

## Housing Register Application Form

# Applying for Housing in the Rochford District

---

H1

# Housing Register Application Form

**Should you require this form in large print, Braille or another language, please contact Rochford District Council on Tel: 01702 546366**

Following the transfer of the Council's housing stock to Rochford Housing Association, the Council no longer owns or manages properties. Instead, we work with Rochford Housing Association and other Housing Associations in the area to provide a stock of homes that aims to meet the needs of our community. The Council maintains a register of people who would like to live in a Housing Association home in the District. Apart from Rochford Housing Association other Housing Associations who have properties in the District include:

- Springboard Housing Association
- London and Quadrant Housing Trust
- Estuary Housing Association
- John Grooms Housing Association
- Moat Homes
- Swan Housing Association
- Sanctuary Housing Association
- Shaftesbury Housing Association
- Hanover Housing Association

In addition the Council also manages a register on behalf of Rochford Housing Association. If you want to apply for Housing in the Rochford District area, please fill in this form, and you will be considered for both registers. As the Council has a slightly different Lettings Policy to that of Rochford Housing Association, any applicants accepted for the register may have a different priority and different number of points on each register.

## **Tenants of Rochford Housing Association**

If you live in a Rochford Housing Association housing property now and want to transfer to another Rochford Housing Association home then you must complete this form. Your application will be assessed and prioritised by the Council using the Association's Lettings Policy.

Please fill in **all** parts of this form. Should a question not apply to you, please mark as **N/A**. When you have completed the form, please return it, together with all relevant supporting documentation to either of the addresses below. If you need help in completing this form or any further information, please contact Strategic Housing (Allocations Team) on 01702 318027 or 01702 318066.

You are warned that providing false information is a criminal offence under section 171 of the Housing Act 1996 and a ground for possession of a tenancy that was granted as a result of a false statement. If you have any complaint about the way your application has been dealt with you can have your circumstances reviewed by an Independent Officer.

**Please return the completed form and your documentation to:**

Rochford District Council  
Strategic Housing (Allocations Team)

**At either:**

Council Offices  
7 South Street, Rochford  
Essex  
SS4 1BW

or

Rayleigh Civic Suite  
Hockley Road, Rayleigh  
Essex  
SS6 8EB

## Section 1 – Application Details

### 1 Application Details

	Title	Family Name	First Name	M/F	Date of Birth
Name:					/ /
Partner's Name:					/ /

### 2 Where do you live now?

House Name or Number:	
Street:	
Town/City:	
County:	
Postcode:	
Telephone Number:	
Date you moved into your present address: (Proof of this required)	/ /

### 3 What is your contact address if different from above?

House Number and Street:	
Town/City:	
County:	
Postcode:	
Contact/Telephone Number:	
Why are you using this address?	

### 4 Please list everyone you wish to be housed with you

Title	Family Name	First Name	Date of Birth	Relationship to you
			/ /	
			/ /	
			/ /	
			/ /	
			/ /	
			/ /	

## Section 2 – Local Connection to Rochford District

**5**

Have you lived in Rochford District for at least six months during the last year?  
(proof is required)

Yes ☐ No ☐

**6**

Have you lived in Rochford District for at least three years during the last five years?  
(proof is required)

Yes ☐ No ☐

**7**

Do you have a close relative (i.e. mother, father, brother, sister or adult child) living in Rochford District who has lived here for at least the last five years?

Yes ☐ No ☐

Where do they live?\*

Address:	
Telephone No:	
Name and Relationship to you:	

Address:	
Telephone No:	
Name and Relationship to you:	

**\*They will need to supply proof that they have lived in the District for 5 years or more**

**8**

Are you HM Forces personnel within 12 months of discharge, occupying service accommodation?

Yes ☐ No ☐

and Did you previously live in the District for five years? If Yes where did you live?

Yes ☐ No ☐

Address:	
Date from: / /	To: / /

Address:	
Date from: / /	To: / /

## Section 3 – Previous Addresses

**9**

When did you move to your present address?

/ /

If you have lived at this address for the last 10 years, go to Section 4.

**10**

Please give all the addresses where you have lived during the last ten years.  
Start with your last address first.

Full Address:			
From: / /	To: / /	Were you a Tenant or Lodger?	
Who was the Landlord/Owner?			
Why did you leave?			

Full Address:			
From: / /	To: / /	Were you a Tenant or Lodger?	
Who was the Landlord/Owner?			
Why did you leave?			

Full Address:			
From: / /	To: / /	Were you a Tenant or Lodger?	
Who was the Landlord/Owner?			
Why did you leave?			

### Partners Addresses

Full Address:			
From: / /	To: / /	Were you a Tenant or Lodger?	
Who was the Landlord/Owner?			
Why did you leave?			

Full Address:			
From: / /	To: / /	Were you a Tenant or Lodger?	
Who was the Landlord/Owner?			
Why did you leave?			

Please continue on a separate page if necessary.

## Section 4 – Your Family Details

**11**

Does everyone you wish to be housed with live with you now? Yes ☐ No ☐

If No, please give details

Name:
Address where they are living:
Why they are not living with you now:
Who is the tenant/owner of this property?
What is their relationship to you?

Name:
Address where they are living:
Why they are not living with you now:
Who is the tenant/owner of this property?
What is their relationship to you?

**12**

Are you, or anyone you wish to be housed with, pregnant? Yes ☐ No ☐

If Yes, please give details and provide proof of pregnancy.

Name	Expected Date of Birth
	/ /

## Section 5 – Your Present Housing

**13**

Are you?

A Private Sector tenant	Yes <input type="checkbox"/>	No <input type="checkbox"/>
A Council tenant	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Living in a Hotel or Boarding House	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Living in a Hostel	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Living in a special supported housing project	Yes <input type="checkbox"/>	No <input type="checkbox"/>
A permanent Housing Association tenant	Yes <input type="checkbox"/>	No <input type="checkbox"/>
A temporary Housing Association tenant	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Living in housing that goes with your job	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Living in short-term accommodation	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Living with a related person	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Staying with a non-related person	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Living in accommodation that you own	Yes <input type="checkbox"/>	No <input type="checkbox"/>
A young person leaving Council care	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Living in a holiday let	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Without a fixed address	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Living in a refuge	Yes <input type="checkbox"/>	No <input type="checkbox"/>
In hospital (with no home to return to)	Yes <input type="checkbox"/>	No <input type="checkbox"/>
In prison (with no home to return to)	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Sleeping rough	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Living in temporary accommodation	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Living in HM Forces accommodation	Yes <input type="checkbox"/>	No <input type="checkbox"/>

If you have answered No to all of the above please describe your accommodation:

**14**

If you are living in rented accommodation please give the name and address of your landlord.

Name:	
Address:	

Please provide a copy of your tenancy agreement.

On what date will your tenancy agreement end?

/ /
-----

**NB: We will contact your landlord to confirm details.**

**15**

Do you or anyone on this application, own a home, rent a home or have the right to occupy a home other than where you live?

Yes ☐ No ☐

If Yes, please give details

Name:	
Address:	
Why you do not use this address:	

**16**

What type of property do you live in?

Bedsit	<input type="checkbox"/>	Hostel/Hotel	<input type="checkbox"/>
Flat	<input type="checkbox"/>	Houseboat	<input type="checkbox"/>
House	<input type="checkbox"/>	Bungalow	<input type="checkbox"/>
Caravan/Mobile Home	<input type="checkbox"/>	Maisonette	<input type="checkbox"/>

Other (please give details)

--

**17**

How many bedrooms does the property have?

--

How many are: Double bedrooms

--

Single bedrooms

--

**18**

How many bedrooms do you and your household have sole use of?

--

How many are: Double bedrooms

--

Single bedrooms

--

**19**

How many living/dining rooms do you have?

--



**20**

Do you share the property in which you live with anyone other than those on your application?

Yes ☐ No ☐

If Yes, please list all those who share your property.

Family Name	First Name	Relationship to you	Do they normally live at the property? Yes/No

**21**

Do you lack or share any of the following with anyone other than those you wished to be housed with?

Bathroom/Shower	Lack <input type="checkbox"/>	Share <input type="checkbox"/>
Cooking facilities	Lack <input type="checkbox"/>	Share <input type="checkbox"/>
Toilet/WC	Lack <input type="checkbox"/>	Share <input type="checkbox"/>
Living Room	Lack <input type="checkbox"/>	Share <input type="checkbox"/>

**22**

Do you have the following:

Hot/cold water supply?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Electricity supply?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Adequate heating in your main living area?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Main drainage or sewage system?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Adequate external/internal layout and access arrangements	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Do you believe your present home is in good condition	Yes <input type="checkbox"/>	No <input type="checkbox"/>

If you answered No to any questions, please give details below. Any details provided will be checked.

**23**

What floor is your front door on?  
Please state.

**24**

Do you have your own garden?

Yes ☐ No ☐

**25**

Do you have any pets that you want to live with you?

Yes ☐ No ☐

Please state type and number

**NB: There may be restrictions on the keeping of pets in some types of accommodation e.g. sheltered accommodation.**

## Section 6 – Reasons for Re-housing

**26**

Please tick your reasons for needing re-housing:

- |                                    |                          |                               |                          |
|------------------------------------|--------------------------|-------------------------------|--------------------------|
| Need a larger property             | <input type="checkbox"/> | Medical Reasons               | <input type="checkbox"/> |
| Leaving parents' or family home    | <input type="checkbox"/> | Need a smaller home           | <input type="checkbox"/> |
| Being asked to leave               | <input type="checkbox"/> | Physical abuse                | <input type="checkbox"/> |
| Not being able to live with family | <input type="checkbox"/> | Problems with neighbours      | <input type="checkbox"/> |
| Fire/flood at family home          | <input type="checkbox"/> | Leaving the Armed Forces      | <input type="checkbox"/> |
| Cannot afford present housing      | <input type="checkbox"/> | Leaving Local Authority Care  | <input type="checkbox"/> |
| Relationship breakdown             | <input type="checkbox"/> | Losing home with job          | <input type="checkbox"/> |
| Domestic violence                  | <input type="checkbox"/> | In poor quality accommodation | <input type="checkbox"/> |
| Landlord selling property          | <input type="checkbox"/> | Racial harassment             | <input type="checkbox"/> |
| Leaving hospital                   | <input type="checkbox"/> | Other type of harassment      | <input type="checkbox"/> |
| Leaving a hostel                   | <input type="checkbox"/> | Leaving prison                | <input type="checkbox"/> |
| Eviction order or repossession     | <input type="checkbox"/> | In temporary accommodation    | <input type="checkbox"/> |

If you have any other reason for re-housing please tell us here:

**27**

Have you or any member of your household experienced violence or threats of violence, abuse or harassment?

Yes ☐ No ☐

If Yes, please provide details:

## Section 7 – Financial Details

**28**

Please give the National Insurance Numbers (NINO) of all members of your Household (where applicable)

Name		NINO	
Name		NINO	
Name		NINO	
Name		NINO	

**29**

Are you, your partner, or any other member of your household working?

Yes ☐ No ☐

If Yes, please give your employer's Name and Address here:

### Applicant

Job Title:	
Employer:	
Employer's Address:	
Gross Annual Income:	

### Partner

Job Title:	
Employer:	
Employer's Address:	
Gross Annual Income:	

### Any other household member who is working

Name	
Job Title	
Employer:	
Employer's Address:	
Gross Annual Income	

### Any other household member who is working

Name	
Job Title	
Employer:	
Employer's Address:	
Gross Annual Income	

Do you (or your partner) receive any of the following?

Please provide the amount and state whether weekly, 4 weekly, monthly or annually:

Details	You	Your Partner
Income Support		
Income Based Jobseekers Allowance		
Pension Credit (Guarantee Credit)		
Pension Credit (Savings Credit)		
State Retirement Pension		
Occupational Pension(s)		
Attendance Allowance		
Disability Living Allowance		
Incapacity Benefit		
Invalidity Benefit		
Employment and Support Allowance		
Industrial Injuries Disablement Benefit		
War Disablement Pension		
Invalid Care Allowance		
Working Tax Credit		
Child Tax Credit		
Child Benefit		
Statutory Sick Pay		
Statutory Maternity Pay		
Any other benefit (please state)		

Name and address of Benefits Agency  
**This should be the Benefits Agency  
 or Social Security office you claim  
 from at the moment**

**31**

List the total value of savings and investments that you and everyone that you wish to be housed with have.

Type of Savings	You	Your Partner
Bank Account		
Building Society		
National Savings Certificates		
Premium Bonds		
Stocks & Shares		
Any Other Savings or Investments		

Apart from normal household bills and costs, do you have any additional payments which you and your partner have to pay regularly, for example Child Support Agency payments, County Court Judgements, personal loans, credit card debt etc.

If Yes, please give details including amounts:

[illegible]

Do you or your partner pay rent or mortgage payments?

Yes ☐ No ☐

Details of monthly payments:

£

per calendar month

Do you or your partner own a property?

Yes ☐ No ☐

If Yes, please provide the address:

[illegible]

## What is current value?

£

How much is the outstanding mortgage?

£

Do you, or your partner have any arrears of rent or mortgage payments on your current **or** previous property

Yes ☐ No ☐

Details of the total arrears:

£

Address of property:

--

## Section 8 – Health, Disability, Welfare & Support

If the questions below apply to more than one member of your household, please ask for another copy of this section.

**36** Does anyone included in your application have any medical condition or disability, which is made worse by your present housing?

Yes ☐ No ☐

If No go to Section 9

If Yes, please state the full name of whoever has the medical condition or disability

**37** What is the nature of the condition or disability and in what ways is it made worse by your present housing?

**38** A letter of support from your doctor and/or consultant must be provided but the applicant must incur any cost. **Please Note: Any medical information received is assessed by an Independent Medical Advisor and graded.**

Name of Family Doctor:	
Address:	
Name of Hospital Consultant:	
Address:	

**39** Does the condition or disability affect the climbing of stairs?

Yes ☐ No ☐

*If Yes, please give details*

**40** Does anyone in your household use a wheelchair?

Yes ☐ No ☐

If Yes, please give the name of the person

**41**

Does anyone included in your application have any social or welfare needs, which is made worse by your present housing? For example a child who needs to move to access special school facilities.

Yes ☐ No ☐

If Yes, please give details:

--

**42**

Do you or anyone on your application need to give support to someone who does not live with you?

Yes ☐ No ☐

If Yes, whom do you need to give support to:

Name:	
Address:	
Relationship to you:	
Nature of support:	

**43**

Does anyone included on your application require support from a relative or friend who does not live with you?

Yes ☐ No ☐

Please provide any other information here:

--

**44**

Has anyone in your household received any of the following in the last 12 months?

Treatment/therapy for behavioural problems	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Care or support from Social Services	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Treatment for drug/alcohol addiction or substance abuse	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Treatment for debilitating/terminal illness	Yes <input type="checkbox"/>	No <input type="checkbox"/>

If Yes, please give the name of the person who received the support or treatment

--

Also, please give details of any Social Worker, Occupational Therapist or health professional who can give us more information

Name:	
Job Title:	
Address:	
Telephone Number:	




## Section 9 – Offending History

45

Have you or anyone in your household, been convicted of any offence, (other than motoring offences), other than those regarded as 'spent under the Rehabilitation of Offenders Act 1974?

Yes ☐ No ☐

If Yes, please give details:



46

Do you/they have a Probation Officer?

Yes ☐ No ☐

If Yes, please confirm the Probation Officer's details:

Name:	
Address:	
Contact Number:	

47

Are you or anyone in your household, required to notify the police in accordance with the Sex Offenders Act 1997?

Yes ☐ No ☐

## Section 10 – Where do you want to live now?

**48**

Please indicate your preferred areas of choice where you would like to live in order of preference (i.e. 1<sup>st</sup>, 2<sup>nd</sup> etc). Please note that whilst every effort will be made to meet your preferences, we cannot guarantee that your first choice will be met.

Rayleigh		Canewdon	
Rochford		Stambridge	
Hullbridge		Barling Magna	
Hockley		Great Wakering	
Rawreth		Any	
Are there any areas you would not consider? Please state:			

**49**

Would you consider Homebuy, Shared Ownership or other forms of low cost home ownership?

Yes ☐ No ☐

**50**

Please state the kind of home you would prefer.

**NB: We do not normally consider accommodation that would allow a spare bedroom.**

### Property Type

Bungalow ☐

Flat ☐

House ☐

### Level

Ground Floor ☐

1<sup>st</sup> Floor ☐

2<sup>nd</sup> Floor ☐

### Property Size

One bedroom ☐

Two bedroom ☐

Three bedroom ☐

Four bedroom ☐

### Sheltered Housing

Sheltered ☐

Ground Floor/With Lift  
(delete as necessary) ☐

**51**

### Finchfield Bungalows, Rayleigh

Rochford Housing Association manages these properties on behalf of the Finchfield Trust. To qualify, applicants must be over 65 years old; be living in Rayleigh at present and have lived in Rayleigh for a minimum of 30 years

**Please give addresses and dates of all Rayleigh properties you have lived in if you wish to be considered.**

Address	From	To
	/ /	/ /
	/ /	/ /
	/ /	/ /

## Accommodation Size

The Council tries to match accommodation as closely as possible with an applicant's immediate housing requirement. The following guideline applies to Rochford Housing Association – other RSLs may have a different policy. An adult is defined as a person over 18 years old.

<b>Number of Bedrooms</b>	<b>Household Type</b>
<b>Bedsits</b>	Single people
<b>One Bedroom</b>	One adult Two adults
<b>One bed flat or bungalow (OAP designated)</b>	One adult over 55 Two adults over 55
<b>Two bedrooms</b>	Two adults, not living as a couple One adult plus one child Two adults plus one child One adult plus two children, same sex Two adults plus two children, same sex One adult plus two children, different sex, both under 7 Two adults plus two children, different sex, both under 7 Couple plus one other adult
<b>Three Bedrooms</b>	Three adults (no couples) Couple plus two single adults One adult plus two children, different sex, one aged over 7 Two adults plus two children, different sex, one aged over 7 One adult plus three children Two adults plus three children One adult plus four children Two adults plus four children
<b>Four bedrooms</b>	Families that are larger than those described above

The following guideline applies:

- Ground floor Sheltered and OAP designated properties will be considered for someone with a proven medical need for a ground floor accommodation.
- Non-Sheltered one-bedroom bungalows will be allocated to applicants' aged 55 or over.
- Overcrowding points will also be awarded if a bedroom is very small based on the standards used to assess Statutory Overcrowding e.g. a bedroom between 50-70 sq ft is suitable for one child up to 10. The number of bed spaces in a property will therefore be taken into account.
- Properties with three bedrooms and two living rooms will be considered to be 4 bedrooms and offered to those in the greatest need.

## Section 11 – Equal Opportunities

**Rochford District Council has a policy to treat everybody equally. If you answer this question it will allow us to check that we are treating everyone equally.**

What is your ethnic origin? (This is ancestral origin, not nationality or place of birth)

- |                               |                          |                    |                          |
|-------------------------------|--------------------------|--------------------|--------------------------|
| White British/Irish           | <input type="checkbox"/> | Bangladeshi        | <input type="checkbox"/> |
| White Other                   | <input type="checkbox"/> | Asian other        | <input type="checkbox"/> |
| Mixed White & Black Caribbean | <input type="checkbox"/> | Black Caribbean    | <input type="checkbox"/> |
| Mixed White & Black African   | <input type="checkbox"/> | Black African      | <input type="checkbox"/> |
| Mixed White & Asian           | <input type="checkbox"/> | Black Other        | <input type="checkbox"/> |
| Mixed Other                   | <input type="checkbox"/> | Chinese            | <input type="checkbox"/> |
| Indian                        | <input type="checkbox"/> | Other Ethnic Group | <input type="checkbox"/> |
| Pakistani                     | <input type="checkbox"/> |                    |                          |

Do you understand spoken English? Yes ☐ No ☐

If No, what is your language?

Do you need the help of an interpreter or sign language?

No ☐ Yes an Interpreter ☐ Yes Sign Language ☐

Do you or anyone requiring re-housing with you have a physical or sensory impairment or disability (including age related) that will affect the type of property that you need i.e. a requirement for ground floor accommodation?

Yes ☐ No ☐

Do you or anyone who requires housing with you need support to help live independently?

Yes ☐ No ☐

## Section 12 – Relationship to Staff, Committee or Board Members

If anyone on your application is an employee, Committee Member, Board Member or a close relative of anyone connected with any of the following Partnership Associations you must declare the fact.

- |                                     |                                   |
|-------------------------------------|-----------------------------------|
| • Hereward Housing                  | • Estuary Housing Association     |
| • Sanctuary Housing Association     | • Swan Housing Association        |
| • Springboard Housing Association   | • John Grooms Housing Association |
| • London and Quadrant Housing Trust | • Moat Homes                      |
| • Plume Housing Association         | • Rochford Housing Association    |

Do you or anyone on your application have a connection to any Partnership Associations listed above?

Yes ☐ No ☐

If yes, which association:

Name of person involved:

Their relationship to you: i.e. mother, father etc.

Are you/they? (please tick box which applies)

An employee ☐

A Committee Member ☐

A Board Member ☐

## Section 13 – Personal Statement

**51**

Please use this space for any other comments you wish to make. For example you should say if there are strong reasons why you cannot live in a particular area or reasons why you need to move urgently which we have not asked about elsewhere.

## Section 14 – Declaration and Consent

I/we declare that, to the best of my knowledge, the particulars given on this form are correct and complete and I/we agree to notify the Council of any changes, which may occur. I/we understand that if I/we have supplied false information I/we may be committing an offence and any tenancy granted to me could be terminated.

I/we also authorise the Council to cross check data from this application or any Council tenancy with departments within the Council, other Councils and other Authorities for the purpose of prevention and detection of fraud.

I/we consent to the disclosure of information to other sections of the Council, my landlord and agencies concerned with my housing, in order to check the details provided. I also consent to the disclosure of personal information concerning the direct provision of housing and support to any housing organisation at the time of an offer.

Signature of applicant:

Signature of partner:

Date:

## Section 15 – Need for Emergency Housing

**Please only complete this section if you are homeless or think you may be homeless soon**

**1**

Are you homeless or think you may be homeless soon?

Yes ☐ No ☐

If No please go to page 23. If Yes please go to question 2.

**2**

Have you:

Received a Notice to Quit?

Yes ☐ No ☐

Expiry Date

Received a Possession Order?

Yes ☐ No ☐

Expiry Date

Received a Bailiffs Warrant?

Yes ☐ No ☐

Warrant Date

Been asked to leave by Family/Friends?

Yes ☐ No ☐

Date you were asked to leave

**3**

Is there another reason for you becoming homeless?

Yes ☐ No ☐

If you have answered yes, please give full details:

**4**

Have you had a Housing Advice appointment with this Council's Housing Advice Section?

Yes ☐ No ☐

If you have answered No, your details will be forwarded to the Homelessness and Housing Advice Section for them to contact you

Please provide the following documents **(where applicable)** with this form:

**Please Note:**  
**Your application will not be processed without them**

- |  |                          |
|--|--------------------------|
| Documents relating to your immigration status  | <input type="checkbox"/> |
| Full birth certificates for children   | <input type="checkbox"/> |
| Custody papers, residency order or statutory declaration<br>(If applicant is separated or divorced and children are included)                        | <input type="checkbox"/> |
| Proof of residency in the District for six months in the last twelve months or<br>three years in the last five years (e.g. council tax/utility bill) | <input type="checkbox"/> |
| Proof of residency for five years or more from immediate family living in the<br>District (e.g. as above)  | <input type="checkbox"/> |
| Notice served for possession   | <input type="checkbox"/> |
| Certificates of confinement  | <input type="checkbox"/> |
| Proof of income and savings (wage slips/letter confirming benefits/bank or<br>building society statements)   | <input type="checkbox"/> |
| Tenancy agreement or a document confirming the date you moved into your<br>current property  | <input type="checkbox"/> |
| Identification (driving licence or birth certificate or passport)  | <input type="checkbox"/> |

If you have any other documentation in support of any special circumstances that need to be considered, such as letters from Doctors, Hospitals, Social Services etc., you should also enclose these.

Original documents only are required. For your safety we recommend you bring these and the application form into the office in order that we can take copies and return the originals to you.

It is your responsibility to advise us of any change in your circumstances immediately they occur. This housing application needs to be kept under review and you will be sent a review form every year. Failure to return the review form within 4 weeks will result in your application being cancelled.

**Obviously waiting time for housing can be very lengthy and can be altered by many factors, so it may not always be possible to give you an indication of the time you may have to wait to be housed.**



**Rochford District Council**

Council Offices South Street  
Rochford Essex SS4 1BW

Telephone: 01702 546366

Facsimile: 01702 545737

Website: <http://www.rochford.gov.uk>