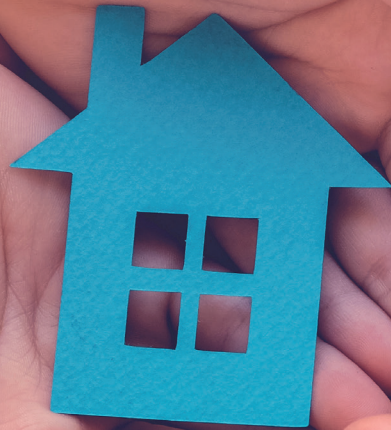


Local Lettings Plan

Lancaster West Estate and Bramley House



Application Form

For Council properties allocated through the Local Lettings Plan
for the Lancaster West Estate and Bramley House

Please answer all the questions which apply to you and sign and date your form.

Your application form may be returned to you if it is not fully completed.

Email your form to: housingopportunities@rbkc.gov.uk

Or print out your form and drop off or send to:

Housing Opportunities Team
Kensington and Chelsea Council
Town Hall
Hornton Street W8 7NX

Lancaster West Estate Office
Unit 7, Baseline Studios
Whitchurch Road
London W11 4AT

For Council use only:

Main applicant's name	
HR number	
Case officer	
AHR category	



THE ROYAL BOROUGH OF
KENSINGTON
AND CHELSEA

Section 1 Main applicant – your personal information

About you

Mr/Mrs/Ms/Miss/Mx/Other

First name(s)

Surnames

If you have been known by any other names, please list them here

Date of birth

Gender

D D M M Y Y Y Y

Female

Male

Other

Is your gender identity the same as the one you were born with?

Yes

No

Prefer not to say

National Insurance Number

Please indicate your current status from the choices below:

Single

Married

Separated

Divorced

Widowed

In a civil partnership

Cohabiting for over 12 months

Main telephone number

Email address

About your current home

Current tenancy (on the Lancaster West Estate or Bramley House)

1st line of address

2nd line of address

Postcode

Date you moved to your current address

D D M M Y Y Y Y

Section 2 Main applicant – where you live now

About your current accommodation

Are you living:

at home on the Lancaster West Estate or at Bramley House

in temporary housing away from Lancaster West

If you would like us to write to you at a different address from your tenancy on Lancaster West or at Bramley House, please provide it below

Correspondence address

Town/city

Postcode

Your Council home on the Lancaster West Estate or Bramley House

How many bedrooms does the property have?

What floor is the property entrance on?

Basement

Ground floor

Other – please specify

Is there a lift?

Yes

No

If yes, how many lifts serve your property?

How many external steps are there to enter the building where your property is located?

How many steps are there inside the building to access your property (not including steps that can be avoided by using a lift)?

How many steps are there inside your home?

Have any internal or external adaptations been made to your property to make it more accessible?

Yes

If yes, please provide as much detail as possible. For example, this might include grab rails, a wet floor shower room, or ramps to help you in and out of the property.

No

Section 3 Joint applicant – personal information

Please provide details of the current joint tenant if there is one. If you are a sole tenant, please go straight to Section 4

Mr/Mrs/Ms/Miss/Mx/Other

First name(s)

Surnames

If you have been known by any other names, please list them here

Date of birth

Gender

D D M M Y Y Y Y

Female

Male

Other

Is your gender identity the same as the one you were born with?

Yes

No

Prefer not to say

National Insurance Number

Relationship to main applicant

Married

Civil partner

Separated but still legally married

Cohabiting for the last 12 months or more

Other (please state)

Main telephone number

Email address

Section 4 Other members of the household

Please use this section to list the people who you want to be rehoused with. Do not include the joint tenant (if there is one)

1st Person	Full name			
Date of birth		Gender		
Relationship to tenant(s)				
2nd Person	Full name			
Date of birth		Gender		
Relationship to tenant(s)				
3rd Person	Full name			
Date of birth		Gender		
Relationship to tenant(s)				
4th Person	Full name			
Date of birth		Gender		
Relationship to tenant(s)				
5th Person	Full name			
Date of birth		Gender		
Relationship to tenant(s)				
6th Person	Full name			
Date of birth		Gender		
Relationship to tenant(s)				

Do any of the household members above live separately from you? Yes No

If yes, please confirm who lives separately and the reason for this

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Are any of your adult household members interested in moving to a studio or one-bedroom flat on the Lancaster West Estate or in Bramley House?

Household members are only eligible to move to a new home if your household needs a four-bedroom property or larger, and is currently overcrowded
or
if you live in a home with three or more bedrooms and you are willing to move to smaller home when this person is rehoused.

Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	
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Section 5 Health information

Based on your answers to the following questions, we may contact you to arrange a medical assessment. As part of this assessment, we will work with you to understand whether your current home causes you or a member of your household difficulties, and what type of home would be most suitable for you.

Do you consider yourself to have a disability?

<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
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Does anyone on your housing application have a health problem or disability?

<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
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If yes, please state their name(s)

What is the nature of the disability?

Does anyone on this housing application have difficulty with steps or stairs? If yes, please state their name(s)

Does anyone on this housing application use a walking stick/crutches or a wheelchair? If yes, please state their name(s)

Is the health of anyone on this application made worse by their current accommodation? If yes, please state their name(s) and the problems they have in your home.

Section 6 Pregnancy

Is anyone on this application pregnant?

No – Go to section 10

Yes – Expectant mother details

First name(s)

Surnames

Expected delivery date

Section 7 Main applicant – your personal information

If your current home has more bedrooms than you need, you can downsize to a smaller home and receive priority points when you do. Would you be interested in downsizing? We will confirm how many bedrooms you are entitled to after you have submitted your application.

Yes

No

The Local Lettings Plan for Lancaster West and Bramley House allows for an additional priority if you need to move closer to a family member.

Do you need to move closer to a family member?

Yes

No

Why do you need to move close to a family member? For example, why does living where you live now cause you difficulty? Where does your family member live?

Section 8 Additional information

Please use this section to tell us anything you think we should know, or anything you think may support any information you provided:

Section 9 Your declaration

General principles

I/we:

- understand that any information given by me/us relating to my/our application for housing will be used to process my/our application for housing in accordance with Data Protection Act 1998
- understand that I/we may seek to see all the information the Council holds relating to my/our application for housing and for any inaccurate information to be removed
- understand that refusing to agree to the Council gathering and sharing information may prevent the Council from assessing my housing application and providing me with suitable advice and/or assistance.

Allowing the Council to gather information

I/we:

- give consent to the Council to obtain information from my/our landlord or other third parties, which it requires to investigate my/our application
- agree that the information I/we have given to support my/our application for housing can be checked now or in the future with other departments within the Council and other organisations as allowed by law, to verify the information in this application and to prevent error
- give consent to the Council to seek information relating to me/us, and members of my/our household in order to detect and prevent fraud, promote safeguarding, prevent risk or harm arising to me/us and members of our household or to any third party and promote adult and child wellbeing
- give consent to the Council to seek information relating to me/us so it can provide me/us and our household with appropriate services and support
- understand that the Council will seek and record information for the above purposes only.

Allowing the Council to share information

I / we:

- agree that my/our personal information may be shared with landlords and other housing agencies who work with the Council now or in the future to enable them to consider my/our application for housing
- agree that the Council may share information with the agencies listed on the next page to detect and prevent fraud, promote safeguarding, prevent risk or harm arising to me/us and members of our household or to any third party and promote adult and child wellbeing
- agree the Council may share information with the agencies listed on the next page so it can provide me/us and our household with appropriate services and support
- understand that the Council will only share information for the above purposes only.

Telling the truth and providing all relevant information

I / we:

- declare that I/we have understood the questions and that the information I/we have given is correct and true to the best of my/our knowledge
- understand that it is an offence to knowingly provide false information, or withhold information, in support of an application for housing and could result in the termination of my housing application, and/or civil or criminal prosecution and eviction from any accommodation offered
- understand that the Council is under a duty to protect public funds and may use the information I/we have provided to prevent and detect fraud as allowed by law
- undertake to notify the Council if there is/are any changes in my/our circumstances which might affect my/our application for housing.

Who will the Council seek information from, and share information with?

I/we understand that the Council will seek information from, and share information with, other agencies where appropriate which include but are not limited to:

- the Home Office
- other Council departments (e.g. Council Tax, Housing Benefit, Electoral Roll)
- other local authorities
- landlords (private and social housing)
- employers
- financial institutions and third party credit agencies
- Department for Work and Pensions and welfare benefits agencies
- medical and healthcare professionals and agencies
- services delivered or contracted by local authorities to promote the well-being of children (such as Children’s Social Services and mental health services)
- services delivered or contracted by local authorities to promote the wellbeing of adults (such as Adult Social Care and mental health services)
- police, probation and criminal justice services.

Applicant’s name	
First name(s)	Surnames
<input type="text"/>	<input type="text"/>
Date	Applicant’s signature
<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/>

Joint tenant’s name (if applicable)	
First name(s)	Surnames
<input type="text"/>	<input type="text"/>
Date	Joint tenant’s signature
<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/>

FOR OFFICIAL USE ONLY	
I confirm the identity of the above signatory/ies	
First name(s)	Surnames
<input type="text"/>	<input type="text"/>
Job Title	<input type="text"/>
Date	Signature
<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/>

Section 10 Equality Monitoring Form

You do not have to complete this part of the form, but if you do it will help us to monitor our services and ensure we provide fair access.

The personal information that you provide will be handled by the Council in line with the Data Protection Act 1998. Your information will be used for the purpose of this housing application and will only be shared with those departments that you have indicated in this form.

A. Please indicate in the box titled 'you' the ethnic category that applies to you (and to the joint applicant if applicable)

A.1. White	You (Main tenant)	Joint tenant
English		
Irish		
Northern Irish		
Scottish		
Welsh		
Other White background – Please specify		
A.2. Mixed/multiple ethnic groups	You	Joint tenant
White and Black African		
White and Black Caribbean		
Other mixed/multiple background – Please specify		
A.3. Black	You	Joint tenant
African		
Somali		
Caribbean		
Black British		
Other Black – Please specify		
A.4. Asian	You	Joint tenant
African Indian		
Indian		
Bangladeshi		
Chinese		
Pakistani		
Other Asian background – Please specify		
A.5. Other ethnic groups	You	Joint tenant
Arab		
Moroccan		
Iranian		
Filipino		
Other ethnic group – Please specify		

