abuse	<input type="checkbox"/>	Chronic Illness	<input type="checkbox"/>
Learning Disabilities	<input type="checkbox"/>	Vulnerable Single Parent	<input type="checkbox"/>
Mental Health Issues	<input type="checkbox"/>	Physical Disabilities	<input type="checkbox"/>
Alcohol Issues	<input type="checkbox"/>	Physical Mobility Issues	<input type="checkbox"/>
Drug Use	<input type="checkbox"/>	Visually Impaired	<input type="checkbox"/>
Refugee Status	<input type="checkbox"/>	Hard of Hearing	<input type="checkbox"/>
Young and Vulnerable	<input type="checkbox"/>	Elderly Vulnerable	<input type="checkbox"/>
Homelessness Issues	<input type="checkbox"/>	Other	<input type="checkbox"/>
Offending Issues	<input type="checkbox"/>		

Of these, which one is the most important to you?

39. How much support do you think that you will need?

Access to on-site support 24 hours a day	<input type="checkbox"/>	4 hours to 8 hours a week	<input type="checkbox"/>
Access to on-call support 24 hours a day	<input type="checkbox"/>	Between 2 to 4 hours a week	<input type="checkbox"/>
8 to 16 hours a week	<input type="checkbox"/>	Between 1 to 2 hours a week	<input type="checkbox"/>

40. How much support do you think that you will need?

0-6 Months	<input type="checkbox"/>	18 Months to 2 years	<input type="checkbox"/>
6 - 18 Months	<input type="checkbox"/>	More than 2 years	<input type="checkbox"/>

41. What type of service do you think you will need?

Support that is provided to you in your home	<input type="checkbox"/>
Support that is provided to you in temporary accommodation, from which you can move into permanent accommodation after you no longer need support	<input type="checkbox"/>

42. Are you already receiving support?

Yes / No

SECTION 10: Where you want to live

43. Please tell us where you would like to live, but remember that very few properties become available in many of the areas within the County.

Use the table on the following pages to make your choices.

STEP 1 – Look at the column that suits your household needs.

STEP 2 – Find the areas you want to live

Property size	Eligible households
Bedsits	Single people
1 bed house of flat	Single people or couples
2 bed flats	Single people, couples
1 or 2 bed bungalows	Single people 55 or 60 and over
2 bed house, flat or maisonette	Households with a pregnant person, household with 1 or two children
3 bed house, flat or maisonette	Households with a pregnant person, household with 1 or more children
4 bed houses	Households with three or more children

44. Tick as many areas as you like where you wish to live. If you require help with this please contact an advisor from the appropriate area office.

Area	Bedsit & 1 bed	2 Bed	3 Bed	4 Bed	Sheltered
Carmarthen wards					
Abergwili					
Carmarthen Town North					
Carmarthen Town South					
Carmarthen Town West					
Cenarth					
Cilycwm					
Cynwyl Elfed					
Cynwyl Gaeo					
Laugharne Township					
Llanboidy					
Llanddarog					
Llandeilo					
Llandovery					
Llanegwad					
Llanfihangel Aberythych					
Llanfihangel-ar-Arth					
Llangadog					
Llangeler					
Llangunnor					
Llangyndeyrn					

Llansteffan					
Llanybydder					
Manordeilo and Salem					
St. Clears					
St. Ishmael					
Trelech					
Whitland					
Ammanford wards					
Ammanford					
Betws					
Garnant					
Glanamman					
Glyn					
Gorslas					
Kidwelly					
Llandybie					
Penygroes					
Pontamman					
Pontyberem					
Quarter Bach					
Saron					
Trimsaran					
Tycroes					
Llanelli Wards					
Bigyn					
Burry Port					
Bynea					
Dafen					
Elli					
Felinfoel					
Glanymor					
Hendy					
Hengoed					
Llangennech					
Llannon					
Lliedi					
Llwynhendy					
Pembrey					
Swiss Valley					
Tyshia					

45. Are there any estates or areas within the wards you have picked where you are unable to live?

Yes / No If yes, please provide details below

Area you are unable to live

Reason you cannot live here

46. Type of Home you are interested in:

House	<input type="checkbox"/>	Bungalow	<input type="checkbox"/>
Bungalow	<input type="checkbox"/>	Ground floor maisonette	<input type="checkbox"/>
Lower floor flat	<input type="checkbox"/>	Upper floor maisonette	<input type="checkbox"/>
Upper floor flat	<input type="checkbox"/>	Bedsit	<input type="checkbox"/>

47. Do you require any of the following adaptations in your new home?

A stairlift	<input type="checkbox"/>	A level access shower	<input type="checkbox"/>
Grabrails	<input type="checkbox"/>	Wheelchair access	<input type="checkbox"/>
A lift to upstairs	<input type="checkbox"/>	A ground floor bedroom	<input type="checkbox"/>
A ground floor bathroom/wc	<input type="checkbox"/>		

HELP
If you are disabled and need a home suitable for your disability, we will speak to an Occupational Therapist if we are thinking about offering you a property to make sure that it is suitable for your needs.

48. If you wish to be considered for any of our other housing options, please tick the appropriate box.

Affordable housing for owner occupation	<input type="checkbox"/>
Social lettings agency	<input type="checkbox"/>
Private rented housing	<input type="checkbox"/>
Homeswapper	<input type="checkbox"/>

HELP
We do not have every type and size of property in all areas. If you ask to be considered for a home which we do not have, we will let you know; we will not register you for a home in an area for a property type or size we do not have.

If you want any more information about these, please speak to an advisor by phoning the appropriate area office

SECTION 11: Eligibility to join the register

HELP
We may decide to exclude you from the Register if you are guilty of serious unacceptable behaviour, such as certain crimes, anti-social behaviour or owe money from a tenancy you have held before.
Please provide details of any previous evictions/convictions. If you do not declare them and are given a tenancy when you should not have had one, we may take action to end the tenancy.
We will contact your current or previous landlord or the police for more information.

49. Have you or anyone who will be living with you ever been a tenant of a Council or Housing Association?

If yes, please provide the following details

Name of person who held tenancy	Address	Council/housing association name	From	To

50. Have you or any person who will be living with you had any legal action taken against you, or been evicted for any reason?

Yes / No

If yes, please give details below:

51. Have you or any other person who will be living with you been convicted by a court for any offence or caused anti-social behaviour?

Yes / No

If yes, please provide details below:

SECTION 12: Equal opportunities monitoring form

All organisations involved in the Carmarthenshire Housing Choice Register will provide equal opportunities to all eligible people no matter of their age, ethnic origin, race, sex or disability.

So that we can provide equal opportunities and meet the code of practice published by the Commission for Racial Equality, we regularly monitor our performance. As a result, we would be grateful if you could answer the following questions.

However, you do not have to.

Please tick the appropriate boxes:

52. How would you describe your ethnic origin?

White		Asian or Asian British	
White British	<input type="checkbox"/>	Indian	<input type="checkbox"/>
White Irish	<input type="checkbox"/>	Pakistani	<input type="checkbox"/>
White Gypsy or Traveller	<input type="checkbox"/>	Bangladeshi	<input type="checkbox"/>
Any other white background	<input type="checkbox"/>	Any other Asian background	<input type="checkbox"/>
Mixed		Black or Black British	
White and black Caribbean	<input type="checkbox"/>	Caribbean	<input type="checkbox"/>
White and black African	<input type="checkbox"/>	African	<input type="checkbox"/>
White and Asian	<input type="checkbox"/>	Any other black background	<input type="checkbox"/>
Any other mixed background	<input type="checkbox"/>	Chinese or any other ethnic group	
		Chinese	<input type="checkbox"/>
		Other	<input type="checkbox"/>
		Ethnic origin not known	<input type="checkbox"/>

53. Do you consider yourself to have a disability?

Yes / No If yes, please briefly describe the nature of the disability

54. What is your sexual orientation?

Heterosexual	<input type="checkbox"/>	Gay	<input type="checkbox"/>
Bisexual	<input type="checkbox"/>	Don't wish to say	<input type="checkbox"/>
Lesbian	<input type="checkbox"/>	Other	<input type="checkbox"/>

55. How would you describe your religious beliefs?

No belief	<input type="checkbox"/>	Jain	<input type="checkbox"/>
Baha'l	<input type="checkbox"/>	Rastifarian	<input type="checkbox"/>
Buddist	<input type="checkbox"/>	Sikh	<input type="checkbox"/>
Christian	<input type="checkbox"/>	Jewish	<input type="checkbox"/>
Hindu	<input type="checkbox"/>	Other (please say)	<input type="checkbox"/>
Islam	<input type="checkbox"/>		

DECLARATION

56. Please read this section carefully. If you have any questions with the declaration, please ask us for an explanation before you sign it.

I confirm that the information I have provided in my application is accurate and a true record of my circumstances.

I give you permission to check the information I have provided with other organisations or agencies you consider appropriate.

I understand that if I provide false information, you will remove my application from the housing register. If I have been rehoused, you may take appropriate legal action to evict me.

The Carmarthenshire Housing Choice Register is run jointly by the organisations involved and the supporting computer systems are registered under the Data Protection Act 1998.

I understand that any information relating to this application for rehousing or a homeless application will be placed on the Carmarthenshire Housing Choice Register computer system, and any organisation involved or department of Carmarthenshire County Council may see it. I may also ask for a copy of the information.

Elected members of the county council may ask for details of the application to monitor the council's allocation policy and review performance. If you are willing for us to share information about you with elected members please tick this box

All organisations involved in the Carmarthenshire Housing Choice Register will provide equal opportunities to all eligible people, no matter what their race, colour, religion, sex or disability.

Your signature:

Date:

Joint applicant's

signature:

Date:

If the form has been filled in by someone other than the person applying

This section must be filled in if someone has filled in the form for you. This includes an agent, an appointee, a relative or a friend.

Name of person who filled in the form:.....

Signature of that person:.....

Relationship to you:

Please say why the other person has filled in this form for you.

.....

.....