



Housing Register Application Form

This is a legal document. You must answer all the questions that apply to you honestly and in full, then sign the declaration below. If you are applying jointly you must both sign.

HomePoint appreciates that it may be time consuming to complete this application, but it is important that you complete it in full, as your responses will be significant in determining your housing needs.

If you give false, misleading or fail to give relevant information on this form, you will have committed a criminal offence and you may have your application cancelled, be prosecuted and / or have your property taken off you by a court.

If you need help with this form, would like a large text version, need advice or a copy of the allocations policy, please call Shropshire HomePoint on telephone number **0300 303 8595**.

IMPORTANT. Shropshire HomePoint strongly recommends you consider all other housing options potentially available to you.

If you do not have enough space to complete an answer in full, please continue on page 23 or attach a separate sheet to this application form. Please pay particular attention to text highlighted in blue.

Data Sharing Consent

I declare the information given on this form is true to the best of my knowledge and any information regarding other people has been given with their consent. I understand that any false or misleading information given, may lead to removal from the Housing Register, prosecution and eviction from the property.

I also understand that in compliance with the Data Protection Act 2018 and where legitimately required, Shropshire HomePoint, its Partners and Scheme Member Landlords may now or in the future ask for and share information with other appropriate individuals and organisations. Examples of where this might be necessary include, unspent criminal convictions, anti social behaviour, health information, credit checks, landlord references, nominations and referrals to provide support or other housing solutions.

Information may also be used to inform future strategy of Shropshire Council and Shropshire HomePoint Partnership Landlords and identify housing need and demand in Shropshire.

By signing this declaration, I give permission relating to me and my household to store and email information securely and electronically. I also agree, where applicable, to be contacted in writing, by telephone, using SMS (text) and email.

Primary Applicant Name.

Joint Applicant Name.

Signature.

Signature.

Date. / /

Date. / /

About You

Is this a new application. Yes ☐ No ☐

Is this an update application because your circumstances have changed.

Please give any current or previous Shropshire HomePoint Registration Numbers.

Primary Applicant Details

Title. First Names.

Family Names. Previous Names.

Gender. Gender to be known as :

National Insurance No. /

Date of Birth. //

Current Address.

Post Code. When did you move here. //

Home Telephone Number.

Work Telephone Number.

Mobile Telephone Number.

Email Address.

Correspondence Address (if different from above).

Post Code.

Landlord Name and Address.

Post Code.

Landlord Telephone Number.

Landlord Email Address.

Your application cannot be processed without your National Insurance Number, the National Insurance Number for a joint applicant and any household member aged 16 or over who is moving with you.

Please give your previous 5 years address history. Continue on a separate sheet if necessary.

Date From.	Date To.	Why You Left.
<input type="text"/>	<input type="text"/>	<input type="text"/>

Address.

Landlord Name and Address.

Date From.	Date To.	Why You Left.
<input type="text"/>	<input type="text"/>	<input type="text"/>

Address.

Landlord Name and Address.

Date From.	Date To.	Why You Left.
<input type="text"/>	<input type="text"/>	<input type="text"/>

Address.

Landlord Name and Address.

Date From.	Date To.	Why You Left.
<input type="text"/>	<input type="text"/>	<input type="text"/>

Address.

Landlord Name and Address.

Date From.	Date To.	Why You Left.
<input type="text"/>	<input type="text"/>	<input type="text"/>

Address.

Landlord Name and Address.

Are you applying as Joint Applicants.

Yes ☐ No ☐

Your Partner's Details

Title. First Names.

Family Names. Previous Names.

Gender. Gender to be known as :

National Insurance No. /

Date of Birth. //

Current Address (if different).

Post Code.

When did you move here. / /

Home Telephone Number.

Work Telephone Number.

Mobile Telephone Number.

Email Address.

Your application cannot be processed without evidence of Identity for all household members that are moving with you. Examples of I.D. required can be found on page 26.

Your Partner's Previous 5 Years Address History:

If different from main applicant, please give previous 5 year address history for your partner. Continue on a separate sheet if necessary.

Date From.	Date To.	Why You Left.
<input type="text"/>	<input type="text"/>	<input type="text"/>

Address.

Landlord Name and Address.

Date From.	Date To.	Why You Left.
<input type="text"/>	<input type="text"/>	<input type="text"/>

Address.

Landlord Name and Address.

Date From.	Date To.	Why You Left.
<input type="text"/>	<input type="text"/>	<input type="text"/>

Address.

Landlord Name and Address.

Date From.	Date To.	Why You Left.
<input type="text"/>	<input type="text"/>	<input type="text"/>

Address.

Landlord Name and Address.

Date From.	Date To.	Why You Left.
<input type="text"/>	<input type="text"/>	<input type="text"/>

Address.

Landlord Name and Address.

Your application cannot be processed without your Partner's 5 years address history.

Nationality

	You.	Your Partner.
Your Nationality:	<input type="text"/>	<input type="text"/>

Immigration Status

Please tick the box that applies.

British Citizen.	<input type="checkbox"/>	<input type="checkbox"/>
British Overseas National	<input type="checkbox"/>	<input type="checkbox"/>
Returning British National (Following a period living outside the UK or CTA).	<input type="checkbox"/>	<input type="checkbox"/>
Commonwealth Citizen with Right of Abode.	<input type="checkbox"/>	<input type="checkbox"/>
EU National Pre Settled Status.	<input type="checkbox"/>	<input type="checkbox"/>
Limited Leave To Enter / Remain with Public Funds.	<input type="checkbox"/>	<input type="checkbox"/>
Limited Leave To Enter / Remain with No Access to Public Funds.	<input type="checkbox"/>	<input type="checkbox"/>
Indefinite Leave to Enter / Remain. (Including via EU Settlement Scheme Settled Status).	<input type="checkbox"/>	<input type="checkbox"/>
Granted Other Protection Leave. (e.g. Discretionary Leave, Exceptional Leave to Remain, Humanitarian Protection or Refugee Status).	<input type="checkbox"/>	<input type="checkbox"/>
Study Visa.	<input type="checkbox"/>	<input type="checkbox"/>
Work Visa.	<input type="checkbox"/>	<input type="checkbox"/>
Sponsorship.	<input type="checkbox"/>	<input type="checkbox"/>
Asylum Seeker.	<input type="checkbox"/>	<input type="checkbox"/>
Other.	<input type="checkbox"/>	<input type="checkbox"/>

You will be required to supply copies of documentary evidence of your ID and Immigration Status for all household members who are moving with you during the application process.

Marital Status

Primary Applicant Details	Marital Status. <input type="text"/>
Your Partner's Details	Marital Status. <input type="text"/>

Local Connection to Shropshire (excluding Telford & Wrekin)

Local connections only refer to the Local Authority Area of Shropshire Council. This does not include Telford & Wrekin, which is a separate Local Authority. Evidence of how you meet the local connection criteria must be provided with the completed application.

	You.	Your Partner.
Do you have a local connection to Shropshire.	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes, please confirm your connection/s.		
Normally Resident in Shropshire.	<input type="checkbox"/>	<input type="checkbox"/>
Employment in Shropshire	<input type="checkbox"/>	<input type="checkbox"/>
Start Date of Current Employment.	<input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
Contract Type.	<input type="text"/>	
Local Connection through a Close Family Member	<input type="checkbox"/>	<input type="checkbox"/>
Family Relationship of Connection	<input type="text"/>	
Family Members Current Address	<input type="text"/>	
<input type="text"/>		
Family Members Residence Date	<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 details	<input type="text"/>	

About Your Household

Please give details of all other household members currently living with you or will be living with you:

First Names.	Family Name.	Date of Birth.	Gender.	Relationship to Primary Applicant.	Currently living with Primary Applicant Full time.	Moving with Primary Applicant Full time.
<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"/>	<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"/>	<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"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

If any of your household members are not currently living with you but are to be rehoused with you, please give their name, current address and briefly explain why they are not living with you and why they need to live with you.

If you have answered no to any of the above moving full time with you, please give their name, reason why and if applicable what percentage of their time will be spent living with you.

Pregnancy

Is anyone in your household pregnant.

Yes ☐ No ☐

If yes, whom.

When is the baby due. //

Please supply a copy of the MATB1 form. Scans are not required.

Household Members Studying Away Full Time

Are any members of your household studying away full time.

Yes ☐ No ☐

If yes, please give details.

Fostering / Adoption

Are you currently fostering or considering fostering or adoption.

Yes ☐ No ☐

If yes, please give details.

Are you a Care leaver

Yes ☐ No ☐

Which Local Authority.

If yes, please give details of your support package

Convictions

Do you or any member of your household who is moving with you have any unspent or pending convictions.

Yes ☐ No ☐

If yes, please give details below of who was convicted, what the conviction/s is, sentence served, date of conviction/s and circumstances of the offence/s.

Specifically, are you or any member of your household subject to the notification requirements of the Sexual Offenders Act (2003).

Yes ☐ No ☐

If yes, please give details below of who, what the conviction/s is, sentence served, date of conviction and circumstances of the offence/s.

If you are unsure whether you have any unspent / ignored convictions after a rehabilitation period under the Rehabilitation of Offenders Act (1974), please contact Shropshire HomePoint to clarify.

Housing History

Does anyone in your household have any debts owing to a previous or current landlord/s or mortgage provider/s.

Yes ☐ No ☐

Are these arrears owed to your current landlord or a former landlord.

Current ☐ Former ☐

If yes, please give details of who owes the debt, if current or former arrears, the debt remaining, who the debt is owed to and the circumstances.

If yes, please give details of housing debt repayment plan.

Housing History Continued

Has anyone in your household been involved in antisocial behaviour, eviction, refused accommodation or had their home repossessed. Yes ☐ No ☐

If yes, please give details of whom, the landlord / mortgage providers name, address, telephone number, email and the circumstances.

About Where You Live Now

Property Primary Applicant Currently Lives In

What type of property are you living in.

Please tick the box that applies.

House.	<input type="checkbox"/>	Bungalow.	<input type="checkbox"/>	Bedsit / Studio	<input type="checkbox"/>	Maisonette.	<input type="checkbox"/>
Flat.	<input type="checkbox"/>	Touring Caravan.	<input type="checkbox"/>	Static Caravan	<input type="checkbox"/>	Park Home.	<input type="checkbox"/>
Room.	<input type="checkbox"/>	Hotel / B&B.	<input type="checkbox"/>	Hospital.	<input type="checkbox"/>	Nursing Home.	<input type="checkbox"/>
British Armed Forces Accommodation.	<input type="checkbox"/>	No Fixed Address.	<input type="checkbox"/>	Prison.	<input type="checkbox"/>		
Other.	<input type="checkbox"/>						

If other, please explain.

Is the property sheltered or part of a sheltered scheme. Yes ☐ No ☐

Is the property considered to be supported housing. Yes ☐ No ☐

Which floor is your property on (0 for bungalows and houses). GF 1 2 3 4 5 6+

How many bedrooms does your property have. 0 1 2 3 4 5 6+

How many exterior steps are there into your property.

Do you share your kitchen or bathroom with non-household members. Yes ☐ No ☐

Do you live in a property with no kitchen or bathroom. Yes ☐ No ☐

Do you live in a property without electricity. Yes ☐ No ☐

Do you live in a property without water. Yes ☐ No ☐

Do you live in a property without central heating. Yes ☐ No ☐

Is your property in disrepair. Yes ☐ No ☐

Your Property

If yes, please give details.

Has your property had a Housing Health and Safety Rating Inspection carried out.

Yes ☐ No ☐

If your property has had a Housing Health and Safety Rating System Inspection, please provide evidence.

Primary Applicant's Current Housing Situation

Please tick the box that applies to your current situation.

Council tenant	<input type="checkbox"/>	Social housing tenant	<input type="checkbox"/>
Tenant with a private landlord.	<input type="checkbox"/>	Living with family.	<input type="checkbox"/>
Rented room in house share.	<input type="checkbox"/>	Living with friends.	<input type="checkbox"/>
Tied Accommodation.	<input type="checkbox"/>	Shared ownership with a social landlord	<input type="checkbox"/>
British Armed Forces Accommodation.	<input type="checkbox"/>	Homeowner.	<input type="checkbox"/>
Mobile home / Caravan (not including park homes)	<input type="checkbox"/>	No fixed address.	<input type="checkbox"/>
Shropshire Council Housing Options Team	<input type="checkbox"/>	Other, please specify.	<input type="text"/>

Please select your social landlord from those below, if listed.

Abbeyfield Trust tenant.	<input type="checkbox"/>	Accord tenant.	<input type="checkbox"/>
Anchor tenant.	<input type="checkbox"/>	Birnbeck H.A. tenant.	<input type="checkbox"/>
Bromford Housing tenant.	<input type="checkbox"/>	Connexus Housing tenant.	<input type="checkbox"/>
Derwent Living tenant.	<input type="checkbox"/>	Equity Housing tenant.	<input type="checkbox"/>
Habinteg H.A. tenant.	<input type="checkbox"/>	HomesPlus tenant.	<input type="checkbox"/>
Housing 21 tenant.	<input type="checkbox"/>	Mercian H.A tenant.	<input type="checkbox"/>
Rooftop Housing tenant.	<input type="checkbox"/>	Sanctuary Housing tenant.	<input type="checkbox"/>
Sage H.A. tenant.	<input type="checkbox"/>	Shropshire Rural H.A. tenant.	<input type="checkbox"/>
Star Housing tenant .	<input type="checkbox"/>	Stonewater H.A. tenant.	<input type="checkbox"/>
Wrekin Housing Trust tenant.	<input type="checkbox"/>	Other.	<input type="text"/>

Property Features

Please tick the box that applies to your current situation.

Lift to access property.	<input type="checkbox"/>	Exterior level / Ramped access.	<input type="checkbox"/>
Is there a stair lift.	<input type="checkbox"/>	Is there a through floor lift.	<input type="checkbox"/>
Level access.	<input type="checkbox"/>	Wider exterior doorways.	<input type="checkbox"/>
Wider interior doorways.	<input type="checkbox"/>	Adapted kitchen (lower work surface).	<input type="checkbox"/>
Level access shower / Wet room.	<input type="checkbox"/>	Shower over bath	<input type="checkbox"/>
Separate Shower	<input type="checkbox"/>	Bath Only.	<input type="checkbox"/>
Ceiling Hoist / Fixed platform.	<input type="checkbox"/>	Visual / Hearing impairment adaptations.	<input type="checkbox"/>
Upstairs bathroom.	<input type="checkbox"/>	Upstairs toilet.	<input type="checkbox"/>
Downstairs bathroom.	<input type="checkbox"/>	Downstairs toilet.	<input type="checkbox"/>
Grab / Stair rails.	<input type="checkbox"/>	Parking facilities.	<input type="checkbox"/>
Other.	<input type="checkbox"/>		

If yes to other, please specify.

Employment And Financial Details

Employment Details

Please confirm if you are.

	You.		Your Partner.	
Employed Part Time (less than 20 hours).	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Employed Full Time.	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Self Employed.	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Unemployed.	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
In a Training Scheme.	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Full Time Student.	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Retired.	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Unable to Work.	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>

Evidence of your local connection through employment will be required.

Primary applicant employer name and address.

	Post Code. <input type="text"/>

Partner applicant employer name and address.

	Post Code. <input type="text"/>

How long does it take you to travel to and from work each day (in minutes).

<input type="text"/>	<input type="text"/>
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How do you mostly travel to work.

<input type="text"/>	<input type="text"/>
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Is any other person, moving with you, in employment:

Yes ☐ No ☐

Other applicant employer name and address.

	Post Code. <input type="text"/>

Key Worker

Is any member of the household a Key Worker

Yes ☐ No ☐

Which profession do they belong to:

Communications and Finance.	<input type="checkbox"/>	Education and Child Care.	<input type="checkbox"/>
Food and other necessary goods.	<input type="checkbox"/>	Health and Social Care.	<input type="checkbox"/>
Key Public Services.	<input type="checkbox"/>	Local and National Government.	<input type="checkbox"/>
Public Safety and National Security.	<input type="checkbox"/>	Transport.	<input type="checkbox"/>
Utilities	<input type="checkbox"/>		

Please provide details.

Please provide evidence of Key Worker employment e.g. contract of employment, hours of work per calendar month and service length.

British Armed Forces Service

Current member of Regular British Armed Forces.	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Current member of British Armed Forces Reserves.	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Former member of Regular British Armed Forces.	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Former member of British Armed Forces Reserves.	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If yes, please confirm your dates of service (leave end date blank if current member).	Start Date.	<input type="text"/>	<input type="text"/>	<input type="text"/>
	End Date.	<input type="text"/>	<input type="text"/>	<input type="text"/>
If yes, please confirm your Partner's dates of service (leave end date blank if current member).	Start Date.	<input type="text"/>	<input type="text"/>	<input type="text"/>
	End Date.	<input type="text"/>	<input type="text"/>	<input type="text"/>

Reason for Leaving Armed Forces:

Financial Details

Please provide total gross salary, benefits, pension and other income for all members of the household who are moving with you, aged 18 and over. You do not need to include the finances of anyone, you are living with but, who is not moving with you. Payslips, benefits, pensions, other income and assets evidence will be required with your application.

How much do you and your partner pay per month
for your home (including housing benefit).

Is this amount for.

Rent ☐ Mortgage ☐ Mortgage and Rent ☐

How much do you, and anyone moving with you,
take home per month in combined gross
salaries?

Gross salary is the total amount earned before any deductions are made for tax, pension, national insurance or any other items.

How much do you, and anyone moving with you, take home per month
in combined benefits, including housing benefits.

How much do you, and anyone moving with you, take home per month
in combined pension, including state, private and war pensions.

How much do you, and anyone moving with you, take home per month
in any other income.

Financial Details

How much do you and your partner have in savings or investments

(Exclude any amount received from the British Armed Forces Compensation Scheme).

Do you or anyone moving with you own any property either in the U.K. or abroad.

Yes ☐ No ☐

Do you or anyone moving with you have any interest in any other domestic or business properties.

Yes ☐ No ☐

If yes, please state the approximate value of all properties owned.

Please give details.

Does any household member hold a mortgage on a property.

Yes ☐ No ☐

If yes, how much is outstanding.

Please state how much equity in property

Any other debts / loans.

Yes ☐ No ☐

If yes, how much is outstanding.

Are you interested in Shared ownership and other routes to affordable home ownership:

Yes ☐ No ☐

If you own a property or properties, please enclose evidence of the value(s) and mortgage remaining.
If rented out, please include rent amount in your income figure.

Health And Support Needs

Please complete all of the following Health and Support Need questions with as much information as possible. Otherwise, you may not be considered for sheltered housing, appropriate properties, adaptations or other sources of support available to you.

Medical Details

Is anyone in your household registered blind.

Yes ☐ No ☐

Does anyone in your household have any hearing impairments.

Yes ☐ No ☐

Does anyone in your household have a learning difficulty.

Yes ☐ No ☐

Does anyone in your household have a mental health condition.

Yes ☐ No ☐

Does anyone in your household consider themselves to be disabled.

Yes ☐ No ☐

Does anyone in your household use a wheelchair regularly.

Yes ☐ No ☐

If you have answered yes to any of these medical questions, please confirm who and describe how often it is needed.

Has anyone in your household suffered serious injury or illness attributable to serving in the British Armed Forces.

Yes ☐ No ☐

If yes, please describe.

Does anyone in your household have difficulty with the following.

Walking. Yes ☐ No ☐

Using stairs or steps. Yes ☐ No ☐

If yes, how many can you manage.

Cooking. Yes ☐ No ☐

Doing housework. Yes ☐ No ☐

Using the kitchen. Yes ☐ No ☐

Using the bathroom. Yes ☐ No ☐

Doing the gardening. Yes ☐ No ☐

Does anyone in your household have a medical condition. Yes ☐ No ☐

If yes to any of the above, please confirm who has the difficulty and what they are.

Please describe how these conditions make living in your current property difficult.

Please give details of any medication being taken.

Have you had an assessment from an Occupational Therapist. Yes ☐ No ☐

If yes, please confirm when the assessment was carried out. / /

You will need to supply a copy of the Occupational Therapist's Assessment.

Does anyone in your household receive benefits for ill health or disabilities. Yes ☐ No ☐

If yes, please confirm who and give details.

Please tell us if you think you would need any of these features in a property if you moved.

Exterior level / Ramped access. ☐ Level access. ☐

Wider doorways. ☐ Adapted kitchen (lower work surface). ☐

Level access shower / Wet room. ☐ Grab / Stair rails. ☐

Visual / Hearing impairment adaptations. ☐

Other. ☐

If yes to other, please specify.

Shropshire HomePoint will consider any supporting or specialist letters and information,
Documents can be uploaded via your online account or posted to Guildhall, Shrewsbury, SY3 8HQ

Housing Support Needs

Are you interested in Supported Housing or Sheltered Housing (55+)

Yes ☐ No ☐

If No, please continue in Overnight Care Section. P18

Living independently.

Yes ☐ No ☐

This might include needing help or advice in preparing or storing food, dealing with correspondence or making appointments.

If yes, please give details below.

Keeping safe in your home.

Yes ☐ No ☐

This might include needing a telephone alarm system, fire safety systems, using appliances safely, help with moving around indoors, assistance with washing, bathing or showering.

If yes, please give details below.

Managing money.

Yes ☐ No ☐

This might include needing help or advice with budgeting, 'paying bills', managing your banking, finance, debts and applying for benefits.

If yes, please give details below.

Looking after your home.

Yes ☐ No ☐

This might include needing help or advice in arranging repairs in the house or managing household tasks.

If yes, please give details below.

Getting out and about.

Yes ☐ No ☐

This might include help with shopping, going to the bank, post office, library or chemist.

If yes, please give details below.

Socialising.

Yes ☐ No ☐

This might include help and advice to maintain regular contact with family and friends or socialising.

If yes, please give details below.

General welfare and communication.

Yes ☐ No ☐

This might include help and advice to communicate with other people or someone to regularly check on your well being.

If yes, please give details below.

Applying for properties, moving and settling into a new home.

Yes ☐ No ☐

This might include help and advice with applying for properties, making practical arrangements if you move to a new home or developing new skills in preparation to move.

If yes, please give details below.

Literacy difficulties.

Yes ☐ No ☐

This might include visual impairment, English may not be the first language or as a result of a medical condition.

If yes, please give details below.

Overnight Care

Do you regularly require overnight care.

Yes ☐ No ☐

If yes, please confirm how often and who provides this care.

Do you Need Help Looking For Housing

Optional information, please provide if you wish.

Would you like an advocate to represent you.

Yes ☐ No ☐

If yes, please give their contact details.

Title. First Names. Family Names.

Current Address.

Post Code.

Telephone Number.

Email Address.

Please tick boxes that apply.

Friends. ☐

Support Workers. ☐

Relatives. ☐

Other. ☐

Official Support Being Received

Is anyone in your household receiving official support such as from a social worker or probation officer.

Yes ☐ No ☐

If yes, please confirm how often and who provides this care.

Reason For Moving And Preferences

Reason for Moving

Please tick all boxes that apply.

Asked to leave where you live by family / friends.

☐

Domestic abuse.

☐

End of private tenancy.

☐

Eviction or repossession order.

☐

Financial / Mortgage difficulties.

☐

Forced to live apart.

☐

Harassment or neighbour nuisance.

☐

Health / Medical / Disability reasons.

☐

Leaving British Armed Forces.

☐

Leaving care or moving on from supported housing.

☐

Leaving hospital.

☐

Leaving prison.

☐

Loss of tied accommodation.

☐

Need sheltered / Very sheltered accommodation.

☐

Need supported housing.

☐

No permanent home.

☐

Overcrowding.

☐

Poor condition of present property.

☐

Racial harassment.

☐

Refugee.

☐

Relationship breakdown.

☐

To be independent.

☐

To be near amenities.

☐

To be nearer to work.

☐

To move nearer to family / friends.

☐

To purchase a home.

☐

Would like a smaller property.

☐

Other.

☐

If other, please specify.

If homeless or expecting to be, please confirm date.

IMPORTANT: Optional opportunity to explain in your own words your reasons for wishing to move and any other relevant information you would like taking into consideration.

IMPORTANT: This is your opportunity to explain your housing situation in detail and ensure you are assessed correctly. If you do not have enough space to complete your answer in full, please continue on page 23 or attach a separate sheet to this application form.

Where Would You Like To Live

Please be aware, that to have an official local connection you must have 2 or more connections to each area. If you are unsure of the area you would like to live in Shropshire, you may like to call Shropshire HomePoint.

If you wish to help with future planning of new homes and for nominations to non scheme member landlords, please list up to 4 towns and / or villages you would like to live in Shropshire in order of preference. If you would like to live in Shrewsbury, please list which primary areas.

Please tick any local connection boxes that apply to you or your partner for each area.

Prefer Not to Say.

☐

Area 1

Area 2

Area 3

Area 4

Towns or Villages I would like to live in.

Close family live in area who provide or require support.

☐
☐
☐
☐

Currently employed or self employed within 5km of the area.

☐
☐
☐
☐

Have lived in the area 3 of the past 5 years.

☐
☐
☐
☐

Have previously lived in the area for 15 continuous years as an adult.

☐
☐
☐
☐

Parents permanently lived in the area at time of your birth.

☐
☐
☐
☐

Have lived in the area for 5 or more years as a child and attended the local school.

☐
☐
☐
☐

Written offer of permanent work within 5km of the area.

☐
☐
☐
☐

I can demonstrate 2 years of active community involvement in the area.

☐
☐
☐
☐

Aged over 55 years and have close family member/s living in the area.

☐
☐
☐
☐

No local connection to this area.

☐
☐
☐
☐

Legal

Connections

Are you or any of your household employed by a Partner Organisation of the Shropshire HomePoint Scheme, closely related to, in a relationship with an employee, board member or councillor.

If yes, please let us know who and which organisation.

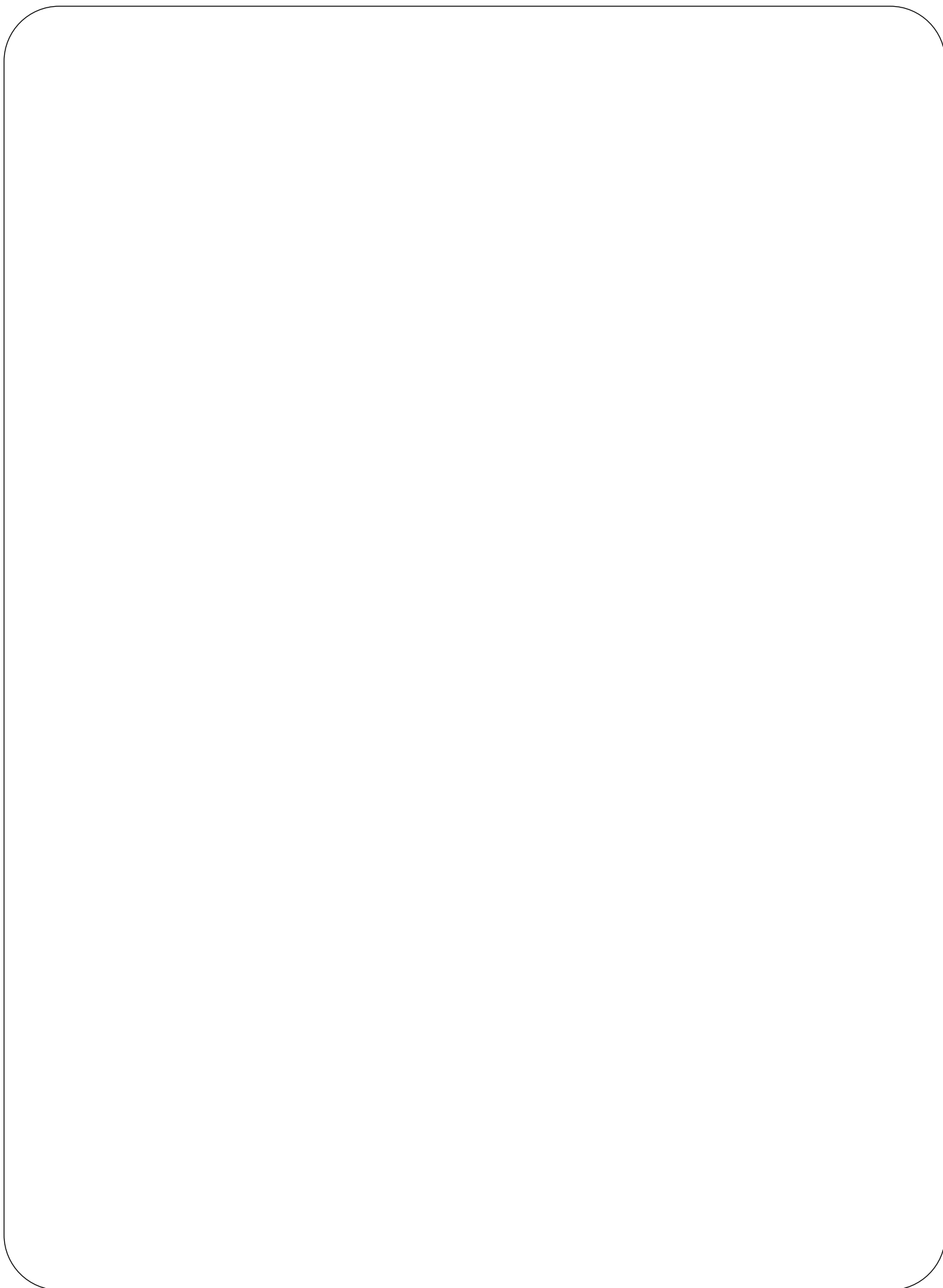
Name.	Organisation.	Connection.

A full list of Shropshire HomePoint Partners and Scheme Landlords is available to view on the HomePoint website and available upon request.

Additional Information

If you wish to provide further optional information of your circumstances, please use the space below.

Additional Information



Equal Opportunities Monitoring

Shropshire HomePoint aims to ensure its services are accessible to all and applicants are treated fairly. To help us do this, would you please complete the details below. This information is kept confidential.

Sexual Orientation

As the primary applicant how would you describe your sexual orientation.

Bisexual.	<input type="checkbox"/>	Gay Man.	<input type="checkbox"/>
Lesbian.	<input type="checkbox"/>	Heterosexual.	<input type="checkbox"/>
Prefer Not to Say.	<input type="checkbox"/>		

Ethnic Origin

As the primary applicant, how would you describe your ethnic origin.

White

British.	<input type="checkbox"/>
Irish.	<input type="checkbox"/>
Other White.	<input type="checkbox"/>

Chinese

Chinese.	<input type="checkbox"/>
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Black or Black British

African.	<input type="checkbox"/>
Caribbean.	<input type="checkbox"/>
Other Black.	<input type="checkbox"/>

Prefer Not To Say

Prefer Not to Say.	<input type="checkbox"/>
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Asian or Asian British

Bangladeshi.	<input type="checkbox"/>
Indian.	<input type="checkbox"/>
Pakistani.	<input type="checkbox"/>
Other Asian.	<input type="checkbox"/>

Mixed

White and Asian.	<input type="checkbox"/>
White and Black African.	<input type="checkbox"/>
White and Black Caribbean.	<input type="checkbox"/>
Other Mixed.	<input type="checkbox"/>

Other

Gypsy / Romany / Irish Traveller.	<input type="checkbox"/>
Other.	<input type="checkbox"/>

Faith

As the primary applicant, how would you describe your faith.

Atheist.	<input type="checkbox"/>	Agnostic.	<input type="checkbox"/>	Buddhist.	<input type="checkbox"/>
Christian (all denominations).	<input type="checkbox"/>	Hindu	<input type="checkbox"/>	Jewish.	<input type="checkbox"/>
Muslim.	<input type="checkbox"/>	Sikh.	<input type="checkbox"/>	Other Faith.	<input type="checkbox"/>
Prefer Not to Say.	<input type="checkbox"/>				

Before Submitting Your Application Checklist

Before submitting your application, please check through all of the sections again. Please ensure you have answered all questions including the following Equal Opportunities Monitoring section, have signed and dated the declaration page (both of you if a joint application) and enclosed copies of supporting documents for identity, local connection, finances and housing circumstances for all household members.

The following list of documents must be provided at time of application, to enable your application to be processed. We accepted legible copies of the required documents at time of application. Please be aware, originals of I.D. and supporting documents will be checked again before an official offer of accommodation is made. Documents can be uploaded via your online account or posted to Guildhall, Shrewsbury, SY3 8HQ.

Documents

- A copy of your driving licence
- Copy of birth certificate or passport.
- Proof of name change or marriage certificate
- Evidence of receipt of child benefits
- A copy of tenancy or licence agreement
- Current valuation of property and mortgage
- Confirmation of tied accommodation
- Council tax bill for local connection
- Evidence of family members local connection to Shropshire (excl. T&W)
- Employment contract
- Proof of benefits including housing benefits
- Proof of savings & assets Inc. bank accounts
- Proof of shares, premium bonds and other investments
- Proof of current and savings accounts
- Proof of Income from salary
- Child maintenance and other income.
- Details of self employment income.
- Immigration status.
- Latest rent statement of arrears
- Evidence of Criminal Convictions
- **This is not an exhaustive list of documents that may be required.**

Please tick if you are enclosing documentation regarding the following.

- | | | | |
|---|--------------------------|--|--------------------------|
| I.D. for all applicants moving | <input type="checkbox"/> | Proof of gross salary for all household members aged 18 and over | <input type="checkbox"/> |
| Proof of benefits for all household members | <input type="checkbox"/> | Proof of pensions for all household members | <input type="checkbox"/> |
| Proof of residence and local connection, including via a relative or employment | <input type="checkbox"/> | Proof of care / Support arrangements. | <input type="checkbox"/> |
| Housing Health and Safety Rating Assessment. | <input type="checkbox"/> | Proof of leaving care. | <input type="checkbox"/> |
| Immigration status documents. | <input type="checkbox"/> | Pregnancy MATB1 form. | <input type="checkbox"/> |
| Proof of fostering / adoption arrangements. | <input type="checkbox"/> | Proof of period of service in British Armed Forces. | <input type="checkbox"/> |
| Proof of discharge from British Armed Forces. | <input type="checkbox"/> | Proof of harassment. | <input type="checkbox"/> |
| Confirmation of unspent convictions. | <input type="checkbox"/> | Occupational therapist's report. | <input type="checkbox"/> |
| Other supporting documents. | <input type="checkbox"/> | | |

If other, please give details.

Useful Information - Please Tear Off and Keep Safe

Please tear off and keep this Useful Information document before returning your application. HomePoint will contact you shortly to confirm your Reference Number and Registration Date. We recommend you record them on this sheet and keep it safe.

Your Name. Reference Number. Registration Date.

What is Shropshire HomePoint

HomePoint is not a Landlord, it is an online choice-based accommodation scheme, a partnership between Shropshire Council and leading Housing Associations and Landlords in Shropshire.

The scheme is responsible for managing the Shropshire Housing Register, also known as the 'Housing Waiting List' and advertises available affordable housing to rent, swap, share and buy across Shropshire. Applications are banded according to Shropshire Councils Affordable housing Allocation Policy and scheme.

Housing in Shropshire

If you have access to the internet, you may like to go online and view our 'How to Use Website' video guide, brochure, frequently asked questions and other useful information documents. Shropshire HomePoint strongly recommends you consider all potential housing options available to you.

To help you do this, you may like to visit the HomePoint website and click on the link to Shropshire Council's online Housing Solutions, where you can complete and download a preliminary Action Plan of potential housing solutions available to you. If you need further assistance, please contact HomePoint directly.

An Overview Of How Shropshire HomePoint Works

You complete a HomePoint application form and supply copies of any relevant documents. Copies of documents can be uploaded via your online account or posted to Guildhall, Shrewsbury, SY3 8HQ.

- HomePoint will check if you are eligible to join the Housing Register. If you are eligible, your need for housing will be assessed according to categories called 'Bands'. Bands are numbered one to seven and awarded according to your housing need as assessed by the Shropshire Council Affordable Housing Allocation Policy and Scheme 2022. Once registered, you will be informed by email or letter of your Shropshire HomePoint reference number, your band, your band date, need for sheltered housing or adaptations and your bedroom entitlement.
- Available properties are predominantly advertised on the website. Once you have your reference number you can apply for (bid) 1 affordable / social rented property per week. The Property Cycle runs from a Wednesday until midnight the following Tuesday. You have 7 days to bid, so there is no need to rush.
- Offers of accommodation are made directly by the landlord,.
- Outcomes of lets will be shown on the Shropshire HomePoint website.

If you are in housing debt or in arrears on your property, please seek advice immediately. It could jeopardize your home or prevent you from being offered a property.

- The successful applicant will be the one in the highest band, with the longest band waiting time and assessed as eligible for the property. It is the Landlord and not HomePoint that allocates the property.
- If successful, you will be asked to view the property. If you like the property, have the deposit if required, supplied the necessary documentation, pass the verification and reference checks by the Landlord, you may be offered the property. It is important you are prepared if an offer is made.
- The Landlord will ask you to move in on an agreed date and you will need to sign a tenancy agreement or exchange contracts if purchasing the property.
- Once you sign your tenancy agreement, your application with HomePoint is closed. If you wish to re-join the Housing Register you will need to complete a new application and start again.
- If you have not heard from the Landlord within about two weeks of the end of the property cycle, it probably means you have not been successful. Property results are published on the HomePoint website for you to review.

Ways To Apply (Bid) For A Property

Once you have registered with HomePoint, you can apply for properties in the following ways.

- Log onto the HomePoint Website at www.shropshirehomepoint.co.uk
- Call the automated 24 hour bidding line on 0345 520 2505

Documents Needed At Point of Application and Point of Offer

Shropshire HomePoint and each landlord will carry out verification checks at the point of application and offer to confirm the information and documents you have given are correct and up to date. It is important you inform us if your circumstances change.

Checks will include.

- | | |
|---------------------------------|------------------------|
| • Household composition. | • Rent arrears. |
| • Unspent criminal convictions. | • Credit checks. |
| • Anti social behaviour. | • Landlord references. |

The documents required for all household members, will depend upon your current situation and will include the following.

- 2 x Proof of Identity including 1 x Photo Identification.
- 2 x Proof of Address dated within the past 3 months.
- Proof of Local Connection.
- Proof of Income.
- Proof of Benefits.
- Proof of Savings & Assets.
- Proof of Care & Support.
- Immigration Status.
- Latest Rent Statement.



Guildhall
Frankwell
Shrewsbury
Shropshire
SY3 8HQ

Website. www.shropshirehomepoint.co.uk

If your circumstances or contact details change, you must update your HomePoint application immediately. If your details are not fully up to date, Landlords will not be able to make an offer of accommodation.