



OFFICIAL USE
App No:
Date Rec:

# HOUSING OPTIONS ASSESSMENT FORM

<b>Name:</b>
<b>Address:</b>
<b>Please tell us why you are asking for help with your housing:</b>

Before you return this form please ensure that all sections have been completed in full. The form will be returned back to you if you have not completed all sections.

## HOUSING OPTIONS TEAM OPENING TIMES

**Monday & Wednesday** 9.00 am - 4.30 pm  
**Tuesday** 9.00 am - 1.00 pm & 4.00 pm - 4.30 pm  
**Thursday** 2.00 pm - 4.30 pm  
**Friday** 9.00 am - 4.00 pm

**Please return completed form to: Surrey Heath House, Knoll Road, Camberley, Surrey, GU15 3HD**

# **Request for Housing Options**

**The purpose of this form is to register your housing needs with the Housing Options Team.**

**This form has been designed to help us assess what options are available to you to resolve your housing issues.**

**Depending on your circumstances options may include help to secure a home in the private sector through Rent Choice, registering to be considered for a housing association home through Surrey Heath Home Choice or advice and support to remain in your current home.**

**If you need a little bit of extra help there are also supported housing options that can help you move to independence.**

**Please complete all sections on the form as it will be returned to you if any sections are not completed. Please also ensure that you return all the supporting evidence requested at the back of the form, ensuring that you provide original documents.**

**Included with this form are details of our Rent Choice Scheme and how Surrey Heath Home Choice works.**

**Once we have looked through this form we will be in touch to advise you on the options you have available based on your circumstances.**

**It is important to note at this stage that the Council is not able to help everyone who approaches us. If we are not able to offer you an option we will tell you why and suggest who may be able to assist you.**

# SECTION A = YOUR FAMILY

## 1. Your details:

Mr / Mrs / Ms / Miss / Other:

	Date of Birth:
--	----------------

Full Name:

--

Any Other Names You Have Used

--

Address


Postcode:

--

NI No:

--

Contact Details:

Home:	Work:
Mobile:	
Email:	

## 2. Your partner's details:

Mr / Mrs / Ms / Miss / Other:

	Date of Birth:
--	----------------

Full Name:

--

Any Other Names You Have Used

--

Address


Postcode:

--

NI No:

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Contact Details:

Home:	Work:
Mobile:	
Email:	

## 3. Please give details of those you wish to be housed with you (and your partner):

Surname	First Names	Sex	Date of Birth	Relationship to applicant e.g. son, daughter

## 4. Is anyone in your household expecting a baby?

Yes  No

If 'Yes', please give below their names and date the baby is due.

Name:	Date baby due:
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**5. Do all the people listed in question 3 live with you?**

Yes  No

If 'no', please give below their name/address and reason why they are not living with you at present.

Name	Address	Reason

**6. Have you any close relatives living in the Borough of Surrey Heath? (see map on back page)**

Yes  No

If 'Yes', please give their name and their address over the last five years:

Name	Relationship	Address	From	To

Are there any special reasons why you need to move near to them?

**7. The Council will only discuss your application with you. If you wish someone else to be able to deal with your application, please provide their details:**

Name	Relationship	Contact Details

# SECTION B = YOUR HOME

## 8. What type of accommodation are you living in?

(Please tick as appropriate)

Bedsit <input type="checkbox"/>	Bungalow <input type="checkbox"/>	Caravan/Mobile home <input type="checkbox"/>
Rooms <input type="checkbox"/>	House <input type="checkbox"/>	No fixed abode <input type="checkbox"/>
Flat <input type="checkbox"/>	Maisonette <input type="checkbox"/>	

Other (please specify)

Do you have access to a garden? Yes  No

If 'yes' is it shared? Yes  No

## 9. Facilities available at your current address:

If your partner lives separately, please tell us on a separate sheet what facilities they have and whether they share them with anyone.

**Bedrooms: (total number in household)**

Please list the occupants of each bedroom including names and their relationship to you.

<b>Bedroom 1:</b> <input style="width: 200px; height: 20px;" type="text"/>	<b>Bedroom 3:</b> <input style="width: 200px; height: 20px;" type="text"/>
<b>Bedroom 2:</b> <input style="width: 200px; height: 20px;" type="text"/>	<b>Bedroom 4:</b> <input style="width: 200px; height: 20px;" type="text"/>

<b>Living Room</b>	Sole Use <input type="checkbox"/>	Shared <input type="checkbox"/>	None <input type="checkbox"/>	<b>Cold Water</b>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
<b>Kitchen</b>	Sole Use <input type="checkbox"/>	Shared <input type="checkbox"/>	None <input type="checkbox"/>	<b>Hot water</b>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
<b>Dining Room</b>	Sole Use <input type="checkbox"/>	Shared <input type="checkbox"/>	None <input type="checkbox"/>	<b>Electricity</b>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
<b>Bath/Shower</b>	Sole Use <input type="checkbox"/>	Shared <input type="checkbox"/>	None <input type="checkbox"/>			
<b>WC</b>	Sole Use <input type="checkbox"/>	Shared <input type="checkbox"/>	None <input type="checkbox"/>			
<b>Heating</b>	<b>Full central heating</b>	<input type="checkbox"/>		<b>Some fixed/some portable heating</b>	<input type="checkbox"/>	
	<b>Storage heating</b>	<input type="checkbox"/>		<b>Partial central heating</b>	<input type="checkbox"/>	
	<b>Only portable heating</b>	<input type="checkbox"/>		<b>None</b>	<input type="checkbox"/>	

### WHAT FLOOR IS YOUR PROPERTY ON?

Ground  First  Second  Third  Above

### IS THE ONLY ACCESS TO THE ACCOMMODATION BY STAIRS?

Yes  No

If 'Yes' please state the number of stairs

## 10. If the property is in poor state of repair please give details:

## 11. What type of tenure do you have?

(Please tick as appropriate)

Council <input type="checkbox"/>	Housing Assoc <small>(Assured tenancy)</small> <input type="checkbox"/>	Temporary accommodation <small>e.g. Bed &amp; Breakfast</small> <input type="checkbox"/>
Private Rented <input type="checkbox"/>	Owner <input type="checkbox"/>	Leasehold <input type="checkbox"/>
Services married quarters <input type="checkbox"/>	Other tenancy <input type="checkbox"/>	Tied <input type="checkbox"/>
With friends <input type="checkbox"/>	With relatives <input type="checkbox"/>	Lodgings <input type="checkbox"/>

Other (please specify)

**12. Complete this section if you pay rent for your home:**

Current Landlord's name and address.  
Please include contact number if you  
have one available

How much is your rent each week/month

£

Have you applied for, or been awarded Housing Benefit / Local Housing Allowance for your current property?

Yes

No

Claim Number:

**13. Have you previously been a tenant of a Local Authority or Housing Association?**

If 'Yes' please give details:

Yes

No

Address of Property:

Name and address of landlord:

Reason for leaving tenancy:

**14. Do you or your partner, or have you or your partner, ever owned a property in the UK or in the rest of the world?**

Yes

No

If 'Yes' please give details:

Address	Date from	Date to (if still owned go to questing 14a)

**14a. Complete this section if you own your home:**

Date you purchased property

Estimated value of your property

£

Mortgage Outstanding

£

Mortgage Arrears

No

Yes

Amount: £

Monthly mortgage repayment

£

Who is your mortgage with

**15. Please complete this question, if you have no fixed abode:**

(i.e. sleeping rough, between a number of addresses, etc)

Address or Addresses where belongings are stored:

Name of person whose accommodation this is:

Relationship to you:

**16. Please provide your accommodation history for the last 5 years:**

APPLICATION				
From 00/00/0000	To 00/00/0000	Address	Reason for leaving	Type <small>(e.g. owned, private rented, Council, Housing Assoc, friends, Relatives etc).</small>
	Present			

PARTNER				
From 00/00/0000	To 00/00/0000	Address	Reason for leaving	Type <small>(e.g. owned, private rented, Council, Housing Assoc, friends, Relatives etc).</small>
	Present			

**17. If applicable - the date your current accommodation will come to an end and the reasons why:**

**18. If you are over 60 years of age would you like to be considered for sheltered accommodation?**

Yes  No

## SECTION C = YOUR MONEY

### 19. Employment details of all those over 16 years of age :

(Please tick correct box)

	Applicant	Partner	Other NAME: .....	Other NAME: .....	Other NAME: .....
Full time education					
Working full time					
Working part time					
Self employed					
Unemployed					
Retired					

### 20. Please give details of your place of work :

Applicant	Partner
Job Title: Name and address of employer:	Job Title: Name and address of employer:
Number of hours worked per week: How long have you worked there? What type of contract do you have?	Number of hours worked per week: How long have you worked there? What type of contract do you have?
Temporary <input type="checkbox"/> Permanent <input type="checkbox"/>	Temporary <input type="checkbox"/> Permanent <input type="checkbox"/>

### 21. What is your total household income, including all benefits?

	Applicant	Partner	Frequency (weekly or monthly)
Wages (net)	£	£	
Private Pension	£	£	
State Pension	£	£	
Income Support / Job Seekers Allowance	£	£	
Universal Credit	£	£	
Employment Support Allowance	£	£	
Tax Credits	£	£	
Child Benefit	£	£	
Disability Living Allowance / PIP Payments	£	£	
Attendance Allowance	£	£	
Other Benefits (please specify)	£	£	
Income from a lodger / grown-up children	£	£	
Student Loan / Grant	£	£	
Housing Benefit / Local Housing Allowance	£	£	
Other Income (please specify)	£	£	
<b>TOTAL</b>	£	£	



**22. Please list all of your household expenses:**

	<b>Applicant</b>	<b>Partner</b>	<b>Frequency</b> (weekly or monthly)
Rent	£	£	
Mortgage Repayment / Protection Policy	£	£	
Personal / Secured Loan	£	£	
Council Tax	£	£	
Ground Rent	£	£	
Pension Payment / Life Insurance	£	£	
Gas / Electricity	£	£	
Water	£	£	
Other Fuel or Housing Costs	£	£	
Groceries & Toiletries	£	£	
Sky / Virgin / BT Vision etc.	£	£	
Internet / Home Phone Costs	£	£	
Mobile Phone Costs	£	£	
TV Licence	£	£	
Maintenance Payments	£	£	
Car Insurance / Tax	£	£	
Petrol & General Car Running Costs	£	£	
School / Work Meals	£	£	
Clothing / Shoes / Haircuts	£	£	
Prescriptions / Contact Lens / Dentist / Glasses etc.	£	£	
Public Transport	£	£	
Child Care Costs	£	£	
Credit Card - Minimum Payment	£	£	
Bank Loans / Payday Loans	£	£	
Cigarettes / Alcohol	£	£	
Entertainment / Child Activities	£	£	
Vet Costs / Pet Insurance	£	£	
Other (please specify)	£ £ £	£ £ £	
<b>TOTAL</b>	£	£	

**23. Do you have any savings and / or assets?**

Please give details and amounts for yourself and others included on your application:

	<b>Applicant</b>	<b>Partner</b>
	£	£
	£	£
	£	£

24. Do you have a bank account? Yes  No

25. Do you have any current or previous rent arrears? Yes  No

If 'Yes' please state how much and the reason for the arrears

--

Do you have any debts? Yes  No

Type of Debt:	Amount Outstanding:

26. Would you benefit from debt and budgeting advice? If so, would you agree to a referral to the local Citizens Advice Bureau? Yes  No

## SECTION D = YOUR HEALTH

27. If any member of your household suffers from a medical condition, physical or mental disability, please give details below:

Note: Medical details are treated in the strictest confidence.

Name of person(s) with medical condition	Details of condition

Explanatory Note:- Before any points on medical grounds can be awarded an assessment will be required using a form issued to you by a housing officer. On receipt of the medical information you will be invited to attend an interview with the Council's independent medical advisor. You will only be invited for an interview if there is a link between your medical condition and your housing circumstances.

28. How would any medical conditions improve if you were re-housed?

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**29. Does anyone on this application have mobility problems?**

Yes  No

If 'Yes' who is it?

Would ground floor accommodation be necessary? Yes  No

Would aids / adaptations be necessary? Yes  No

If 'Yes' please provide details:

Is a wheelchair used inside? Yes  No

Is a wheelchair used outside? Yes  No

**30. Does anyone included on this application receive support from any of the following:**

(Social Services / Family Support Team) Yes  No   
If 'Yes' contact name and telephone number:

Community Mental Health Service? Yes  No

If 'Yes' contact name and telephone number:

Other Support (e.g. Acorn, Support Worker, Home Help / Care etc.)? Yes  No

If 'Yes' contact name and telephone number:

Probation? Yes  No

If 'Yes' contact name and telephone number:

**31. Where would you like to live? Tick as many areas as you please. Remember you are able to bid for as many available properties as you like, regardless of the areas you chose. (see map on back page)**

- |           |                          |                          |                          |                   |                          |         |                          |
|-----------|--------------------------|--------------------------|--------------------------|-------------------|--------------------------|---------|--------------------------|
| Bagshot   | <input type="checkbox"/> | Chobham                  | <input type="checkbox"/> | Lightwater        | <input type="checkbox"/> | Ash     | <input type="checkbox"/> |
| Camberley | <input type="checkbox"/> | Frimley                  | <input type="checkbox"/> | West End & Bisley | <input type="checkbox"/> | Tongham | <input type="checkbox"/> |
| Old Dean  | <input type="checkbox"/> | Frimley Green & Mytchett | <input type="checkbox"/> | Windlesham        | <input type="checkbox"/> |         |                          |
| Deepcut   | <input type="checkbox"/> | Heatherside              | <input type="checkbox"/> |                   |                          |         |                          |

**32. Would you consider moving to an area surrounding Surrey Heath?**

Yes  No

**33. Would you consider other areas in the South East?**

Yes  No

**34. Would you consider moving to another area outside of the South East (e.g. the Midlands, the North etc)?**

Yes  No

**35. Are there any other details about your home or family you wish to be taken into account?**

**36. Would you like to receive information from the Council in:**

Large print

Braille

**Equal Opportunities**

**You do not need to answer this question but the Council wants to ensure that its Housing Allocation Policy works fairly, and for this reason only, please can you complete the following questions. The information will be used in accordance with the Data Protection Act.**

I would consider my ethnic origin as:

A. **White:** British  Irish  European  Other white background (please write in)

B. **Mixed:** White & Black Caribbean  White & Black African  White & Asian  Other mixed background (please write in)

C. **Asian or Asian British** Indian  Pakistani  Nepalese  Bangladeshi  Other (please write in)

D. **Black or Black British** Caribbean  African  Other black background (please write in)

E. **Chinese or other ethnic group** Chinese  Other (please write in)

The religion/faith I practice is:

Do you require information from the Council to be translated into another language?

Yes  No

If Yes please specify what language

**Declaration:**

In order to apply for housing options, you are required to sign the declaration on this page.

This is a legal statement in which you confirm that the information you have provided is correct. This information may also be used by other departments within the Council for the detection of fraud.

The information you provide will be used in accordance with Data Protection legislation.

**I / We declare that all the information on this form is a true and accurate account of my / our circumstances.**

**I / We undertake to inform the Council of any change of circumstance.**

**I / We authorise the Council to make any investigations that are required to process this application, including contact with relevant organisations (such as social workers, landlords, banks etc.) and use other Council held data. I authorise organisations contacted by the Council to provide as much information as possible.**

**I / We agree that the information given on this form may be shared with other relevant organisations.**

**I / We agree that a credit check may be carried out to verify our information.**

**I / We agree that the information provided can be passed to any Registered Social Landlord when the Council is nominating to a tenancy.**

**It is an offence under the Housing Act 1996 to knowingly and recklessly give false information or withhold information that is relevant to your housing options assessment. It is also an offence to fail to inform us of any changes in your circumstances which may affect your right to housing. If it is found at a later date that you have knowingly made a fraudulent application, legal action may be taken against you and you may be fined up to £5000.**

If you agree to all of the above, please sign the following declaration:

Applicant's Signature:	<input type="text"/>	Date:	<input type="text"/>
Partner's Signature:	<input type="text"/>	Date:	<input type="text"/>

Are you related to a Councillor of Surrey Heath or a member of staff at Surrey Heath

No  Yes  If yes we will contact you for Details.

**Please return the completed form and supporting documents (please turn over the page for list of documents required) to:**

**Housing Options Team, Surrey Heath Borough Council,  
Surrey Heath House, Knoll Road, CAMBERLEY, Surrey GU15 3HD**

Please note that the Council cannot accept responsibility for the loss or damage of any original documents. If you are able to bring originals to the Council Offices, we will copy them while you wait.

**Should you require any assistance in completing this form, please contact Housing Reception on 01276 707100.**

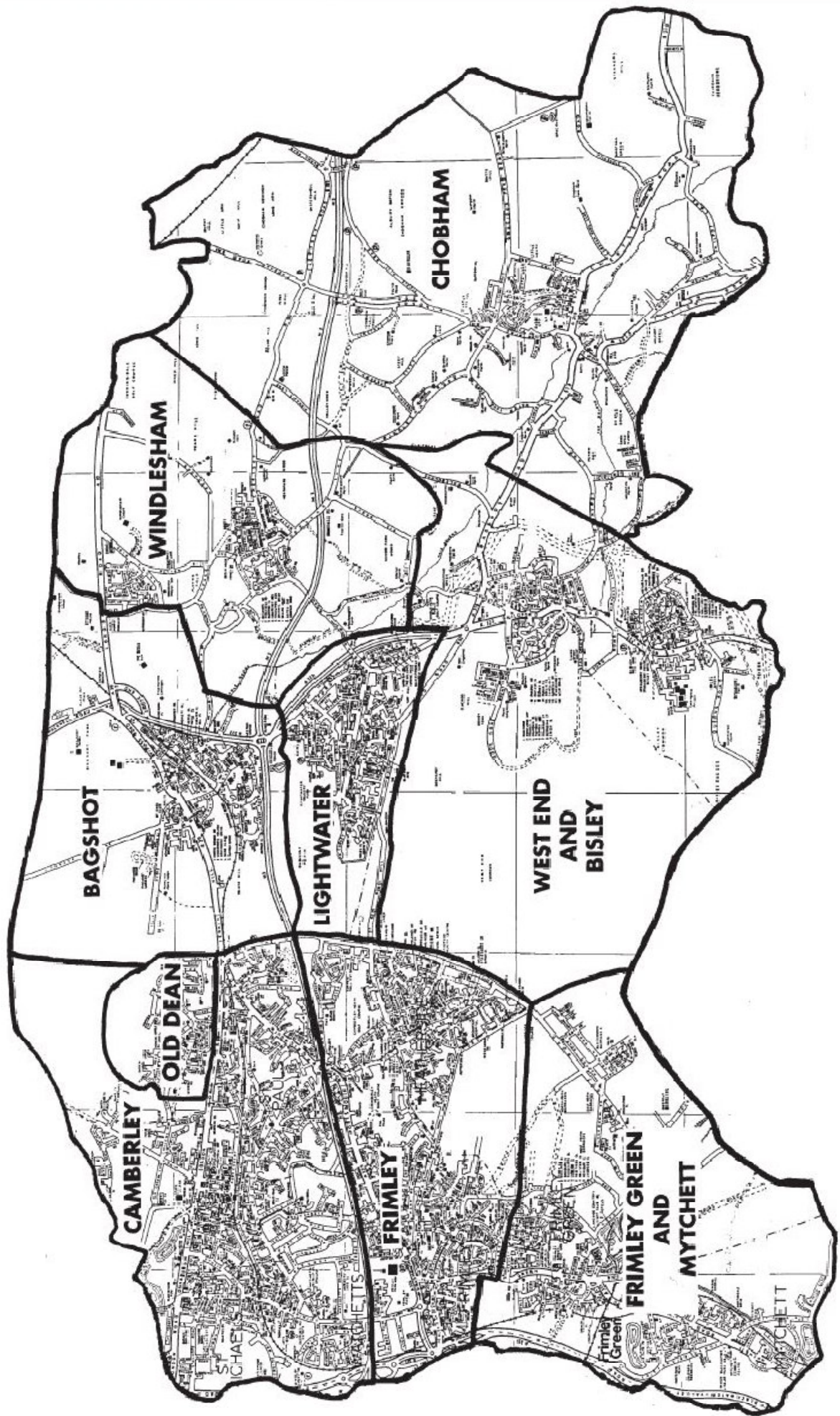
# Documents Required

- Valid Passport for you and your partner. If you do not have one we will accept a birth certificate and photo driving licence.
- Proof of your immigration status if you are a foreign national living in the UK.
- Proof of National Insurance Numbers for both you and your partner.
- Child Benefit award letter or full birth certificates for each child living with you.
- One form of photo identification and proof of National Insurance Number for any other adults living with you, including grown up children.
- Proof of pregnancy confirming the Expected Due Date for any household member e.g. MATB1 form.
- Your tenancy agreement if you live in the private rented sector and any notice that may have been served by your landlord.
- Contract of employment and latest payslip if you are employed in the Surrey Heath area.
- Proof of your household income. This must include evidence of all Welfare Benefits you are in receipt of or payslips covering the last full month.
- Proof of capital for you and your partner. e.g. statements for all financial accounts such as Bank, Building Society, National Savings, Bonds etc. covering the last two full months. These statements must show all transactions.

**PLEASE PROVIDE ORIGINAL DOCUMENTS AS PHOTOCOPIES WILL NOT BE ACCEPTED.**

**THE HOUSING OPTIONS ASSESSMENT FORM WILL BE RETURNED TO YOU IF YOU DO NOT PROVIDE ALL OF THE REQUESTED INFORMATION.**

**BOROUGH OF SURREY HEATH  
HOUSING AREAS OF CHOICE**





**Great Place • Great Community • Great Future**

Surrey Heath House  
Knoll Road  
Camberley  
Surrey  
GU15 3HD  
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