



Cardiff Housing Application

Please read the enclosed guidance notes before completing this form. It is important that you answer all questions in full so that an accurate assessment of your housing needs can be made. If you have any difficulty with the questions, please contact the Rehousing Unit on:

(029) 2053 7032 or 2053 7033

Name

Address

Post Code

Ref No

If you have a physical disability and require adapted accommodation more suitable to your needs, such as wheelchair access, please complete this form and tick the box on the right, we will then send you additional information regarding the Cardiff Accessible Homes Project.

Tick

If you have any queries regarding this project, please telephone: (029) 2046 8408 or e-mail them at CAH@ccha.org.uk

If you are over 50 years of age and interested in properties specifically designed for older people, please tick this box.

Tick

If you are interested in purchasing your own home as part of a low-cost home ownership scheme, please tick this box
We may write to you for further information.

Tick

If you rent your accommodation from a housing association or a Council, please write the name of your landlord below:

If you need this form in another format, please do not fill it in, instead contact the Rehousing Unit telephone number at the top of this page.

Equality Monitoring Form - Main Applicant

The Housing Register keeps confidential records of the racial/ethnic origins, disability, religion/belief, sexual orientation and age of all applicants and joint applicants/partners. This is to ensure, through monitoring, that housing is provided on an equal basis to all. Please help us by taking the time to complete this section.

Please tick one of the boxes below which best describes your ethnic origin (if you do not identify with any of the categories listed, please use one of the "other" categories).

Do you consider yourself to be Welsh? YES NO

White

British Irish White European
 Other White (please specify):

Black or Black British

Somali African African Caribbean
 Other Black (please specify):

Asian or Asian British

Indian Pakistani Bangladeshi
 Asian African Sri Lankan
 Other Asian (please specify):

Mixed Race / Dual Heritage

White & Black Caribbean White & Black African White & Asian
 White & Chinese
 Other Mixed Race (please specify):

Other Ethnicity

British Chinese Chinese Vietnamese
 Japanese Arab Korean
 Yemeni Gypsy Traveller

Don't Know / Not Sure TICK

How would you describe your sexual orientation? (Please tick one box only)

Heterosexual Bisexual Gay Man
 Lesbian / Gay Woman None Other (please specify):

Equality Monitoring Form - Main Applicant

How would you describe your religion/belief? (Please tick one box only)

- | | | |
|------------------------------------|-------------------------------------|--|
| <input type="checkbox"/> Christian | <input type="checkbox"/> Hindu | <input type="checkbox"/> Muslim |
| <input type="checkbox"/> Buddhist | <input type="checkbox"/> Jewish | <input type="checkbox"/> Sikh |
| <input type="checkbox"/> None | <input type="checkbox"/> Don't know | <input type="checkbox"/> Other (please specify): |

Disability

The Council works to the Social Model of Disability which holds that it is the way that society responds to a person's impairment that creates the disability, and not the impairment itself. The Model calls for the removal of the barriers (including attitudes, policies, environments and systems) that prevent participation and inclusion in everyday life. Identifying as a disabled person does not only apply to people who use wheelchairs but also includes people with other impairments such as those with hearing or sight impairments, those who have mental health issues or learning disabilities, or those who are living with long-term health conditions such as depression, diabetes, multiple sclerosis, HIV or cancer.

Do you consider yourself to have a disability according to the terms given in the DDA?

(Please tick one box only)

- | | |
|--|--|
| <input type="checkbox"/> Yes - I am a registered disabled person | <input type="checkbox"/> Yes - I am a non-registered disabled person |
| <input type="checkbox"/> No - I have no known disability | |

If you answered yes, please indicate the type/s of impairment which apply to you by ticking the relevant box below:

- | | | |
|--|--|---------------------------------|
| <input type="checkbox"/> Mobility | <input type="checkbox"/> Learning Difficulty | <input type="checkbox"/> Visual |
| <input type="checkbox"/> Hearing | <input type="checkbox"/> Mental Health Condition | |
| <input type="checkbox"/> Long standing illness or health condition | <input type="checkbox"/> Other (please specify): | |

Language Skills

Please tell us the language you speak at home and your level of ability to read, write or speak that language and any other languages listed below:

| | Speak | Read | Write |
|------------------------------------|--------------------------|--------------------------|--------------------------|
| English | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Welsh | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| First Language (please state)..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Other Language (please state)..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Equality Monitoring Form - Joint Applicant / Partner

The Housing Register keeps confidential records of the racial/ethnic origins, disability, religion/belief, sexual orientation and age of all applicants and joint applicants/partners. This is to ensure, through monitoring, that housing is provided on an equal basis to all. Please help us by taking the time to complete this section.

Please tick one of the boxes below which best describes your ethnic origin (if you do not identify with any of the categories listed, please use one of the "other" categories).

Do you consider yourself to be Welsh? YES NO

White

British Irish White European
 Other White (please specify):

Black or Black British

Somali African African Carribean
 Other Black (please specify):

Asian or Asian British

Indian Pakistani Bangladeshi
 Asian African Sri Lankan
 Other Asian (please specify):

Mixed Race / Dual Heritage

White & Black Caribbean White & Black African White & Asian
 White & Chinese
 Other Mixed Race (please specify):

Other Ethnicity

British Chinese Chinese Vietnamese
 Japanese Arab Korean
 Yemeni Gypsy Traveller

Don't Know / Not Sure TICK

How would you describe your sexual orientation? (Please tick one box only)

Heterosexual Bisexual Gay Man
 Lesbian / Gay Woman None Other (please specify):

Equality Monitoring Form - Joint Applicant / Partner

How would you describe your religion/belief? (Please tick one box only)

- | | | |
|------------------------------------|-------------------------------------|--|
| <input type="checkbox"/> Christian | <input type="checkbox"/> Hindu | <input type="checkbox"/> Muslim |
| <input type="checkbox"/> Buddhist | <input type="checkbox"/> Jewish | <input type="checkbox"/> Sikh |
| <input type="checkbox"/> None | <input type="checkbox"/> Don't know | <input type="checkbox"/> Other (please specify): |

Disability

The Council works to the Social Model of Disability which holds that it is the way that society responds to a person's impairment that creates the disability, and not the impairment itself. The Model calls for the removal of the barriers (including attitudes, policies, environments and systems) that prevent participation and inclusion in everyday life. Identifying as a disabled person does not only apply to people who use wheelchairs but also includes people with other impairments such as those with hearing or sight impairments, those who have mental health issues or learning disabilities, or those who are living with long-term health conditions such as depression, diabetes, multiple sclerosis, HIV or cancer.

Do you consider yourself to have a disability according to the terms given in the DDA?

(Please tick one box only)

- | | |
|--|--|
| <input type="checkbox"/> Yes - I am a registered disabled person | <input type="checkbox"/> Yes - I am a non-registered disabled person |
| <input type="checkbox"/> No - I have no known disability | |

If you answered yes, please indicate the type/s of impairment which apply to you by ticking the relevant box below:

- | | | |
|--|--|---------------------------------|
| <input type="checkbox"/> Mobility | <input type="checkbox"/> Learning Difficulty | <input type="checkbox"/> Visual |
| <input type="checkbox"/> Hearing | <input type="checkbox"/> Mental Health Condition | |
| <input type="checkbox"/> Long standing illness or health condition | <input type="checkbox"/> Other (please specify): | |

Language Skills

Please tell us the language you speak at home and your level of ability to read, write or speak that language and any other languages listed below:

| | Speak | Read | Write |
|------------------------------------|--------------------------|--------------------------|--------------------------|
| English | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Welsh | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| First Language (please state)..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Other Language (please state)..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

SECTION 1 - Personal Details

1.

You

| | |
|---|-----------------------|
| Title*: | Surname/Family Name*: |
| First Name(s)*: | |
| Date of Birth*: | Male / Female*: |
| National Insurance Number*: | |
| Marital Status: | |
| Current Address*: | |
| Contact Telephone Numbers*: (Including Mobile) | |
| E-mail Address (if applicable): | |

Your Partner

| | |
|---|-----------------------|
| Title*: | Surname/Family Name*: |
| First Name(s)*: | |
| Date of Birth*: | Male / Female*: |
| National Insurance Number*: | |
| Marital Status: | |
| Current Address*: | |
| Contact Telephone Numbers*: (Including Mobile) | |
| E-mail Address (if applicable): | |

* N.B. Without this information, your application cannot be processed and you will not be admitted to the waiting list.

2. Will your partner be a joint tenant with you?

| | |
|--------------------------|--------------------------|
| YES | NO |
| <input type="checkbox"/> | <input type="checkbox"/> |

SECTION 2 - People Moving With You

3. Please give details below of anyone moving with you:

Person 1

| | |
|--------|----------------|
| Title: | First Name(s): |
|--------|----------------|

| |
|----------|
| Surname: |
|----------|

| | |
|----------------|----------------|
| Male / Female: | Date of Birth: |
|----------------|----------------|

| |
|--|
| Relationship to you (e.g son, daughter): |
|--|

Is this person to be a joint tenant with you? **YES** **NO**

Are they living with you now? **YES** **NO**

Person 2

| | |
|--------|----------------|
| Title: | First Name(s): |
|--------|----------------|

| |
|----------|
| Surname: |
|----------|

| | |
|----------------|----------------|
| Male / Female: | Date of Birth: |
|----------------|----------------|

| |
|--|
| Relationship to you (e.g son, daughter): |
|--|

Is this person to be a joint tenant with you? **YES** **NO**

Are they living with you now? **YES** **NO**

Person 3

| | |
|--------|----------------|
| Title: | First Name(s): |
|--------|----------------|

| |
|----------|
| Surname: |
|----------|

| | |
|----------------|----------------|
| Male / Female: | Date of Birth: |
|----------------|----------------|

| |
|--|
| Relationship to you (e.g son, daughter): |
|--|

Is this person to be a joint tenant with you? **YES** **NO**

Are they living with you now? **YES** **NO**

Person 4

| | |
|--------|----------------|
| Title: | First Name(s): |
|--------|----------------|

| |
|----------|
| Surname: |
|----------|

| | |
|----------------|----------------|
| Male / Female: | Date of Birth: |
|----------------|----------------|

| |
|--|
| Relationship to you (e.g son, daughter): |
|--|

Is this person to be a joint tenant with you? **YES** **NO**

Are they living with you now? **YES** **NO**

If more people are to be included in your application, please continue on a separate sheet of paper or use the space provided on page 11 to give their details.

7. How is your illness / health made worse by your current accommodation?

8. How would re-housing improve your situation?

If you have answered these questions, please complete and sign the medical authorisation form overleaf, giving details of your medication and the name and address of your GP / Consultant, so that we may obtain information from them if necessary or refer to a third party for advice.

SECTION 4 - Medical Authorisation Form

If you have completed the medical question in the previous section, you may be awarded additional points or an earlier registration date.

Please note: You do not need to contact the GP directly, but should sign this form enabling us to obtain information from your GP if required. You do not need a doctor's certificate and we may not always contact a GP or Consultant.

Please give the individual's name and GP details below:

Name:

Medication Taken:

GP / Consultants name and Address:

I authorise the Medical Advisor to obtain information regarding my medical history from my GP/Consultant.

Signed:

Date:

Please give the individual's name and details of the problem below:

Name:

Medication Taken:

GP / Consultants name and Address:

I authorise the Medical Advisor to obtain information regarding my medical history from my GP/Consultant.

Signed:

Date:

SECTION 5 - Current Circumstances

9. Are you or is anyone on your form expecting a baby? YES NO

If "Yes", please state who is pregnant and the expected delivery date:

10. Do you have a child / children not included in your application with whom you regularly have contact? If so, please give details below, note: verification of financial support of the child / children will be required e.g. solicitor's letters.

| Name: | Date of Birth: | Male/ Female: | Relationship to you: |
|-------|----------------|------------------|----------------------|
| | | | |
| | | | |
| | | | |
| | | | |

11. Please use the space below to tell us of any other details about your current housing situation or requirements.

12. Have you ever lived in/been in any of the following? Please tick:

- | | | |
|---|--------------------------------------|---|
| <input type="checkbox"/> Care/Foster Home | <input type="checkbox"/> Prison | <input type="checkbox"/> Armed Forces |
| <input type="checkbox"/> Residential Home | <input type="checkbox"/> Refuge | <input type="checkbox"/> Bail House |
| <input type="checkbox"/> Homeless Hostel | <input type="checkbox"/> Slept Rough | <input type="checkbox"/> Other, please state: |

13. Do you receive any support from social services, the health authority or other agencies? YES NO

If you answered **yes**, please provide further information such as name, address and telephone number of support provider, social worker, CPN etc in the space provided below. Please also tell us what support you are receiving and what other support you would like.

14. Do you, or anyone included in your application, own any pets? YES NO

If "Yes", please state how many and the type of pet(s):

SECTION 6 - Property Information

15. What type of property do you live in now? (please tick relevant box)

- | | |
|---|--|
| <input type="checkbox"/> Sole occupier of a house | <input type="checkbox"/> Mobile Home (Caravan) |
| <input type="checkbox"/> Room(s) in a shared house | <input type="checkbox"/> Hostel |
| <input type="checkbox"/> Bungalow | <input type="checkbox"/> Bed & Breakfast Hotel |
| <input type="checkbox"/> Bedsit / Studio Flat | <input type="checkbox"/> Hospital |
| <input type="checkbox"/> Flat | <input type="checkbox"/> Care / Residential Home |
| <input type="checkbox"/> Flat in a Multi-Storey Block | <input type="checkbox"/> Prison |
| <input type="checkbox"/> Maisonette | <input type="checkbox"/> Other |
| <input type="checkbox"/> Living with Friends or Relatives | |

16. Who owns this property?

17. If you rent your property, who is your landlord?

18. When did you move into your current property?

19. Are you homeless or threatened with homelessness? YES NO
(please use guidance notes to help you answer this question)

If "Yes", please give details:

20. If you live in a flat or maisonette, what floor is it on? e.g. ground / first

21. Is there a working lift in the block YES NO

22. How many bedrooms do you and your family occupy?

SECTION 7 - Where You Want to Live

23. Housing Association's in Cardiff give the Council the opportunity to nominate applicants for accommodation which they have available for letting. This could give you a greater chance of being housed.

Please state your preference below:

- Either Council or Housing Association tenancy
- Council tenancy only
- Housing Association tenancy only

SECTION 8 - Employment Details

24. Some of the partner housing association's offer properties in specific areas to persons who are working in or otherwise contributing to the local community. If you would like to be considered for this type of lettings scheme, please tick the box and answer the following questions:

Tick

25. Are you or your partner in full-time employment?

YES NO

If yes, please give details below:

Your Employment Details

Occupation:

Employer's Name and Address:

Annual Income:

Your Partner's Employment Details

Occupation:

Employer's Name and Address:

Annual Income:

26. Do you or your partner help in a voluntary capacity, any organisation or group in Cardiff? YES NO

If "Yes", please give details below:

SECTION 9 - General Information

27. If you have previously applied for housing with Cardiff Council or any of the partner housing associations, please tell us here:

Name you applied in:

Address you applied from:

When did you apply?

Who did you apply to?

28. Have you been a tenant of a Council or Housing Association within the last 5 years? YES NO

29. Please tell us where else you have lived in the past 5 years, apart from your present accommodation (continue on a separate sheet of paper if necessary).

| Landlord Name and Address: | Address of Tenancy | Date In & Out | Were you the Tenant? |
|----------------------------|--------------------|---------------|----------------------|
| | | | |

30. Are you, or is anyone on your application form:

| | | |
|---|---------------------------------|--------------------------------|
| Currently or previously employed by the Council or a Housing Association in Cardiff | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| Related to an officer of the Council or an elected Councillor | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| Related to a board member of a Housing Association | YES <input type="checkbox"/> | NO <input type="checkbox"/> |

If "Yes", please give details:

31. Have you come to live in the UK in the past 5 years? YES NO

If you answered "Yes" to this question, you may be contacted to provide further information

32. What is your Nationality and your partner's Nationality?

You:

Your Partner:

33. Have you or anyone included in your application been convicted of a criminal offence? Do not include spent convictions under the Rehabilitation of Offenders Act 1974. YES NO

If you answer yes to this question, you will be sent an additional form to complete. **The information you provide will be treated as confidential.**

34. Do you or anyone included in your application own or part-own a property, including the one you live in now? Include any property that is being purchased with a mortgage. YES NO

If you answer yes to this question, we may contact you for further details.

SECTION 10 - Area Choices

Please tell us where you would like to live. Remember, social housing is in very short supply, the more areas you are willing to consider, the more likely you are to be housed. These areas include both Cardiff Council and Housing Association properties. You will only be considered for eligible properties according to the size of your family. (See guidance notes for eligibility criteria).

Please use the map on page 14 to help you make your choice. The white areas are those where vacancies occur more frequently, if you choose at least one of these areas, you are more likely to be housed.

Please state your first area of choice in order to assist your application for housing in that area; however please remember that if your choices do not include areas marked in white, we are unlikely to be able to offer you a property.

Please tick the boxes that apply.

North

- | | | |
|---|------------------------------------|--|
| <input type="checkbox"/> Gabalfa | <input type="checkbox"/> Llanishen | <input type="checkbox"/> Pontprennau (Housing Association Only) |
| <input type="checkbox"/> Heath | <input type="checkbox"/> Maindy | <input type="checkbox"/> Rhiwbina |
| <input type="checkbox"/> Llandaff North | <input type="checkbox"/> Mynachdy | <input type="checkbox"/> Tongwynlais |
| <input type="checkbox"/> Llanedeyrn | <input type="checkbox"/> Pentwyn | <input type="checkbox"/> Whitchurch |

South

- | | | |
|--|---|---|
| <input type="checkbox"/> Adamsdown | <input type="checkbox"/> Leckwith | <input type="checkbox"/> Roath |
| <input type="checkbox"/> Canton (Housing Association Only) | <input type="checkbox"/> North Butetown | <input type="checkbox"/> South Butetown |
| <input type="checkbox"/> Cardiff Bay (Housing Association Only) | <input type="checkbox"/> Plasnewydd | <input type="checkbox"/> Splott |
| <input type="checkbox"/> Cathays | <input type="checkbox"/> Riverside | <input type="checkbox"/> Tremorfa |
| <input type="checkbox"/> Grangetown | | |

East

- | | | |
|---|-------------------------------------|---|
| <input type="checkbox"/> Lisvane | <input type="checkbox"/> Rumney | <input type="checkbox"/> Trowbridge |
| <input type="checkbox"/> Lower Llanrumney | <input type="checkbox"/> St Mellons | <input type="checkbox"/> Upper Llanrumney |
| <input type="checkbox"/> Old St Mellons | | |

West

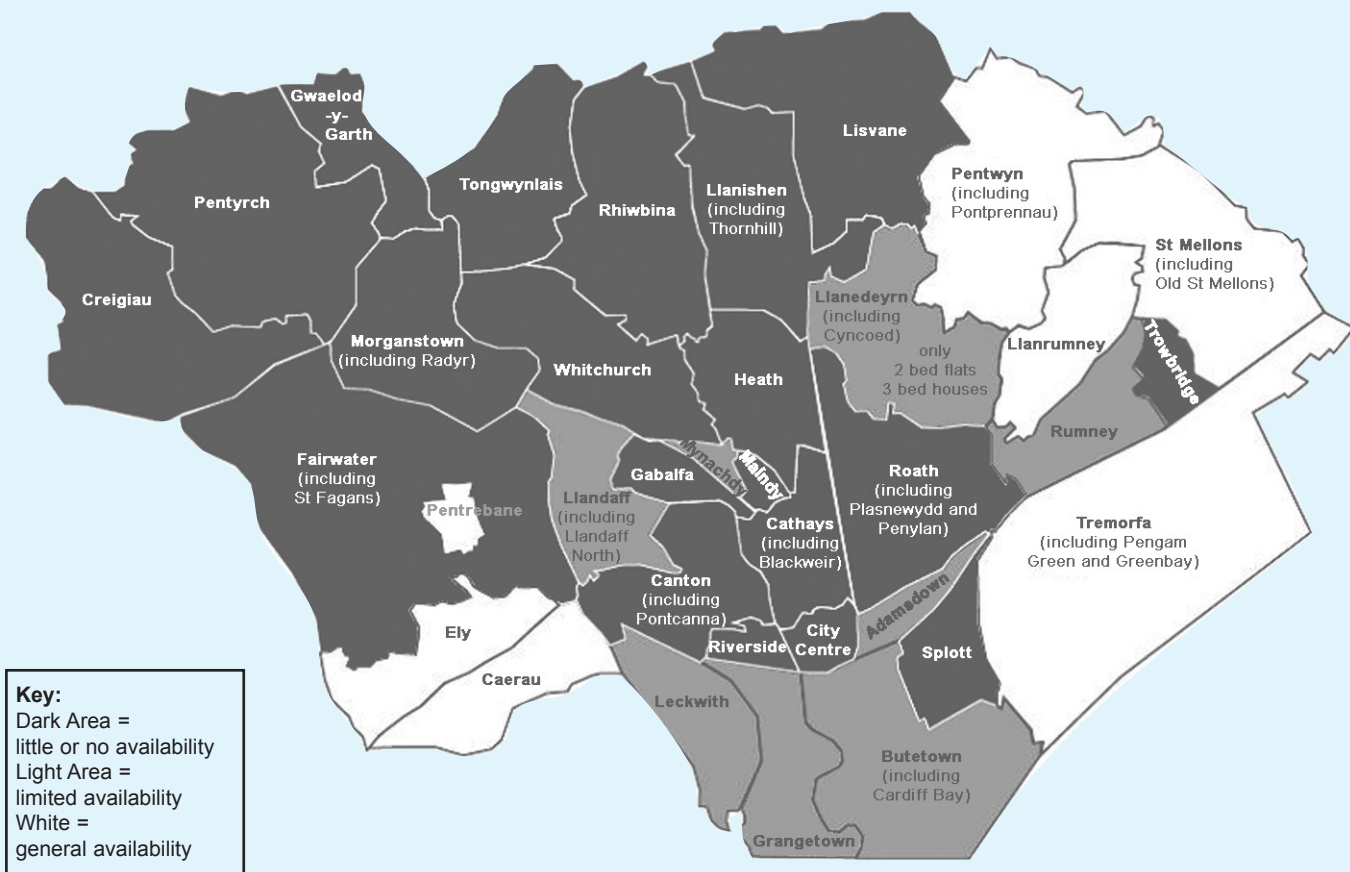
- | | | |
|-----------------------------------|--|--|
| <input type="checkbox"/> Caerau | <input type="checkbox"/> Ely West | <input type="checkbox"/> Morganstown (incl. Radyr) |
| <input type="checkbox"/> Creigiau | <input type="checkbox"/> Fairwater | <input type="checkbox"/> Pentrebane |
| <input type="checkbox"/> Ely East | <input type="checkbox"/> Gwaelod y Garth | <input type="checkbox"/> Pentyrch |

Outside Cardiff (please state below where you would like to live)

| | Preferred Area | Reason |
|------------|----------------------|----------------------|
| 1st Choice | <input type="text"/> | <input type="text"/> |
| 2nd Choice | <input type="text"/> | <input type="text"/> |
| 3rd Choice | <input type="text"/> | <input type="text"/> |

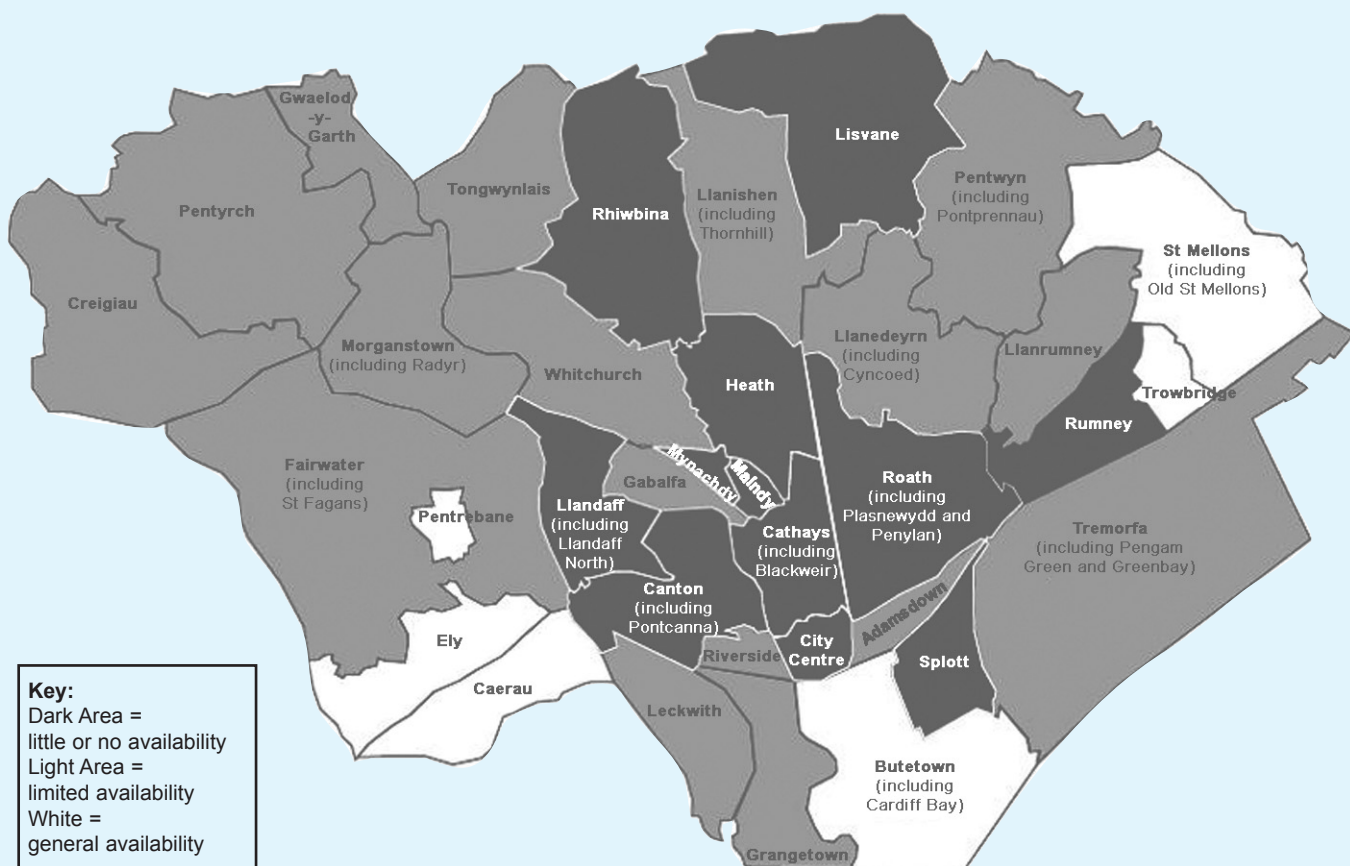
Availability of Family Sized Housing in Cardiff by Ward

For pregnant women, single parents and couples with children



Availability of Non-Family Sized Housing in Cardiff by Ward

For single people and couples



Applicants' Declaration

Please check that the answers and information that you have given are correct to the best of your knowledge. Now please read and sign the statement below. Before signing this form, you are reminded of the implications of making a false declaration.

- a) It is the responsibility of the applicant to inform their Housing Office of any change in their circumstances which may affect their Housing Application
- b) **Anyone who knowingly signs a false declaration or knowingly withholds information may be guilty of an offence and might be prosecuted if there is evidence of an intention to obtain a tenancy by deception.**
- c) If a tenancy has been granted based on a false declaration, possession proceedings and/or prosecution may be brought.
- d) I/we understand that any information given by me/us relating to the rehousing application, or given with my/our consent by others, will be placed on the Cardiff Housing Register. I/we understand that any landlord, who takes part in the register, either now or in the future, may see it.
- e) I/we give permission for you to contact individuals or agencies referred to by me/us on this form in order to seek additional information about specific housing needs.

Applicant

Signed Date

Joint Applicant

Signed Date

The information you provide will be recorded on a computer system and is covered by the provisions of the Data Protection Act. You are entitled to see the information you have provided. If you wish to do so, please contact the office that holds your application.

IMPORTANT: Cardiff Council and Registered Social Landlord's have a duty to protect the public funds they administer and may use the information you have provided to obtain housing with this authority or its associated housing providers for the prevention and detection of fraud. We may also share this information with other bodies administering public funds solely for these purposes. The Cardiff Housing Register aims to provide a quality service to its customers. Your comments can help us to achieve this and are welcomed. If you have any comment or complaint about this service, please contact your local housing office or the Rehousing Unit.

If you are currently a **tenant of Cardiff Council or a housing association** in the City, please return this application form to the office of your landlord or to the following address:

Common Waiting List
Rehousing Unit
Cardiff Council
PO Box 364
Cardiff
CF11 1BW

Once your form has been received we will then either invite you to our office to discuss your housing requirements, arrange a visit to your home, or will ask you to supply additional information so that your housing requirements can be fully assessed.