



Dear Applicant

## **BOSTON HOMECHOICE APPLICATION**

Once you have completed your application, please refer to this checklist and ensure that you have completed and enclosed all of the required information.

**FAILURE TO COMPLETE THE FORM FULLY OR PROVIDE THE REQUIRED EVIDENCE WILL RESULT IN YOUR APPLICATION BEING REJECTED**

- 2 x proof of address for each applicant dated within the last 3 months
- Proof of National Insurance number for each applicant
- Full copies of passports &/or ID cards for each applicant
- Confirmation of pregnancy showing Expected Date of Delivery
- Full address details of all the properties you have occupied during the last 5 years along with contact details of the landlord or owner
- Fully signed copy of your current tenancy agreement
- Copy of your Tenancy Deposit Scheme certificate
- Full copy of your Notice to Quit if applicable
- Copies of all your rental payment receipts or rent books
- Copy of your current mortgage statement
- Copy of your current employment contract
- Copies of your last three months wage slips
- Copies of your latest award letters showing what state benefits you are receiving
- Full name, address and proof of occupancy of any relative that you are using as your local connection, and the date moved to the Boston area
- If you are claiming no fixed abode, provide a list of all the addresses where you are using the facilities i.e. washing, bathing, charging mobile phone
- Sign and date the form
- (Other)...

Yours faithfully



# Registration form



Before completing this form, please read the enclosed 'Homechoice Guide'

## How to fill in this form

Please answer all the questions in the sections that apply to you. If you are not sure how to fill in the form, please ask for help at any housing office.

If you would like to be considered for low cost home (shared) ownership, please tick

|  | ABOUT YOU                            |                                    | ABOUT YOUR PARTNER                   |                                    |
|--|--------------------------------------|------------------------------------|--------------------------------------|------------------------------------|
| Title (Mr, Mrs, Miss, Ms, etc)   |                                      |                                    |                                      |                                    |
| First name(s)  |                                      |                                    |                                      |                                    |
| Surname  |                                      |                                    |                                      |                                    |
| National Insurance No.<br>(please provide proof)                                   |                                      |                                    |                                      |                                    |
| Date of birth  |                                      |                                    |                                      |                                    |
| Previous surname(s) (if you<br>have ever been know by<br>any other names)          |                                      |                                    |                                      |                                    |
| Marital status   | Single <input type="checkbox"/>      | Married <input type="checkbox"/>   | Single <input type="checkbox"/>      | Married <input type="checkbox"/>   |
|  | Co-habiting <input type="checkbox"/> | Separated <input type="checkbox"/> | Co-habiting <input type="checkbox"/> | Separated <input type="checkbox"/> |
|  | Divorced <input type="checkbox"/>    | Widow/er <input type="checkbox"/>  | Divorced <input type="checkbox"/>    | Widow/er <input type="checkbox"/>  |
| Current address<br>(please provide two<br>proofs of address for each<br>applicant) |                                      |                                    |                                      |                                    |
| Postcode   |                                      |                                    |                                      |                                    |
| Contact address (if different<br>from above)                                       |                                      |                                    |                                      |                                    |
| Home telephone number  |                                      |                                    |                                      |                                    |
| Work / contact tel number  |                                      |                                    |                                      |                                    |
| Mobile number  |                                      |                                    |                                      |                                    |
| E-mail address   |                                      |                                    |                                      |                                    |
| Nationality  |                                      |                                    |                                      |                                    |
| Date you arrived in the UK   |                                      |                                    |                                      |                                    |
| What is your first (spoken)<br>language?   |                                      |                                    |                                      |                                    |
| Are you subject to<br>Immigration Control?   | Yes <input type="checkbox"/>         | No <input type="checkbox"/>        | Yes <input type="checkbox"/>         | No <input type="checkbox"/>        |
| Date you moved to your current address:  |                                      |                                    |                                      |                                    |

## Members of your household who currently live with you

Please give details of each person who presently lives with each applicant.

| Surname | First name | Relationship | Date of birth | Male/<br>female | Are they to be re-housed with you? |
|---------|------------|--------------|---------------|-----------------|------------------------------------|
|         |            |              |               |                 |                                    |
|         |            |              |               |                 |                                    |
|         |            |              |               |                 |                                    |
|         |            |              |               |                 |                                    |
|         |            |              |               |                 |                                    |
|         |            |              |               |                 |                                    |

Continue on a separate sheet if necessary

|   |                               |                             |
|---|-------------------------------|-----------------------------|
| Is any member of the household pregnant?  | Yes <input type="checkbox"/>  | No <input type="checkbox"/> |
| If yes, please give details below:  |                               |                             |
| <b>Name of person</b>   | <b>Expected date of birth</b> |                             |
|   |                               |                             |
| Please provide us with a copy of your pregnancy certificate (sometimes known as your EDC) |                               |                             |

## Please give details of you and your partner's previous addresses over the past five years and the reasons for leaving

You:

| Address | Dates from/to | Tenancy type | Name and address of property owner | Reason for leaving |
|---------|---------------|--------------|------------------------------------|--------------------|
|         |               |              |                                    |                    |
|         |               |              |                                    |                    |
|         |               |              |                                    |                    |

Your partner:

| Address | Dates from / to | Tenancy type | Name and address of property owner | Reason for leaving |
|---------|-----------------|--------------|------------------------------------|--------------------|
|         |                 |              |                                    |                    |
|         |                 |              |                                    |                    |
|         |                 |              |                                    |                    |

Continue on a separate sheet if necessary

## Details about your circumstances

|   |
|---|
| Do you or anyone listed on the form work for, or is related to anyone who works for any of the partnership organisations? |
| Yes <input type="checkbox"/> (please give details)                      No <input type="checkbox"/>                       |
| .....   |

Have you ever held a housing association or council tenancy in the past? Yes  No

If you have ticked yes, please give details below

| Name and address of tenancy | Date from/to | Name and address of landlord |
|-----------------------------|--------------|------------------------------|
|                             |              |                              |

If you have dependant children, do they live with you on a permanent basis? N/A  Yes  No

If you have ticked No to the above, how often do your children visit you? Please give details below

| Name of child | Child's DOB | Child's current address | How often do you have access? |
|---------------|-------------|-------------------------|-------------------------------|
|               |             |                         |                               |
|               |             |                         |                               |
|               |             |                         |                               |

Is any member of your family forced to live apart from you because of your housing situation? Yes  No

If yes, please give details .....

.....

If you have close relatives who live within the Borough of Boston please supply the following details:

| Name and address of relative | Relationship to you |
|------------------------------|---------------------|
|                              |                     |

Are you required to give or receive support Yes  No

Date relative moved into Boston borough area .....

**Rent/mortgage details**

Please give the name and address of your landlord or mortgage lender (please provide a copy of your tenancy or mortgage statement and notice, if applicable)

|  |                              |                             |
|--|------------------------------|-----------------------------|
| Name of landlord/lender:                         |                              |                             |
| Address of landlord/lender:                      |                              |                             |
| Telephone number of landlord:                    |                              |                             |
| Amount of mortgage outstanding                   | £                            |                             |
| How much are your rent/loan/mortgage repayments? | £                            | week/month                  |
| Are you behind with your payments?               | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| If yes, how much are your arrears?               | £                            |                             |
| Have you received a Notice to Quit?              | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| If yes, when does it expire?                     |                              |                             |

Do you or anyone included on this application own or have a financial interest in any other property or land anywhere in the world? Yes  No

If yes, please give details and estimated value and state why you are unable to live in the property:

.....

.....

## Employment, Savings and Income Details

Your Choice  
Your Future

# Boston Homechoice

|                              |                          |                          |   |
|------------------------------|--------------------------|--------------------------|---|
| Are you currently:           | You                      | Your partner             | Your job title:<br>.....  |
| Self-employed                | <input type="checkbox"/> | <input type="checkbox"/> | Employer's name, address and no.<br>.....                                     |
| Employed full time           | <input type="checkbox"/> | <input type="checkbox"/> | .....   |
| Part time (less than 30 hrs) | <input type="checkbox"/> | <input type="checkbox"/> | .....   |
| Jobseeker                    | <input type="checkbox"/> | <input type="checkbox"/> | How many hours do you work? .....<br>How long have you had this job?<br>..... |
| Full-time student            | <input type="checkbox"/> | <input type="checkbox"/> | .....   |
| Retired                      | <input type="checkbox"/> | <input type="checkbox"/> | Your partner's job title:<br>.....  |
| Not seeking work             | <input type="checkbox"/> | <input type="checkbox"/> | Employer's name, address and no.<br>.....                                     |
| Seasonal work                | <input type="checkbox"/> | <input type="checkbox"/> | .....   |
| Government training          | <input type="checkbox"/> | <input type="checkbox"/> | How many hours do you work? .....<br>How long have you had this job?<br>..... |
| Long term sick/disabled      | <input type="checkbox"/> | <input type="checkbox"/> | .....   |

Income and savings details are required to give appropriate housing and benefit advice to applicants. Attendance allowance and disability allowance – although they may be disregarded, are detailed for applicants to complete so the partnership know immediately when applications are or are not in receipt, which assists the advice process.

|   |
|---|
| Do you have any savings/shares/bonds/capital investments? <span style="float: right;">Yes <input type="checkbox"/> Total amount £..... No <input type="checkbox"/></span> |
|---|

| Type of income                       | Amounts |                         |                  |                         |
|--------------------------------------|---------|-------------------------|------------------|-------------------------|
|                                      | You (£) | How often is this paid? | Your partner (£) | How often is this paid? |
| <b>A - earnings after deductions</b> |         |                         |                  |                         |
| <b>B - Benefits (please list)</b>    |         |                         |                  |                         |
|                                      |         |                         |                  |                         |
|                                      |         |                         |                  |                         |
|                                      |         |                         |                  |                         |
|                                      |         |                         |                  |                         |
| <b>C - Pensions</b>                  |         |                         |                  |                         |
| <b>D - Other income</b>              |         |                         |                  |                         |
| <b>Total income</b>                  |         |                         |                  |                         |

## Your Current Housing Situation

Please tick the box which best describes your current housing situation:

|  |   |
|--|---|
| Housing association tenant <input type="checkbox"/>                                | Tenant of a private landlord <input type="checkbox"/>                 |
| Living with parents <input type="checkbox"/>                                       | Tenant of a property tied to your employment <input type="checkbox"/> |
| Owner occupier or mortgage <input type="checkbox"/>                                | Tenant of another council <input type="checkbox"/>                    |
| Renting room <input type="checkbox"/>  | Lodger <input type="checkbox"/>                                       |
| Living with family or friends <input type="checkbox"/>                             | In bed and breakfast <input type="checkbox"/>                         |
| Living in residential or nursing home <input type="checkbox"/>                     | Staying in hospital <input type="checkbox"/>                          |
| Young person in residential or foster care <input type="checkbox"/>                | Have no accommodation <input type="checkbox"/>                        |
| Living in temporary accommodation provided by the council <input type="checkbox"/> | Member of HM Forces - When is your discharge date? .....              |
| Currently in HM Prison <input type="checkbox"/>                                    | When does your sentence end? .....                                    |
| Name and address of your Probation Officer: .....                                  |   |
| .....  |   |

What type of property do you live in?

|                                   |  |                                     |
|-----------------------------------|--|-------------------------------------|
| House <input type="checkbox"/>    | Mobile home <input type="checkbox"/>       | Bedsit <input type="checkbox"/>     |
| Bungalow <input type="checkbox"/> | Bed and breakfast <input type="checkbox"/> | Maisonette <input type="checkbox"/> |
| Hostel <input type="checkbox"/>   | Flat <input type="checkbox"/>              | Caravan <input type="checkbox"/>    |
| Other - please give details ..... |  |                                     |
| Number of bedrooms .....          |  | Number of living rooms .....        |

If you live in a flat, maisonette or room, which floor is it on? .....

Is there a lift available? Yes  No

Has your current home been adapted for your needs? Yes  No

If yes, please detail adaptations .....

Is your current accommodation WITHOUT any of the following facilities? (please tick)

|  |  |
|--|--|
| Indoor toilet <input type="checkbox"/>       | Gas supply <input type="checkbox"/>      |
| Bath or shower <input type="checkbox"/>      | Electric supply <input type="checkbox"/> |
| Use of water supply <input type="checkbox"/> | Other <input type="checkbox"/>           |

Does your accommodation have any disrepair problems? (please detail) .....

.....

.....

NB The condition of your property may be reported to Private Sector Housing

Do you keep any pets?

If yes, please give details .....

## Your Housing Needs

Sheltered housing accommodation is available for people of Pension Credit age and over or with support needs

|  |                              |                              |                             |
|--|------------------------------|------------------------------|-----------------------------|
| Do you require sheltered housing?  | N/A <input type="checkbox"/> | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| If yes, you will be contacted by the Housing Association. All applications are subject to an assessment. |                              |                              |                             |
| Please detail why you want to move to sheltered housing  |                              |                              |                             |
| .....  |                              |                              |                             |





### Fraud and General Data Protection Requirements (GDPR) statements

You will now be asked to read two items concerning fraud and the general data protection requirements. You (all applicants) should then sign to confirm:

- You have read the statements and
- You understand your individual responsibilities.

#### Fraud statement

In making this application you, the applicant/s, confirm that:

- The information you give will be correct
- The Council will use the information provided to process the application and will check/validate information with other sources as the law allows
- You will let the Council know immediately of any changes in your personal circumstances that may affect your application (by notifying the Housing Needs team)
- You understand that the Council may take action against you (including court action) should any information be found to be incorrect or you do not notify the Council of any changes in your personal circumstances

These requirements are as stated under Section 214 of the Housing Act 1996. A person guilty of an offence under this section is liable on summary conviction to a fine not exceeding level 5 on the standard scale. (£5,000)

#### GDPR statement

We are collecting your personal information to process your application.

Boston Borough Council is a Local Authority with responsibilities for Housing Services

The accuracy of the information you provide is very important and incorrect information may lead to your application taking longer or it may be rejected.

We are processing the information in your interest to help your application and in accordance with the law (Housing Acts), or a task in the greater public interest. We will hold on to your information for 6 years after an unsuccessful application and 6 years after the last contact should your application be successful.

To facilitate allocation of housing and to meet your housing needs we may also record details of other residents within your household including any dependent children and details of anyone who is authorised to act on your behalf, if applicable. We may also require details of your immigration status and your right to live and work in the UK.

In specific and restricted circumstances, we may also need to collect additional information including:

- occupation
- employment and income history
- court orders or convictions
- enforcement orders
- details of other HMO licences held or applied for
- bank details
- previous housing circumstances.

In addition we may need to collect sensitive personal information such as nationality, medical/health information, support needs, racial or ethnic origin, gender, religious beliefs and relationship status.

The information provided may be shared with our housing partners to help us understand and process your application.

There is further information should you need further understanding on the Council's Website.

**Declaration**

**I/we confirm that I/we have read the fraud statement and that the information I/we have given is correct.**

**I/we confirm that I/we have read the statement about collection and use of my/our information under the General Data Protection Regulations.**

Your signature: ..... Date: .....

Your partner's signature: ..... Date: .....

If someone other than the applicant has completed this form, please tell us why. Support may be available to assist the applicant further.

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Thank you for completing this form

**To assist us with future development needs, please give us up to three preferred areas where you would like to live:**

- 1. ....
- 2. ....
- 3. ....

**Please return your completed form to:**

Boston Borough Council  
Housing Needs  
Municipal Buildings  
West Street  
Boston Lincolnshire  
PE21 8QR

Telephone: (01205) 314200  
E-mail: [housing.dept@boston.gov.uk](mailto:housing.dept@boston.gov.uk)



# Boston Homechoice

Your Choice  
Your Future