

# TENANCY APPLICATION FORM



- Applicants MUST be in housing need in South Lakeland.
- Preference will be given to those with local connections.
- Please print in CAPITALS.
- ALL questions must be answered. Write NONE where relevant.
- Incomplete applications will not be considered.
- Return the completed form to: FAO: Helen Leach, Lakeland Housing Trust, 36 Finkle Street, Kendal, Cumbria LA9 4AB.

Property Address:	Post Code:
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How did you hear about the property vacancy? *(please tick)* Newspaper advert  Word of Mouth   
 Website  To Let board at Property  Rightmove  Other *(please specify)* \_\_\_\_\_

1.

## ABOUT YOU

## YOUR PARTNER *(if applicable)*

	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: 100%;" type="text"/>				<input style="width: 100%;" type="text"/>			
First names	<input style="width: 100%;" type="text"/>				<input style="width: 100%;" type="text"/>			
Date of birth	<input style="width: 100%;" type="text"/>				<input style="width: 100%;" type="text"/>			
Place of birth	<input style="width: 100%;" type="text"/>				<input style="width: 100%;" type="text"/>			
Present address	<input style="width: 100%; height: 100px;" type="text"/>				<input style="width: 100%; height: 100px;" type="text"/>			
Postcode	<input style="width: 100%;" type="text"/>				<input style="width: 100%;" type="text"/>			
Contact telephone and/or mobile	<input style="width: 100%;" type="text"/>				<input style="width: 100%;" type="text"/>			
Email	<input style="width: 100%;" type="text"/>				<input style="width: 100%;" type="text"/>			
Date you came to this address	<input style="width: 100%;" type="text"/>				<input style="width: 100%;" type="text"/>			

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**

How long have you lived in the South Lakeland area?

**2. PRESENT ACCOMMODATION**

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

Other, (give details)

Date job finishes (if known)

  

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

  

How much rent do you pay per MONTH?

£

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.*

Which other Housing lists are you on?

  
  
  

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

Address

Dates

From

To

From

To

Reason for Leaving

Address

From

To

From

To

Reason for Leaving

Address

From

To

From

To

Reason for Leaving

Schools attended with dates

### 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

Children currently attending schools/colleges:

Name	Age	School/College

Details of any pets:

Type of Pet	Age	Breed of Pet

### 3. EMPLOYMENT/SELF EMPLOYMENT

#### YOU

#### YOUR PARTNER

Occupation



Employer's name & address



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

Name	Employers Name	Employers Address

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

Previous occupation[s] in the last five years, or prior to retirement.

**4. FINANCIAL CIRCUMSTANCES - This section MUST be completed IN FULL.**

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

	You	Your Partner	Other Wage Earners
Earned income per MONTH	£ <input type="text"/>	£ <input type="text"/>	£ <input type="text"/>
Other income per MONTH	£ <input type="text"/>	£ <input type="text"/>	£ <input type="text"/>
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"/>
Any other Income, e.g. Rental or Investment	£ <input type="text"/>	£ <input type="text"/>	£ <input type="text"/>
TOTAL	£ <input type="text"/>	£ <input type="text"/>	£ <input type="text"/>
Details of Savings	£ <input type="text"/>	£ <input type="text"/>	£ <input type="text"/>
Help to buy ISA	£ <input type="text"/>	£ <input type="text"/>	£ <input type="text"/>

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

If you are not living in a property you own, please explain why not:

**5. REFERENCES**

Please note that if this section is not completed, the application cannot be considered.

Please supply names and addresses of TWO persons we may contact in order to seek a reference, e.g. your employer, doctor, vicar, bank manager, long term friend, but NOT family members.

Name	<input type="text"/>	<input type="text"/>
Address	<input type="text"/>	<input type="text"/>
Telephone	<input type="text"/>	<input type="text"/>
Email	<input type="text"/>	<input type="text"/>
Relationship to you	<input type="text"/>	<input type="text"/>

**6. REASONS FOR APPLICATION.**

Why are you in housing need? Please attach additional sheet(s) if necessary.

**7. Declaration**

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

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

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.

By signing this application I/We are agreeing to share the information contained in this form and any resulting personal information drawn upon by the external Referencing Company with the Trustees of the Lakeland Housing Trust.

I/We confirm that all sections have been filled out accordingly and I/We understand that if information is omitted this may jeopardise the application.

**Please tick this box to confirm that you have attached copies of your payslip information, as requested at 4.**

By signing below, I understand if these are not attached my application will not be valid and as such not considered.

Applicant's Signature  Date

Partner's signature  Date

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