



# Application for Housing

Strictly private & confidential

MANCHESTER JEWISH  
HOUSING ASSOCIATION

**COMPLETED APPLICATION FORM SHOULD BE RETURNED TO:**

**Manchester Jewish Housing Association, 85 Middleton Road, Manchester M8 4JY**

**T: 0161 740 0001 E: [info@mjha.org.uk](mailto:info@mjha.org.uk)**

**W: [www.mjha.org.uk](http://www.mjha.org.uk)**

Personal Details				
	Main Applicant		Joint Applicant	
Title				
First name				
Middle name				
Surname (your family name)				
Gender				
Marital status				
Relationship to main applicant				
Previous surname(s) or maiden name(s)				
National Insurance Number				
Date of birth (DD/MM/YYYY)				
Are you a UK citizen	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
If you are not a UK citizen, of which country are you a citizen?				

Current Address Details		
	Main Applicant	Joint Applicant
Current address		
Postcode		
Date you moved into this address (DD/MM/YY)		
Home telephone number		
Work telephone number		
Mobile number		
Email address		

Your current home				
	Main Applicant		Joint Applicant	
Your current housing arrangements (please tick one)	Council Tenant		Council Tenant	
	Living with family/friends		Living with family/friends	
	Lodging		Lodging	
	Owner occupier		Owner occupier	
	Private landlord tenant		Private landlord tenant	
	Housing association tenant		Housing association tenant	
	Other (please specify)		Other (please specify)	
If you are renting from a private landlord please give their name, address and telephone number				

Disability								
	Main Applicant				Joint Applicant			
Do you consider yourself to be disabled?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
If yes, please tick one	Wheelchair user				Wheelchair user			<input type="checkbox"/>
	Hearing impaired				Hearing impaired			<input type="checkbox"/>
	Learning disability				Learning disability			<input type="checkbox"/>
	Mobility				Mobility			<input type="checkbox"/>
	Progressive disability/chronic illness				Progressive disability/chronic illness			<input type="checkbox"/>
	Visual impairment				Visual impairment			<input type="checkbox"/>
	Other (please state)				Other (please state)			<input type="checkbox"/>

Your application - Please give your reason for seeking re-housing?

### Accommodation History (1)

Please provide details of your addresses over the last 5 years starting with your current address. Please note we will not be able to process your application without this information.

Main Applicant		Joint Applicant	
Address:	From (month/year)	Address:	From (month/year)
	To (month/year)		To (month/year)
Property type:		Property type:	
How many bedrooms?		How many bedrooms?	
Landlord's name, address and phone number:		Landlord's name, address and phone number:	
Reason for leaving:		Reason for leaving:	

### Accommodation History (2)

Main Applicant		Joint Applicant	
Address:	From (month/year)	Address:	From (month/year)
	To (month/year)		To (month/year)
Property type:		Property type:	
How many bedrooms?		How many bedrooms:	
Landlord's name, address and phone number:		Landlord's name, address and phone number:	
Reason for leaving:		Reason for leaving:	

Accommodation History (3)			
Main Applicant		Joint Applicant	
Address:	From (month/year)	Address:	From (month/year)
	To (month/year)		To (month/year)
Property type:		Property type:	
How many bedrooms?		How many bedrooms?	
Landlord's name, address and phone number:		Landlord's name. address and phone number:	
Reason for leaving:		Reason for leaving:	

Accommodation History (4)			
Main Applicant		Joint Applicant	
Address:	From (month/year)	Address:	From (month/year)
	To (month/year)		To (month/year)
Property type:		Property type:	
How many bedrooms?		How many bedrooms?	
Landlord's name, address and phone number:		Landlord's name. address and phone number:	
Reason for leaving:		Reason for leaving:	

Other household members				
To be re-housed with you. Please complete the table below for everyone other than the main and joint applicant.				
Full name	Sex (M/F)	DOB (DD/MM/YY)	National Insurance No. (aged 16 or over)	Relationship to applicant

Current property				
What type of property do you live in (please tick)	Main Applicant		Joint Applicant	
	Bungalow		Bungalow	
	House		House	
	Ground floor or bedsit		Ground floor or bedsit	
	Above ground floor flat or bedsit		Above ground floor flat or bedsit	
	Other (please specify):		Other (please specify):	

Tick all facilities that are lacking in your current home	
	Lacking Facilities
Bathroom/WC	
Cold water supply	
Cooking facilities	
Electricity supply	
How water supply	

What adaptations does your home have (if any)? Tick all that apply:	
Level access shower or wet room	
Level or ramped access to your home	
Wheelchair adapted	
What adaptations do you need (if any)? Tick all that apply:	
• Level access shower or wet room	
• Level or ramped access to your home	
• Wheelchair adapted	
How many bedrooms do you want in your home?	

Previous accommodation							
Have you or any person moving with you been evicted by any landlord in the last 5 years?	Main Applicant				Joint Applicant		
	Yes		No		Yes		No
Have you or any person moving with you been subject to legal action by any landlord in the last 5 years?	Yes		No		Yes		No
Please give the landlord's name, address and phone number							

Debt and convictions							
Do you, or any person moving with you have any outstanding debts with Landlords, and/or Local Authority Housing Benefit, or Council Tax debts?	Main Applicant				Joint Applicant		
	Yes		No		Yes		No
How much do you owe and to whom?							
Do you or any person moving with you have any unspent convictions?	Yes		No		Yes		No
If 'Yes', please tell us the offence and the year convicted.							
Are you or any person moving with you subject to MAPPA registration?	Yes		No		Yes		No
If 'Yes', please give the name of the offender and supervising officer							

## Declarations and consents

We confirm that the details given in this application are true and correct.

We will notify you of any changes to our circumstances.

We accept and understand that if we are unable to provide any information requested to support our application that it may be cancelled. It may also be cancelled if we fail to notify you of a change of address.

We accept and understand that if we or any party to this application has deliberately worsened our circumstances to gain a higher priority for housing then our application will be cancelled. It will also be cancelled if we have withheld or given false information.

We hereby give consent to Manchester Jewish Housing Association to request, disclose and share information with other organisations and statutory bodies in respect of this application and to protect public funds.

We understand that information will only be exchanged between organisations that are party to the 1998 Data Protection Act or a person appointed by ourselves to deal with our application.

We accept and understand that any offer of property is subject to verification and can be withdrawn if there is evidence to invalidate our application.

We agree to any information kept on our records can be used to tailor the service we receive to meet our needs.

**Warning – it is a criminal offence to knowingly or recklessly make a false statement, or knowingly withhold information which we require to process your application. In respect of homelessness application, it is also an offence if you fail to notify us of any changes in your circumstances, which may affect your application prior to it being determined.**

**A person found guilty in a magistrate's court is liable to a fine of up to £5000 on conviction.**

Any allocated property obtained as a result of false information or any act of tenancy fraud may result in court action for eviction, damages and recovery of any profit made as a result of tenancy fraud.

## Signatures and essential supporting documentation required

Main Applicant signature	
Please print your name	

Joint Applicant signature	
Please print your name	

Date	
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### **REFERENCE REQUIRED**

*A reference from your current landlord.*

### **PROOF OF IDENTITY**

*Prior to processing your application for housing we must have evidence of your identity. If you have a partner, or any other member of the household is 16 or over, we must have evidence of their identity also.*

*Please provide ONE document from EACH list below.*

*Documents must be originals, we cannot accept photocopies.*

#### **List 1**

- *Birth or marriage certificate*
- *Full or provisional driving licence*
- *Passport*
- *Residence Permit, Alien Registration Certificate*
- *Immigration and National Directorate travel document*
- *Letter from the Home Office about immigration status*

#### **List 2**

- *Gas, electricity, phone (not mobile phone) or water bill in your name received within the last 3 months*
- *Letter from the Inland Revenue*
- *Letter from the Benefits Unit*
- *Letter from your bank/bank statement*

*All documents will be returned, or you may present any documentation at the MJHA office. Your documents will then be copied and immediately returned to you.*