

TENANCY APPLICATION FORM



- 1 Applicants MUST be in housing need in South Lakeland. Preference will be given to those with local connections.
- 2 Please print in CAPITALS.
- 3 ALL questions must be answered. Write NONE where relevant. Incomplete applications will not be considered.
- 4 Return the completed form to: Lakeland Housing Trust, Libra House, Murley Moss Business Village, Oxenholme Road, Kendal, Cumbria LA9 7RL.

Property Address:	Post Code:
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How did you hear about the property vacancy? <i>(please tick)</i>	Newspaper advert <input type="checkbox"/>	Word of Mouth <input type="checkbox"/>
Website <input type="checkbox"/>	To Let board at the Property <input type="checkbox"/>	Other <i>(please specify)</i> _____

1	About You	Your Partner <i>(if applicable)</i>
1.1	Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms <input type="checkbox"/>	Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms <input type="checkbox"/>
	Surname <input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>
	First names <input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>
1.2	Date of birth <input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>
1.3	Place of birth <input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>
1.4	Present address <input style="width: 95%;" type="text"/>	<i>if different</i> <input style="width: 95%;" type="text"/>
	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>
	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>
	Postcode <input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>
1.5	Contact telephone and/or mobile <input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>
	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>
	Email <input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>
1.6	Date you came to this address <input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>

1.7 List all children and other adults who will be living with you. Do NOT include yourself or your partner. If living less than full time with you mark 'X' in box

Full name	Birth date	Place of birth	Relationship to you	X

You

Your Partner

1.8 How long have you lived in the South Lakeland area?

1.9 Present Accommodation.

1.10 Which of the following best describes your present housing situation?

Owner occupier

Living with friends/relatives

Council tenant

Lodger

Housing Association tenant

Homeless / no fixed address

Private tenant

Accommodation provided with job

Date job finishes (if known)

Other, (give details)

1.11 If you are a tenant, please give the name and address of your landlord:

1.12 How much rent do you pay per WEEK?

£

1.13 If you have been asked to leave your present accommodation, please give the date by which you have been asked to leave and the reason why:

If you have been given written notice, please attach a copy.

1.14 Which other Housing lists are you on?

2.0 Your previous addresses over the last 10 years. Please begin with the most recent.

Address				
Dates	From	To	From	To
Reason for Leaving				

Address				
Dates	From	To	From	To
Reason for Leaving				

Address				
Dates	From	To	From	To
Reason for Leaving				

2.1	Schools attended with dates		
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2.2 Local Family Connections.
Other members of your families (eg parents, grandparents) who have lived/are living in South Lakeland

Name	Address	Years Residence	Relationship to you or your partner

2.3 Children currently attending schools/colleges:

Name	Age	School/college

2.4 Details of any pets:

Type of Pet	Age	Breed of Pet

3 Employment / Self Employment Details

You

Your Partner

3.1 Occupation

3.2 Employer's name & address

3.3 Any others living with you, as listed in 1.7, who are in employment:

Name	Employers Name	Employers Address

3.4 Apart from your employment/Self Employment are you or your Partner involved in any local voluntary community activities? Give brief details

4 Financial Circumstances - This section **MUST** be completed **IN FULL**.

4.1 **TOTAL WEEKLY** household income for **ALL** wage earners before deductions. Please enclose copies of your last 3 pay slips or if self employed a latest copy of your financial accounts/tax return . These will be returned to you.

	You	Your partner	Other wage earners
Earned income per WEEK	£ <input type="text"/>	£ <input type="text"/>	£ <input type="text"/>
4.2 Other income per WEEK			
State Pension	£ <input type="text"/>	£ <input type="text"/>	£ <input type="text"/>
Occupational Pension	£ <input type="text"/>	£ <input type="text"/>	£ <input type="text"/>
Benefits	£ <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"/>
Any other Income , i.e. Rental or Investment	£ <input type="text"/>	£ <input type="text"/>	£ <input type="text"/>
TOTAL	£ <input type="text"/>	£ <input type="text"/>	£ <input type="text"/>

4.3 Details of Savings

£ <input type="text"/>	£ <input type="text"/>	£ <input type="text"/>
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Help to buy ISA

£ <input type="text"/>	£ <input type="text"/>	£ <input type="text"/>
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4.4 Do you, or your partner own houses, or any other property? Yes No

Give address(es), approximate value and details, *If not, please enter "NONE"*

Value of property	£ <input type="text"/>	Mortgage outstanding	£ <input type="text"/>
Monthly repayments	£ <input type="text"/>	Arrears (if any)	£ <input type="text"/>

7.0 Declaration

Please note: all sections of this form **MUST** be completed and the Declaration **MUST** be signed before your application can be considered.

7.1 I/We certify that the information given on this form is true and accurate to the best of my/our knowledge.

7.2 I/We understand that any false information will invalidate this application, and/or any tenancy granted as a result.

I/We agree to receive telephone calls and home visits from members or agents of the Lakeland Housing Trust.

Applicant's Signature Date

Partner's signature Date

All information given within this application form will be treated in strictest confidence