



**WEST LANCS HOMEFINDER  
APPLICATION FORM**

## Introduction

This form can be used by anyone who wants a home with West Lancashire Borough Council or through a nomination to a Housing Association. It is important that we have as much detail as possible about your current housing situation so that we can accurately assess your housing circumstances. All of the information which you provide is treated as confidential.

Before you complete this form please read the guidance notes which will help you and explain what supporting information you will need to provide. Please ask if you need help to complete the form or require a translation.

Information on the banding system, and how you can bid for a property, etc. can be found in the booklet 'West Lancs HomeFinder Scheme Guide'.

When you have completed the form and attached a **character or tenancy reference** you can return it in person to either of the Council's Customer Service Points below. The reference should be from a current or recent landlord (ie. someone you paid rent to), a current or recent employer or a member of standing in the community, this could be a teacher, a police officer, doctor, member of the legal profession, councillor or a cleric to name a few. The reference should also be written on letter headed stationery or have a business card attached. We also require full contact details for the referee and they must clearly state their position and in what capacity they know you.

### **Ormskirk**

WLBC Council Offices  
52 Derby Street  
Ormskirk  
West Lancashire  
L39 2DF

### **Skelmersdale**

WLBC Customer Service Point  
Unit 142  
The Concourse  
Skelmersdale  
West Lancashire  
WN8 6LN

Alternatively you can send your application by post to:  
**WLBC Housing Options**  
PO Box 16,  
52 Derby Street  
Ormskirk.  
West Lancashire  
L39 2DF

***We can provide this information on audiotape, CD, large print, Braille, and in other languages as appropriate on request. Visit our website [www.westlancs.gov.uk/access](http://www.westlancs.gov.uk/access) or telephone 01695 585271***

***Wszystkie te informacje możemy przekazać na życzenie w formie audio, na płycie CD, w wersji zapisanej dużym drukiem lub alfabetem Braille'a, bądź też przetłumaczonej na wymagany język. Zapraszamy na stronę [www.westlancs.gov.uk/access](http://www.westlancs.gov.uk/access) lub prosimy o kontakt telefoniczny pod nr 01695 585271.***

***Podemos prestar esta informação em gravação áudio, em CD, em letra grande, em Braille e noutras línguas, conforme apropriado e a pedido. Visite o nosso Website [www.westlancs.gov.uk/access](http://www.westlancs.gov.uk/access) ou telefone para o 01695 585271.***

## SECTION A YOUR DETAILS

	<i>Main Applicant</i>	<i>Joint Applicant</i>
Title	Mr / Mrs / Miss / Ms	Mr / Mrs / Miss / Ms
Full Name		
Address		
Postcode		
Date moved in		
Telephone Number	Home Work Mobile	Home Work Mobile
E-mail address		
What is your preferred method of contact?	Email Telephone Letter Text	Email Telephone Letter Text
Date of Birth		
NI Number		
Are you	Male / Female	Male / Female
Are you pregnant? <i>IF YES please provide expected due date</i>	YES / NO Due Date.....	YES / NO Due Date.....

	<b>Main Applicant</b>	<b>Joint Applicant</b>
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Are you a

**Lodger**

YES / NO

YES / NO

**Tenant**

YES / NO

YES / NO

If YES who is your landlord

WLBC,  
Crisis Centre,  
Stonham,  
Housing Association  
Private Landlord,  
Other Council,  
Social Services Care  
Other

WLBC,  
Crisis Centre,  
Stonham,  
Housing Association  
Private Landlord,  
Other Council,  
Social Services Care  
Other

Please provide Landlords name & address & a copy of your tenancy agreement

Owner Occupier

YES / NO

YES / NO

If YES please provide a property valuation & your mortgage statement

Is the property a

Bungalow  
House  
Caravan - residential site  
Caravan - non residential site  
Bedsit  
Flat  
Maisonette  
Hostel  
Other

Bungalow  
House  
Caravan - residential site  
Caravan - non residential site  
Bedsit  
Flat  
Maisonette  
Hostel  
Other

	<b>Main Applicant</b>	<b>Joint Applicant</b>
How many bedrooms		
What floor	Ground / First / Second / Above	Ground / First / Second / Above
<b>Nationality</b> (as detailed on your passport)		

Non British Citizens will need to provide evidence to confirm Immigration status, eg copy of passport, Home Office documentation or workers permit

## COMMUNICATION

What is your spoken language?		
Which language do you prefer for written correspondence?		
Do you need an interpreter?	<b>YES / NO</b>	<b>YES / NO</b>
Do you have difficulty with reading or numbers	<b>YES / NO</b>	<b>YES / NO</b>
If you prefer someone else to act on your behalf or post to be sent to an alternative address please supply details	<p>Do you want this person to be able to place bids on your behalf?</p> <p>YES / NO</p>	

## SECTION B - HOUSEHOLD DETAILS

Please list all the people currently living with you in your home

Person 1

First Name	
Surname	
Date of Birth	
Male / Female	
Relationship to you	
Nationality	
Will they be moving with you	<b>YES / NO</b>

Person 2

First Name	
Surname	
Date of Birth	
Male / Female	
Relationship to you	
Nationality	
Will they be moving with you	<b>YES / NO</b>

Person 3

First Name	
Surname	
Date of Birth	
Male / Female	
Relationship to you	
Nationality	
Will they be moving with you	<b>YES / NO</b>

Person 4

First Name	
Surname	
Date of Birth	

Male / Female	
Relationship to you	
Nationality	
Will they be moving with you	<b>YES / NO</b>

Person 5

First Name	
Surname	
Date of Birth	
Male / Female	
Relationship to you	
Nationality	
Will they be moving with you	<b>YES / NO</b>

Person 6

First Name	
Surname	
Date of Birth	
Male / Female	
Relationship to you	
Nationality	
Will they be moving with you	<b>YES / NO</b>

**Please tell us if there is someone who will live with you who currently lives at a different address**

Person 1

First Name	
Surname	
Address	
Date of Birth	
Male / Female	
Relationship to you	
Nationality	
Are they a	<b>Lodger / Tenant / Owner</b>

### Person 2

First Name	
Surname	
Address	
Date of Birth	
Male / Female	
Relationship to you	
Nationality	
Are they a	Lodger / Tenant / Owner

### Person 3

First Name	
Surname	
Address	
Date of Birth	
Male / Female	
Relationship to you	
Nationality	
Are they a	Lodger / Tenant / Owner

### Access

If you have overnight access to any children that do not permanently live with you, please provide details ie names, DOB, address & frequency of access.

(You will be required to provide evidence)

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### Property Details

Are there any major problems in your home which are likely to put health at risk?	YES / NO
Is your home subject to a (please circle as appropriate)	Prohibition Order, Demolition Order, Clearance Area or Compulsory Purchase Order
Does your home lack any basic facilities? Please circle as appropriate.	No suitable kitchen No suitable bathroom or WC

	Sharing such facilities with unrelated households No supply of cold or hot water Significant or excessive dampness to the property
Has your Landlord been, served with a repair notice by the Private Sector Housing Team	YES / NO

**PAST ADDRESSES** – please provide details for the last 5 years

**Main Applicant**

Full Address	From -To	Were you a lodger / tenant / owner & if applicable who was the landlord	Reason for leaving

**Joint Applicant**

Full Address	From -To	Were you a lodger / tenant / owner & if applicable who was the landlord	Reason for leaving

Do you hold a tenancy or own a property other than already mentioned	YES / NO
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Have you sold a property within the last 5 years? If yes please provide details of how much equity you received from the sale. You will also need to provide copy of the completion statement.	YES / NO
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## SECTION C - MEDICAL / SUPPORT NEEDS

<p>Medical Need - Does anyone to be rehoused as part of this application have a medical need to be rehoused? By medical need we mean if you have a medical condition which makes living in your current home difficult and/or dangerous.</p>	<p>YES / NO</p>
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<p>Sheltered Accommodation – if you are over 60 do you wish to be considered for sheltered accommodation?</p>	<p>YES / NO <i>If yes please indicate below which type of scheme you would prefer</i></p>
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**IF YOU HAVE ANSWERED YES TO HAVING EITHER A MEDICAL NEED FOR HOUSING OR WISH TO BE CONSIDERED FOR SHELTERED ACCOMODATION YOU WILL ALSO NEED TO COMPLETE THE ENCLOSED MEDICAL / SUPPORT ASSESSMENT FORM.**

### TYPE OF SCHEME

Please tick all scheme types you wish to consider

<p>Group Scheme (a group of properties linked to a mobile warden).</p>	
<p>Category I (schemes with use of a communal lounge and linked to a mobile or site based Scheme Manager)</p>	
<p>Category II (schemes with various communal facilities and an on site Scheme Manager)</p>	
<p>Extra Care (schemes with various communal facilities, an on site Scheme Manager and care provider. NB allocations are usually made to cases referred by Social Services)</p>	
<p>Do you also wish to be considered for general needs accommodation?</p>	

**All types of sheltered accommodation are provided with the support of a mobile or site based Scheme Manager, by applying for accommodation of this type you are agreeing to accept this support and co operate with the service.**

Those applicants who are disabled or have other significant support needs may be eligible for sheltered accommodation in exceptional circumstances, please indicate by ticking the box if you would like to be considered.

## SECTION D - REASONS FOR MOVING

Please tell us why you wish to be re-housed. Include details of any special circumstances which you think should be taken into account. Please circle as appropriate.

Asked to leave by family/ friends	Eviction or Repossession	Move to be near family / friends
Discharged from Hospital/ Institution	Ill health or disability	Move to be near work
Domestic Violence	Left home country as refugee	Move to accommodation with support
End of Assured Shorthold Tenancy	Loss of tied accommodation	Move to independent accommodation
Cant afford rent or mortgage	Permanent decant by WLBC	Problems with neighbours
Overcrowding	Property in poor condition	Racial Harassment
Relationship breakdown	Under occupation	Discharged from Prison
Other - please specify		

## SECTION E - EMPLOYMENT / FINANCIAL SITUATION

### Income / Savings

	<i>Main Applicant</i>	<i>Joint Applicant</i>
Normal weekly take home pay per week	Less than £100 £100- 200 £200-£300 £300+	Less than £100 £100- 200 £200-£300 £300+
Total weekly amount from benefits		
Total weekly amount from other sources		
Name, address & phone number of employer (if applicable):		
How long have you been with this employer?		
<b>Savings</b> Please provide details of any savings, bonds or other assets you hold		

Are you having difficulty affording your current home because of an unexpected change in your circumstances?	<b>YES / NO</b> If YES please complete enclosed Economic Need Assessment Form
If yes was this due to (please circle as appropriate)	rent increase, loss of employment, relationship breakdown, other change in income,

Do you need to move to take up or retain employment?	<b>YES / NO</b>
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## SECTION F – THE TYPE OF HOME YOU NEED

Before answering the following questions please refer to the enclosed information booklet.

**Please circle to indicate the type of property you would prefer**

Bedsit – ground floor	Bedsit – first floor or above	Flat – ground floor	Flat – first floor or above
Maisonette – ground floor	Maisonette – first floor or above	Bungalow	House

How many bedrooms do you need?	
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## AREAS OF CHOICE

Please tick next to all areas you wish to be considered for

Altcar		Little Digmaor	
Appley Bridge		Newburgh	
Ashurst		New Church Farm	
Aughton		Old Skelmersdale	
Banks		Ormskirk	
Bickerstaffe		Parbold	
Birch Green Central		Rufford	
Birch Green		Scarisbrick	
Burscough		Tarleton	
Clay Brow		Tanhouse 4&5	
Digmaor		Tanhouse 1&2	
Halsall		Up Holland/Roby Mill	

Haskayne		Westhead	
Hesketh Bank		Wrightington	
Holland Moor		Yewdale	

## LOCAL CONNECTIONS

Please write the names of the areas you have a local connection to in the box adjacent to the relevant connection type.

Type of Connection	Areas
Have lived in that area for a period of 3 out of the last 5 years prior to the date of their application.	
Have close family who have lived in the area for a minimum of 2 years prior to the date of application and need to move nearer to them (provide relatives name & address)	
Have been permanently employed in an area of the district for at least the previous 12-months.	
Need to move to or remain in area to receive support of local organisations or support facilities such as day centres.	

## PETS

Please give details of any pets you would like to take with you. ( We cannot rehouse anyone in a flat with a communal entrance if the pet may cause nuisance to other tenants e.g. cat or dog)	
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<b>Housing Association Properties</b> -The Council holds details of people who would like to be considered for Housing Association homes as well as council properties. Would you like to be considered?	YES / NO
<b>Shared Ownership Properties</b> -The Council holds details of people who would like to be considered for Shared Ownership homes. Would you like to be considered?	YES / NO

## SECTION G - RELATION TO STAFF OR COUNCIL MEMBERS

Do you work for West Lancashire Borough Council?	YES / NO if yes please provide job title and division
Are you related to any Councillor or employee of West Lancashire Borough Council?	YES / NO if yes please state name, relationship & position within the council

## SECTION H - HELP AND SUPPORT

Additional help is available to vulnerable applicants or those who may have difficulty accessing property advertisements and/or bidding. Would you like someone to contact you to discuss your requirements	YES / NO
Do you need information in any of these formats? Please circle as appropriate.	Large Print Audio Tape Minicom Braille British sign Language

## References

Applicants under 60 who are not already a tenant of West Lancashire Borough Council must provide a reference from either their current or previous landlord. If you have not rented accommodation before, the reference should be from your employer. The reference should state your suitability as a prospective tenant and should state how you have conducted previous tenancies. If you do not supply a reference this application form will be returned to you unregistered.

## SECTION I - DECLARATION & SIGNATURE

Have you or anyone to be rehoused with you ever been convicted of a criminal offence? (You do not need to include any convictions spent under the Rehabilitation of Offenders Act 1974.)	YES / NO
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## National Fraud Initiative (NFI) Fair Processing Notice

This authority is under a duty to protect the public funds it administers, and to this end may use the information you have provided on this form for the prevention and detection of fraud. It may also share this information with other bodies responsible for auditing or administering public funds for these purposes.

For further information, see [www.westlancs.gov.uk/nfi](http://www.westlancs.gov.uk/nfi)

## Declaration

Please read carefully and sign below.

I authorise West Lancashire Borough Council to contact any previous landlords and relevant agencies including but not limited to other divisions of WLBC, the police, the probation service, social services, and the health authority to check the information I have given and give permission for the release of any relevant information.

The information on this form is a true statement. I understand that any information that is false or misleading may lead to prosecution.

I undertake to notify the council of all changes affecting my application as they occur. (Your application may be cancelled if you do not tell us of any changes to your circumstances).

	<i>Main Applicant</i>	<i>Joint Applicant</i>
Signature		
Date		

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**This is your receipt for your application form when it is signed by an officer of the council**

**Date stamp**

**Officer Signature**

**You should keep this safe until you have been told in writing that your application has been registered. If you have not heard from us in 10 working days please contact the Housing Options Team on Tel: 01695 585271**

## SERVICE MONITORING FORM

To help us monitor the accessibility and effectiveness of our services, please complete this part of the form.

### Why are we asking?

To make things better - the information we collect helps us to improve our services. It shows us if some people are not making the most of our services, and where we need to make changes to them.

### What happens to the information?

Some people worry about giving information in case it should fall into the wrong hands. There are strict laws (Data Protection Act 1998) to make sure that we protect the information we collect and to deal with it responsibly. Service managers use the information to help them make sure their services are meeting the needs of all our residents.

### Aren't some of the questions a bit personal?

It may seem that we are being nosy, but we ask everyone the same thing. We understand that you might be protective of your personal information, but if we don't know who is using our services, it is harder for us to deliver them appropriately.

## Main Applicant

What is your full home postcode? \_\_\_\_\_

Are you	<b>MALE / FEMALE</b>
Is your gender the same as when you were born?	<b>YES / NO</b>

*- please circle your age group*

16 - 18	18 - 24	25 - 40	40 - 60	60+
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*- please circle your ethnic group*

<b>White</b>	British English Welsh Scottish Northern Irish	Irish	Gypsy / Traveller	Any other white European	Other
<b>Mixed</b>	White & Black Caribbean	White & Black African	White & Asian	Other	Other
<b>Asian or Asian British</b>	Indian	Pakistani	Bangladeshi	Chinese	
<b>Black or Black British</b>	Caribbean	African	Other		
<b>Other ethnic group</b>	Arab	Other			

## Joint Applicant

What is your full home postcode? \_\_\_\_\_

Are you	<b>MALE / FEMALE</b>
Is your gender the same as when you were born?	<b>YES / NO</b>

**- please circle your age group**

16 - 18	18 - 24	25 - 40	40 - 60	60+
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**- please circle your ethnic group**

<b>White</b>	British English Welsh Scottish Northern Irish	Irish	Gypsy / Traveller	Any other white European	Other
<b>Mixed</b>	White & Black Caribbean	White & Black African	White & Asian	Other	Other
<b>Asian or Asian British</b>	Indian	Pakistani	Bangladeshi	Chinese	
<b>Black or Black British</b>	Caribbean	African	Other		
<b>Other ethnic group</b>	Arab	Other			

## Disability

A disability under The Disability Discrimination Act is defined as “a physical or mental impairment that has a substantial and long term adverse effect on a persons ability to carry out normal day to day activities”.

	<b>Main Applicant</b>	<b>Joint Applicant</b>	<b>Other (please state who)</b>
Does anyone on your application have a disability?			
If YES. Please tell us the nature of the disability. Please circle if appropriate.	Mobility Hearing Impairment Visual Impairment Learning Impairment Mental or Emotional distress Health related long term illness	Mobility Hearing Impairment Visual Impairment Learning Impairment Mental or Emotional distress Health related long term illness	Mobility Hearing Impairment Visual Impairment Learning Impairment Mental or Emotional distress Health related long term illness

## Sexuality

	Homosexual / Gay Man	Lesbian / Gay Woman	Heterosexual / Straight	Bi - Sexual	Prefer not to say
<b>Main Applicant -</b> Which of the following best describes you?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Joint Applicant -</b> Which of the following best describes you?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Religion (please tick box)	<i>Main Applicant</i>	<i>Joint Applicant</i>
None	<input type="checkbox"/>	<input type="checkbox"/>
Hindu	<input type="checkbox"/>	<input type="checkbox"/>
Sikh	<input type="checkbox"/>	<input type="checkbox"/>
Christian	<input type="checkbox"/>	<input type="checkbox"/>
Buddhist	<input type="checkbox"/>	<input type="checkbox"/>
Jewish	<input type="checkbox"/>	<input type="checkbox"/>
Muslim	<input type="checkbox"/>	<input type="checkbox"/>
Other	<input type="checkbox"/>	<input type="checkbox"/>
Prefer not to say	<input type="checkbox"/>	<input type="checkbox"/>