

# Housing Choice Applicant Checklist



To ensure that your Housing Choice application can be processed and placed onto the register.

## **Without the information your application cannot be processed.**

Could all applicants please provide the following information:-

Proof of Residency for the (please ✓)

- applicant
- Joint applicant
- All adults who are living with you

Evidence includes, Bank Statements; Income/Benefit letters; Utility Bills, Full Driving Licence.

Proof of Residency for

- all children living with you

Evidence includes, Child Tax Credit Statements, Child Benefit letters.

- Dates of Birth for everyone on the application - **this includes the persons who will not be moving with you but currently live at your address**

- Information relating to any criminal convictions (if relevant)

Please detail any licence arrangements or exclusion areas/zones.

- All addresses that you have lived at for the past **10 years**.

- Current Private Landlords address (if relevant)

- Mortgage Statements or Proof of Sale for any property/address within the last **5 years**.

- GP or Consultant contact details, any medical details (if relevant)

- Social Worker / Probation Officer / Support Workers contact details.

- For EU national - passport and proof of income.

- Proof of pregnancy from a GP, Midwife, medical documentation



Registration Number:		
Batch Number:	Date:	Officers Name:



# HOUSING CHOICE

## Merthyr Tydfil Common Housing Register APPLICATION FORM

This form is also available on request in Welsh.

Mae'r ffurflen hon ar gael yn Gymraeg ar gais

This form is an application for the Common Housing Register.

In order to register with Housing Choice you will need to attend a Housing Solutions Interview at the Civic Centre, Merthyr Tydfil. During this interview, you will receive advice about your housing options. Once registered, you may then bid for advertised properties.

Before you are able to register and join the scheme, please note that you will be required to provide proof of identity and proof of residency when you submit the application form for yourself and all those moving with you. Your Landlord's details will also be required.

It is important that you fill in ALL the sections of this form. If you do not complete it fully, then this will result in the registration of your application being delayed.

If you have any questions about Housing Choice or this application form then please telephone any of the numbers shown on page 17. More information can be found at [www.merthyrhousingchoice.org.uk](http://www.merthyrhousingchoice.org.uk)











Are You: -	✓ which applies	If a tenant, please give landlords name and address
A Housing Association tenant		
Privately Renting		
An Owner Occupier		[REDACTED]
Shared Owner		
HM Forces		
Living with friends or relatives		
Homeless		
In Tied Accommodation (i.e. linked to your employment)		
Other (please specify)		

Please provide details for all addresses **you** have lived at in the past 10 years.

Address	Date		Name and Address of Landlord/Relative	Tenancy Type <sup>1</sup>	Reason for leaving
	From	To			

<sup>1</sup>Please specify whether private rented tenant, council or housing association tenant, living with friends or relatives, owner occupier



Do you or any one to be housed with you have any pets? Yes  No   
 If yes, please provide details below


## SECTION 2: ELIGIBILITY

Are you or anyone included on your application subject to any form of immigration control?

Yes  No

If yes, please complete the following:

Name	Type of passport and current status in the UK.

## SECTION 3: YOUR CONNECTION WITH MERTHYR TYDFIL

**If you are already living in the County Borough, please go to Section 4.**

*Please provide a copy of your employment contract or official letter from your employer if you do not have a written contract. We will be unable to assess your local connection to the County Borough without it.*

If you are not living in the County Borough of Merthyr Tydfil, do you or your partner work here?

Yes  No

If yes, is it permanent employment?

Yes  No

	Start date of current employment	Name of current employer	Address where you Work
Your details			
Your partner's details			





Do you have family living in Merthyr? Please provide details (relationship, name and Address)

Name	Relationship	Address

#### SECTION 4: INCOME AND SAVINGS

Please complete the following table in respect of yourself and your partner: (please tick whichever applies)

	You	Your partner
Working full time		
Working part time		
Unemployed		
A full time student		
On a government training scheme		
Retired		
Other (please specify)		

What is your and your partner's total annual income before tax?

£

How much capital or savings do you and your partner have in total?

£

**Please provide proof of all income and savings**



Do you or your partner receive any welfare benefits (excluding child benefit)?

Yes  No

Type of benefit	Amount	Frequency of payments

**If you have sold a property within the last 5 years, please ensure that you provide proof and value of sale.**

Do you own / jointly own any other property. Please provide Mortgage Statements.

Address of Property	Details Joint Owner	Is property vacant/ tenanted	value of property

Please provide contact details of the main carer for the children you have access to.

Name of child's main carer	Address of carer



## SECTION 5: THOSE TO BE HOUSED WITH YOU

Please supply details of **ALL** applicants for whom accommodation is required in the box below. Proof of residency must be supplied for everyone that will be rehoused with you. You should also include details of children that you have access to. If you are separated or divorced, documentary evidence will be required, examples of which could include court orders or solicitors letters.

First Name(s)	Surname	Male or female	Date of birth	Relationship to applicant	National Insurance Number

Please provide details for all addresses **your partner** has lived at in the past 10 years.

Address	Date		Name of Landlord/Relative	Address of Landlord/Relative	Tenancy Type <sup>2</sup>	Reason for leaving
	From	To				

<sup>2</sup>Please specify whether private rented tenant, council or housing association tenant, living with friends or relatives, owner occupier



## SECTION 6: ABOUT YOUR CURRENT HOME

Please list those persons living with you who **would not** move with you if you are rehoused

First Name(s)	Surname	Male or Female	Date of Birth	Relationship to Applicant

What type of accommodation do you live in at present?		Please tick ✓	
House	<input type="checkbox"/>	Hostel	<input type="checkbox"/>
Flat	<input type="checkbox"/>	Caravan	<input type="checkbox"/>
Bungalow	<input type="checkbox"/>	B & B	<input type="checkbox"/>
Maisonette	<input type="checkbox"/>	Other	<input type="checkbox"/>
Bedsit	<input type="checkbox"/>		<input type="checkbox"/>
If you live in a Flat, Maisonette or Bedsit, What floor is your accommodation on e.g. Ground, first etc.		Please specify number of bedrooms	







Please give details of any medical conditions that are affected by your current housing:	
Medical Problem	Current Medication

Please describe how your health is affected by your present housing and how would it improve by being re-housed.


Do you use any mobility aids?

Yes

No

If yes, please specify:


Do you use a wheelchair?

Yes

No

If you have answered yes to this question, do you: -

i) use your wheelchair indoors?

Yes

No

ii) use your wheelchair outside?

Yes

No

Are you unable to leave the house without assistance?

Yes

No

Do you require sheltered accommodation?

Yes

No

**(Please note that you will need to be 50+ to register for sheltered accommodation with Merthyr Valleys Homes and over 55 with medical needs or 60+ to register for sheltered accommodation with Wales & West Housing Association and Hafod Housing Association)**



## SECTION 8: ADDITIONAL INFORMATION

Please provide details of people who currently provide you with help or support

	Their name & address	Telephone number	How often do you see them?
Doctor			
Hospital Consultant			
Support Worker			
Health/Social Worker			
Probation Officer			
Family			

In order to assist us with any future housing development, it would be helpful if you could indicate what area of the County Borough you would be looking to move to by ticking the appropriate box below, and also the type of property that you require e.g. 2 bedroom house.

Please tick the Ward that you would most like to live in. <b>FIRST CHOICE ONLY</b>			
Bedlinog	<input type="checkbox"/>	Cyfarthfa	<input type="checkbox"/>
Dowlais	<input type="checkbox"/>	Gurnos	<input type="checkbox"/>
Merthyr Vale	<input type="checkbox"/>	Park	<input type="checkbox"/>
Penydarren	<input type="checkbox"/>	Plymouth	<input type="checkbox"/>
Town	<input type="checkbox"/>	Treharris	<input type="checkbox"/>
Vaynor	<input type="checkbox"/>	Anywhere in Merthyr Tydfil County Borough	<input type="checkbox"/>

What type of property would you prefer

Please tick ✓ First choice preference only

Property Type	No. of Bedrooms				
Flat	1 <input type="checkbox"/>	2 <input type="checkbox"/>			
Maisonette	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>		
House	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
Bungalow	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>		
Sheltered, Extra Care 1/2 beds	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>		





Are you interested in any of the following schemes?

	Yes	No
Low Cost Home Ownership - Merthyr Living		
Mutual Exchange – For Housing Association tenants, contact Landlord		

Further to the Ward preference question in section 8 of the Housing Choice Application Form, it would be helpful if you could provide a more detailed description of where in each particular Ward in Merthyr Tydfil that you would prefer to live.

Town Ward:

- Thomastown
- Twynyrodyn
- Penyard
- Mountain Hare
- Caedraw
- Town Centre
- Mardy

  
  
  
  
  
  


Penydarren Ward:

- Penydarren
- Galon Uchaf (1st - 5th Avenue)
- Galon Uchaf (6th – 12th Avenue)

  
  


Dowlais Ward:

- Dowlais
- Pant
- Pen-y-Wern
- Caeharris

  
  
  


Cyfarthfa Ward:

- Swansea Road
- Castle Park/Twyncarmel
- Heolgerrig
- Ynysfach



Park Ward:

- Brecon Road
- Quar
- Georgetown
- Pontmorlais
- Morgantown

  
  
  
  

Gurnos Ward:

- Gurnos Lower
- Gurnos Upper
- Gurnos New
- Gurnos Shopping
- Lakeside

  
  
  
  

Vaynor Ward:

- Cefn Coed
- Trefechan
- Pontsticill
- Ponsarn

  
  
  

Plymouth Ward:

- Troedyrhiw
- Abercanaid
- Pentrebach

  
  

Merthyr Vale Ward:

- Merthyr Vale
- Aberfan

  

Treharris Ward:

- Treharris
- Edwardsville
- Quakers Yard

  
  

Bedlinog Ward:

- Bedlinog
- Trelewis

**SECTION 9: DECLARATION**

I certify that the information contained in this application is correct to the best of my knowledge.

**I understand that I may lose any housing that I may be offered if I have given any false information.**

I acknowledge that the information provided on this form will be shared with all relevant agencies and individuals in processing and determining my application.

I hereby give permission to contact:

My current and previous landlord for a reference.

My Doctor, Consultant, or other medical professional

Signature

Date

Signature

Date

	Yes	No
Are you related to, or are you or your partner a member of staff, a Councillor or a Board Member of any of the housing organisations shown on the front of this application form either past or present?		
If yes please state who and which department/ organisation		

## Members of the Common Housing Register

Merthyr Tydfil CBC  
Housing Solutions  
Castle Street  
Merthyr Tydfil  
CF47 8AN  
Tel: 01685 725452  
Fax: 01685 725423  
E-mail: [housing@merthyr.gov.uk](mailto:housing@merthyr.gov.uk)  
[www.merthyr.gov.uk](http://www.merthyr.gov.uk)  
[www.merthyrhousingchoice.org.uk](http://www.merthyrhousingchoice.org.uk)

Merthyr Valleys Homes  
2nd Floor, Martin Evans House, Block 2  
Riverside Court, Avenue de Clichy  
Abermorlais  
Merthyr Tydfil  
CF47 8LD  
Tel: 01685 727772  
Fax: 01685 722480  
E-mail: [info@mvhomes.org.uk](mailto:info@mvhomes.org.uk)  
[www.mvhomes.org.uk](http://www.mvhomes.org.uk).

Wales and West Housing Association  
3 Alexandra Gate  
Fford Pengam  
Cardiff  
CF24 2UD  
Tel: Freephone 0800 052 2526  
Fax: **0800 028 2033**  
E-mail: [info@wwha.co.uk](mailto:info@wwha.co.uk)  
Web: [www.wwha.co.uk](http://www.wwha.co.uk)

Hafod Housing Association  
St. Hilary Court  
Cophorne Way  
Culver House Cross  
Cardiff  
CF5 6ES  
Tel: 02920 675800  
Fax: 02920 675898  
E-mail: [enquiries@hafod.org.uk](mailto:enquiries@hafod.org.uk)  
Web: [www.hafod.org.uk](http://www.hafod.org.uk)

(MTHA) Merthyr Tydfil Housing Association  
11/12 Lower High Street  
Merthyr Tydfil  
CF47 8EB  
CF5 6ES  
Tel: 01685 352800  
Text: 01685 722514  
Fax: 01685 352801  
E-mail: [MTHA@MTHA.org.uk](mailto:MTHA@MTHA.org.uk)  
Web: [www.MTHA.org.uk](http://www.MTHA.org.uk)

### Equality Monitoring Form (to be detachable)

In order to ensure that we are providing a fair housing service we would be grateful if you would complete the following information.

#### Q1 Prefer not to complete any questions

Tick here.....

#### Q2 AGE

16 – 24 (young person)	<input type="checkbox"/>	35 – 49	<input type="checkbox"/>	71+	<input type="checkbox"/>
25 – 34	<input type="checkbox"/>	50 – 60	<input type="checkbox"/>		
		61 – 70	<input type="checkbox"/>		

#### Q3 SEX

Are you: Male  Female  Prefer not to say

Is your above identity the same as the identity you were assigned at birth  
Yes  No   
Prefer not to say

#### Q4 ETHNIC ORIGIN (please tick just one box)

##### White

British

Welsh

Irish

Any other white background

(please tick and write in)

##### Mixed

White & Black Caribbean

White & Black African

White & Asian

Any other Mixed background

(please tick and write in)

##### Asian or Asian British

Indian

Pakistani

Bangladeshi

Chinese

Any other Asian background

(please tick and write in)

**Black or Black British**

Caribbean

African

Any other Black background

please tick and write in)

**Gypsy and Traveller**

Romany Gypsy

English Roma

Irish Traveller

New Traveller

Travelling Show person

Other

(please tick and write in)

**Q5 SEXUAL ORIENTATION**

Are you:      Bisexual       Gay       Heterosexual      

Lesbian

Other       Prefer not to say

**Q6 YOUR RELIGION or BELIEF Please tick the relevant box**

Buddhist       Christian       Hindu       Jewish

Muslim       Sikh       None       Other

Please state

Q7 Do you consider yourself to have a disability?      Yes       No

Prefer not to say

**Thank you for your co-operation**