



# Portsmouth Rotary Housing Association (PRHA) Housing Application Form

Application number:

All applicants should complete this form as fully as possible using **BLOCK CAPITALS**. If you have any problems in completing the form or if you would like to discuss your application please contact the Head Office team on **023 92 754791**. If you do not have a telephone contact number please provide us with details of someone that we can contact on your behalf.

**Are you an existing PRHA resident?**

**Yes**  **No**

## Your household

### 1. Your personal details (include everyone who needs to move with you):

Please complete the table below, starting with your details

Title	First name(s)	Surname	DOB	Relationship	NI Number

Your address:

Telephone:

Mobile:

Email:

Postcode:

Nomination/ Direct Application:

### Details of preferred contact or anyone acting on your behalf (including STD code):

#### Preferred contact 1

Name:

Address:

Postcode:

Telephone:

Mobile:

Email:

Relationship:

#### Preferred contact 2

Name:

Address:

Postcode:

Telephone:

Mobile:

Email:

Relationship:

## Your current housing

### 2. Below give brief details of your reasons for wanting to move to a PRHA property:

### 3. Please indicate which applies to your current housing:

- |  |  |
|--|--|
| <input type="checkbox"/> Local Authority tenant    | <input type="checkbox"/> Owner occupier            |
| <input type="checkbox"/> Social landlord/HA tenant | <input type="checkbox"/> Living with family/friend |
| <input type="checkbox"/> Private tenant            | <input type="checkbox"/> Temporary accommodation   |
| <input type="checkbox"/> Tied accommodation        | <input type="checkbox"/> Other: _____              |

### 3a. Are you currently residing in a:

- |   |   |
|---|---|
| <input type="checkbox"/> House  | <input type="checkbox"/> Mobile home            |
| <input type="checkbox"/> Bungalow   | <input type="checkbox"/> Other (please specify) |
| <input type="checkbox"/> Flat with a lift                                     |   |
| <input type="checkbox"/> Flat without a lift – Please state floor level _____ |   |

### 3b. Were you a previous PRHA resident?

Yes  No

(Please give address)

### 4. Do you have a pet?

Yes  No

(Please give further details)

### 5. Do you claim Housing Benefit?

Yes  No

(Please give further details)

## Your eligibility

### 5. Do you, and everyone to be housed with you have the right of residence in the UK?

Yes  No

### 6. Are you, or anyone to be housed with you related to a PRHA member of staff or a member of its Board?

Yes  No

(If yes, please specify relationship/post held)

## About your housing history

### 7. How long have you lived at your current address?

Years

Months

If you have lived at your current address for less than 12 months, please provide your previous address in full and your previous landlord's contact address and telephone number.

### 8. If you rent your current home, please tell us the name and address of your landlord. Please note that PRHA may approach your current landlord for a reference:

### 9. As far as you are aware, do you owe rent arrears to a current or former landlord or do you owe mortgage arrears?

Yes

No

### 10. Have you made any arrangements to clear these arrears?

Yes

No

N/A

PRHA has a responsibility to ensure our estates are pleasant and sustainable communities for residents. We will try and accommodate all applicants where we can, but reserve the right to exclude applicants if they do not meet our reasonable lettings criteria. In order that we can consider your application, please answer all of the following questions.

### 11. Have you or anyone in your household been evicted from or been subject to possession proceedings within the last 2 years?

Yes

No

### 12. Have you or anyone in your household been served with an Anti-Social Behaviour Order (ASBO)/a Notice to Quit/Notice of Intention to Seek Possession/injunction or been asked to sign an Acceptable behaviour Contract (ABC) for Anti-Social Behaviour within the last 2 years?

Yes

No

If the answer to question 11 or 12 above is yes, please give details.

**13. Do you or anyone in your household have convictions for a criminal offence other than a spent conviction under the Rehabilitation of Offender Act 1974?**

Yes  No

If yes, please give details of the offence, date of conviction and sentence.

**14. Do you or anyone in your household have a Probation Worker?**

Yes  No

If yes, please give name and contact details for the Probation worker.

**15. Do you have a person or persons acting for you under a Power of Attorney?**

Yes  No

If so please include a copy of the document(s) with this application

**16. Where did you hear about PRHA Housing Association?**

- Magazine
- Newspaper
- Current PRHA Tenant
- Family/Friend
- Citizens Advice Bureau
- Local Council
- PRHA website
- Choice Based Lettings Scheme
- EAC/HousingCare website
- Other, Please Specify:

**Accommodation required**

**17. What type of accommodation do you wish to be considered for?**

Studio  Flat  Bungalow

**18. If you have selected flat or studio please indicate floor level:**

Ground  First  Second  Any floor with a lift

**19. Please state on the following table which PRHA schemes you would like to live on. If you require assistance with your choice, contact the team on [02392 754 791](tel:02392754791) and we will help you. Alternatively you can look on our website at [www.PRHA.co.uk](http://www.PRHA.co.uk)**

Area	Scheme Name if Known

20. We will automatically register single people for studio / one bedroom accommodation, unless requested otherwise. You can still register for larger accommodation but this will increase the time you spend waiting to be housed. We will also take into account specific needs for a two bedroom property, though we have only one such property . Please confirm the number of bedrooms you require:

Studio	<input type="checkbox"/>	1	<input type="checkbox"/>	2	<input type="checkbox"/>
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20a. If you have indicated a two bedroom property, please explain why:

21. Are you currently working? If yes, how many hours a week?

<input type="checkbox"/> Yes	<input type="checkbox"/> No	Hours per week _____
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## 22. Mobility

How would you describe your current mobility?

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Have you been able to get about easily in your present home?

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Have you had any falls? How frequently have you fallen and what seems to cause the falls?

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Do you smoke or use alcohol?

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Are you able to climb stairs?

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Do you have difficulty with any day to day tasks such as cooking or cleaning?

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Do you use a mobility scooter?

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Name and Address of Doctor:

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## Declaration

Under the Data Protection Act we must tell you what we will use your personal details and sensitive data for and we must store it safely. The information you have given will be used to allow us to assess and prioritise your application for housing. On occasion we are required to supply statistics to organisations that regulate us. We will not divulge any information we hold about you unless you agree, we are required to do so by law or we have to do so in order to protect our rights.

I/We\* confirm that the information I/we\* have supplied is accurate and may be held by PRHA in accordance with the particulars above. I/We\* understand that if I/we\* have knowingly or recklessly given any false information or withheld information in connection with this application and I am/we\* are granted the tenancy of a PRHA property as a result of this, my/our\* home may be repossessed under Schedule 2 of the Housing Act 1985 (as amended). I/We\* understand that the completion of this form does not imply that I/we\* will automatically be entitled to an offer of accommodation.

I/We\* give my/our\* permission and consent for PRHA to obtain any relevant information about me/us\* from any relevant agency. I/We\* understand that these relevant agencies may include but are not limited to any police service, previous landlord, probation service or social service departments of local authorities. I/We\* agree to notify PRHA of any change in my/our circumstances that may affect this application.

**\*Delete as appropriate**

**All applicants must sign if the application is a joint one:**

Signed (applicant):

Signed (joint applicant):

Print name:

Print name:

Date:

Date:

Please return your completed application form to:

**Mr J Nicholson**

**Portsmouth Rotary Housing Association**

**2A Ruskin Rd, Portsmouth, PO4 8RQ**

Official use equalities:

Call **02392 754 791**

Email **dawn.muscat@prha.co.uk**

Visit **www.PRHA.co.uk**

## Equalities

We want to make sure that everyone who completes a housing application is treated fairly and equally, and that our policies and procedures comply with legislation. If you do not wish to answer these questions they will not affect your housing application and it will not be used for selection purposes. The information you provide here will remain confidential.

### A. How would you describe your ethnic origin? (Tick one box for each member of your household):

	Applicant 1	Other	Other
7A1 White British	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7A18 Gypsy/Romany/Traveller	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7A2 White Irish	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7A3 White Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7A3A White EastEuropean	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7B4 Mixed Black Caribbean & White	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7B5 Mixed Black African & White	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7B6 Mixed Asian & White	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7B7 Mixed Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7C10 Asian/Asian British Bangladeshi	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7C11 Asian/Asian British Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7C12 Asian/Asian British Chinese	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7C18 Asian/Asian British Indian	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7C19 Asian/Asian British Pakistani	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7D12 Black/Black British Caribbean	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7D13 Black/Black British African	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7D14 Black/Black British Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7E15 Chinese	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7E16 Other Ethnic Group - any other group	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7E17 Other Ethnic Group Arab	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7F17 Prefer not to say	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

### B. How would you describe your faith or belief? (Tick one box for each member of your household):

	Applicant 1	Other	Other
Agnostic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Atheist	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Buddhist	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Christian	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hindu	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Jehovah's Witness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Jewish	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Muslim	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Rastafarianism	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sikh	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Any other religion	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Prefer not to say	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**C. Do you consider yourself to have a disability? (Tick one box for each member of your household):**

	<b>Applicant 1</b>	<b>Other</b>	<b>Other</b>
Yes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
No	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Prefer not to say	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**D. How would you describe your sexual orientation? (Tick one box for each member of your household):**

	<b>Applicant 1</b>	<b>Other</b>	<b>Other</b>
Bisexual	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Gay man	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Heterosexual	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lesbian	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Prefer not to say	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>