

1.2 Please give a contact address to be used for correspondence (if different from 1.1 above):

Telephone number:

1.3 If you have had an interview under Homeless Provisions:

With which Council? Date:

What was the officer's name?

What was the decision?

(please provide a copy of the letter)

1.4 Are you registered on Boston Borough Council's Waiting List?

- YES NO
 YES NO

Are you registered on other Council or Housing Association Waiting List(s)? YES NO
 If YES, please tell us which one(s):

SECTION 2 - Who is living with you now?

2.1 Please give details of **EVERYONE** living in your present household, **whether or not they will be housed with you**.

Start with yourself. Include details of any expected children - please provide proof of pregnancy (e.g. MAT B1 form)

Surname	Forename(s)	Relationship to you? (if none, put "NONE")	Date of birth (dd/mm/yyyy)	Male/ Female?	Will they move with you? Y/N
		APPLICANT (1)			
		JOINT APPLICANT (2)			

If you have answered YES to any part of 8.1 above, please give details.

Name of person affected	Details for consideration

EQUALITY AND DIVERSITY

New Linx Housing Trust operates an equality and diversity policy to ensure that all applicants are treated equally regardless of sex, sexual orientation, race, colour, ethnic origin, nationality, religion, cultural background, domestic circumstances, disability, illness or age.
 In order for New Linx to monitor this policy, would you please complete the following information:

Applicant 1: I would describe myself as

(tick one box only):

- a. White**
- British
- Irish
- Other - please state: _____
- b. Mixed**
- White & Black Caribbean
- White & Black African
- White & Asian
- Other - please state: _____
- c. Asian/Asian British**
- Indian
- Pakistani
- Bangladeshi
- Other - please state: _____
- d. Black/Black British**
- Caribbean
- African
- Other - please state: _____
- e. Chinese/other**
- Chinese
- Other - please state: _____
- f. Question refused**

Partner/Applicant 2: I would describe myself as

(tick one box only):

- a. White**
- British
- Irish
- Other - please state: _____
- b. Mixed**
- White & Black Caribbean
- White & Black African
- White & Asian
- Other - please state: _____
- c. Asian/Asian British**
- Indian
- Pakistani
- Bangladeshi
- Other - please state: _____
- d. Black/Black British**
- Caribbean
- African
- Other - please state: _____
- e. Chinese/other**
- Chinese
- Other - please state: _____
- f. Question refused**

This information is private and confidential and will be used for statistical and performance monitoring purposes only.

7.2 Are you or any member of your household who wishes to be housed with you a Registered Sex Offender or have you/they ever been a Registered Sex Offender?

YES NO If YES, please give the name, date of registration and details of offence(s):

Name	Date of registration	Details of offences (including dates)

7.3 Are you or any member of your household the subject of any of the following?

- County Court Judgement for Bankruptcy YES NO
 Attachment of Earnings Order YES NO
 Court Injunction YES NO
 Acceptable Behaviour Contract YES NO
 Anti Social Behaviour Order YES NO

If you have answered "YES" to any of the above, please give the following information:

Name	Type of order and details (including dates)

SECTION 8 - Other Considerations

8.1 Do you or anyone who would be moving with you have any other special requirements which we should take into account? Please tick either YES or NO for each statement.

	YES	NO	If YES, do you get support? YES NO	From whom?	May we contact them? YES NO
Physical disability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Learning disability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Visual impairment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hearing impairment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mental health	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Alcohol misuse	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Drugs misuse	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Age-related physical disability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Age-related mental disability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other significant health issues	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Young person at risk	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Young person leaving care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Person at risk of violence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other (please specify)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

2.2 Is there anyone who needs to move with you permanently but who is not currently living with you?

YES NO If YES, please give the following details:

Surname	Forename(s)	Relationship to you (if any)	Date of birth	Male/Fem?	Their Current Address	Reason for Separation

2.3 Will any children (aged up to 18 years), other than those listed at question 2.1 above, be living / staying with you?

YES NO If YES, please give the following details. Please also provide proof of residency (such as solicitor's letter; letter from parent/guardian with whom they reside; Court letter, etc.)

Surname	Forename(s)	Relationship to you (if any)	Age	Male/Female?	Will the child be living with you: Week-Week- All the Other (please give details)

Note: The law places certain restrictions on social housing providers in the granting of benefit to its employees, Board directors, Members or their close relatives. The information below is required to comply with this legislation.

2.4 Are any of the persons listed in questions 2.1, 2.2 or 2.3 (including yourself) an employee, Board Director or Company Member of New Linx or a close relative of an employee / Board Director / Member?

YES NO If YES, please give the following details:

Surname	Forename(s)	Employee? Tick if YES	Board Director or Company Member? Tick if YES	Related to employee / Board Director / or Member? Tick if YES and state relationship

2.5 Please confirm whether your current address is:

Owner-occupied - who owns the property?
 Privately rented - who is your landlord?
 (Please give their name and address)
 Rented from a Housing Association - which one?
 Rented from a Council - which Council?
 Lodgings - who is your landlord?
 Other - please give details:

2.6 Please give the date you moved in (dd/mm/yyyy):

2.7 Do you have any pets? YES NO If YES, please give details:

What sort of pet? (dog, cat, bird etc.)	How many?

SECTION 3 - Details of previous accommodation

3.1 Please give details of ALL previous addresses over the last 5 years, starting with the most recent, even if it was living with parents, lodging with friends, etc.

WHO LIVED HERE?	ADDRESS (please include postcode)	From (date) (dd/mm/yyyy)	To (date) (dd/mm/yyyy)	Was this property: OWNED by you	RENTED by you (tick relevant column)	if RENTED, was it Private, Housing Assn. or Council?	REASON FOR LEAVING
<input type="checkbox"/> Applicant 1							
<input type="checkbox"/> Applicant 2							
<input type="checkbox"/> Both							
<input type="checkbox"/> Applicant 1							
<input type="checkbox"/> Applicant 2							
<input type="checkbox"/> Both							
<input type="checkbox"/> Applicant 1							
<input type="checkbox"/> Applicant 2							
<input type="checkbox"/> Both							

continue on the next page if necessary.

Choice	Town/Village	Code	Choice	Town/Village	Code	Choice	Town/Village	Code
	Kirky on Bain	WD9A		Old Bollingbroke	WD37*		Telford	WD16*
	Kirton (nr Boston)	KIRTON		Orby	WD30B*		Tetney	WD18*
	Langrick (nr Boston)	WD41A*		Partney	WD32*		Theddlethorpe	WD23*
	Langton by Spilsby	WD32*		Pickworth (Grantham)	PICKW		Thimbleby	WD4A
	Laughterton	LAUGH		Pinchbeck	PINCH		Thornton	WD13*
	Legbourne	WD27		Ratby	WD37*		Thornton Le Fen	WD41A*
	Lincoln	LINC		Rippingdale	RIPP		Thorp Bank	WD35*
	Little Steeping	WD35A*		Roughton	WD13*		Thorp St Peter	WD35*
	Loughborough (Leics)	LOUGH		Sattfleet	WD24A*		Toynon All Saints	WD42*
	Louth	WD1		Sattleby St Peter	WD23*		Toynon St Peter	WD42*
	Ludborough	WD19*		Saxilby	SAXIL		Trusthorpe	WD5A
	Ludford	WD26A		Scamblesby	WD15A*		Tumby	WD12*
	Mablethorpe	WD5		Sibsey	WD40		Tumby Woodside	WD12*
	Maltby Le Marsh	WD25A*		Skegnass	WD7		Ulceby	WD30A*
	Manby	WD22*		Skendleby	WD30A*		Utterby	WD21A
	Mareham Le Fen	WD12*		Sleaford	SLEAF		Wainfleet All Saints	WD34*
	Market Rasen	MARKR		South Hykeham	STHHK		Wainfleet St Mary	WD34*
	Marshchapel	WD20		South Ormsby	WD32A*		Welton (Nr Lincoln)	WELTO
	Midville	WD39A		South Reston	WD25*		Welton Le Marsh	WD30B*
	Mlnting	WD14A*		South Somercotes	WD24A*		Welton le Wold	WD26B*
	Morton (Gainsborough)	MORTO		South Witham	STHWIT		West Ashby	WD15A*
	Mumby	WD31A*		Spilsby	WD38		West Pinchbeck	WPINCH
	Nettleham (nr Lincoln)	NETT		Stamford	STAMF		Westville	WD41*
	New Bollingbroke	WD41*		Stickford	WD39C		Wildmore	WD12A*
	New Leake	WD39B		Stickney	WD40A		Willoughby	WD30
	New York	WD12A*		Stixwold	WD13*		Withern	WD25A*
	Newton on Trent	NEWT		Strubby	WD25A*		Woodhall Spa	WD9
	North Cockerington	WD22*		Sutton on Sea	WD5B		Wragby	WD14
	North Cotes	WD18*		Swaby	WD32A*		Yarburgh	WD20B*
	North Hykeham	NHYKE		Tathwell	WD27A*			
	North Somercotes	WD24		Tattershall	WD10*			
	North Thoresby	WD19*		Tattershall Thorpe	WD10*			

SECTION 7 - Further Information

7.1 Have you or any member of your household who wishes to be housed with you been convicted of any offence at court?

YES NO If YES, please list below any criminal convictions:

Name	Details of criminal conviction (including dates)

6.5 Do you or anyone who is to be housed with you require any of the following facilities?

(Please provide a letter of support from either doctor or occupational therapist (OT) for each person affected.)

- Grab rails for bath etc. Level floor shower External ramp(s)
 Stairlift - lifting capacity up to 17 stone (108kg) Stairlift 17 - 25 stone (108 - 160kg)
 Details of other adaptations needed:

6.6 Is anyone who is to be housed with you registered blind? YES NO

6.7 Where would you like to live?

On the list below, please give your 1st, 2nd and 3rd choice of town/village.

The list shows the towns/villages where New Linx has properties. It does not mean that there are necessarily any properties available there, nor does it mean that the properties in that town/village will be of a suitable type or size for you.

The preferences you show here do not mean you cannot "bid" for properties in other areas; this information will be used for statistical information only.

* Although each village is shown separately in the list, where there is an asterisk (*) it indicates that more than one village makes up that area code.

Choice	Town/Village	Code	Choice	Town/Village	Code	Choice	Town/Village	Code
	Aby	WD25*		Carrington	WD41*		Glentworth	GLENT
	Addlethorpe	WD29*		Chapel St Leonards	WD28		Goulceby	WD15A*
	Alford	WD3		Colsterworth	COLST		Grainthorpe	WD20A
	Alvingham	WD20B*		Coningsby	WD11		Grantham	GRANT
	Anderby	WD31A*		Covenham	WD20B*		Gt Gonerby (Grantham)	GTGON
	Authorpe	WD25*		Croft	WD33A		Great Steeping	WD35A*
	Bardeby	BARD		Cumberworth	WD31A*		Grimoldby	WD22*
	Baumber	WD15A*		Dalderby	WD13		Hagworthingham	WD16A
	Beesby	WD25A*		Donnington on Bain	WD15*		Hainton	WD26B*
	Belchford	WD16*		Dunholme (Nr Lincoln)	DUNHO		Haltham	WD13*
	Benniworth	WD15*		East Barkwith	WD14A*		Heighington	HEIGH
	Bilsby	WD3A		East Keal	WD37*		Hemmingby	WD15A*
	Binbrook	WD26		East Kirkby	WD37*		Hogsthorpe	WD31
	Bishop Norton	BISHN		Eastville	WD39		Holton Le Clay	WD17
	Boston	BOST		Fillingham	FILLI		Horncastle	WD4
	Bourne	BOURN		Firsby	WD35A*		Horsington	WD13*
	Bracebridge Heath	BRACE		Fotherby	WD21		Hundleyby	WD38A
	Birkhill	WD32A*		Friskney	WD36		Huloft	WD31A*
	Bucknall	WD13*		Frihville	WD41A*		Ingoldmells	WD29*
	Burgh le Marsh	WD33		Fullleby	WD16*		Ibby in the Marsh	WD35A*
	Burgh on Bain	WD26B*		Fulstow	WD19*		Keal Cotes	WD37*
	Burwell	WD27A*		Gainsborough	GAINS		Keelby	KEELB
	Candlesby	WD32B		Gayton le Marsh	WD23*			

continued on next page >

Previous addresses (continued) >

WHO LIVED HERE?	ADDRESS (please include postcode)	From (date) (dd/mm/yyyy)	To (date) (dd/mm/yyyy)	Was this property: OWNED by you	RENTED by you (tick relevant column)	If RENTED, was it Private, Housing Assn. or Council?	REASON FOR LEAVING
<input type="checkbox"/> Applicant 1							
<input type="checkbox"/> Applicant 2							
<input type="checkbox"/> Both							
<input type="checkbox"/> Applicant 1							
<input type="checkbox"/> Applicant 2							
<input type="checkbox"/> Both							
<input type="checkbox"/> Applicant 1							
<input type="checkbox"/> Applicant 2							
<input type="checkbox"/> Both							
<input type="checkbox"/> Applicant 1							
<input type="checkbox"/> Applicant 2							
<input type="checkbox"/> Both							

SECTION 4 - Employment and Financial Information

- 4.1 Applicant 1 - employment status (please tick only one box): Are you:
- Employed (permanent) Employed (seasonal / casual / contract)
 Unemployed and seeking work Pensioner
 Other (please give details):

4.2 Applicant 1 - financial information

Type of income/benefit/pension	Amount	How often is this paid? (tick relevant column)		
		Weekly	Fortnightly	Monthly
<i>EXAMPLE: Income Support</i>	<i>£79.80</i>		<input checked="" type="checkbox"/>	

- 4.1 Partner / Applicant 2 - employment status (please tick only one box): Are you:
- Employed (permanent) Employed (seasonal / casual / contract)
- Unemployed and seeking work Pensioner
- Other (please give details):

4.2 Applicant 1 - financial information

Type of income/benefit/pension	Amount	How often is this paid? (tick relevant column)			
		Weekly	Fortnightly	Every 4 weeks	Monthly
		✓			

SECTION 5 - About your current home

- 5.1 What type of property do you live in?
- House Bungalow Dormer Bungalow Maisonette Flat
- Warden Supported Housing Bedsit Bed & Breakfast
- Hostel Mobile Home Caravan Boat
- Other (please describe):
- 5.2 If you live in a FLAT or BEDSIT, which floor is it on? Ground 1st 2nd
- Other (please state): Is there a lift? YES NO

- 5.3 Rooms within your home: please give the number of each type of room. If you share any of these with anyone, please tick the "Sharing" box and give details.
- Double bedrooms: 1 2 3 4 Sharing with
- Single bedrooms: 1 2 3 4 Sharing with
- Living rooms: 1 2 3 4 Sharing with
- Please give the number of each of the rooms below, and tick the "Sharing" box if you share any of the facilities with another household.
- Kitchen: 1 2 Sharing with
- Bathroom: 1 2 Sharing with
- Separate WC: 1 2 Sharing with

- 5.4 Do you lack, share or cannot access any of the following amenities? (Please tick as applicable)
- Internal W.C. Lack Share Cannot access
- Bath or Shower Lack Share Cannot access
- Hot water supply Lack Share Cannot access
- Cooking Facilities Lack Share Cannot access

- 5.5 Have any adaptations been made to your home? Please tick as applicable and give details of any other adaptations.
- Grab rails for bath etc. Level floor shower External ramp(s)
- Stairlift - lifting capacity up to 17 stone (108kg) Stairlift 17 - 25 stone (108 - 160kg)
- Details of other adaptations:

- 5.6 Does your home need any repairs which affect the health or welfare of any member of your household?
- YES NO If YES, please give details:

- 5.7 Is your current home unsuitable for medical reasons? YES NO
- If YES, please complete a Supplementary Medical Questionnaire for each person affected.

- 5.8 Why do you wish (or need) to move? - please give as much detail as possible.
-
-
-

- 5.9 If you wish (or need) to move to be closer to a relative to give / receive support, please give the following information:
- | Relative's name | Address | Relationship to you |
|-----------------|---------|---------------------|
| | | |
| | | |

SECTION 6 - What kind of home would you like?

NOTE: housing is always in short supply and it may not be possible to offer you exactly the type of property you want. The wider your choice of property type, and the larger the choice of areas you make, the better chance you have of being successful.

- 6.1 Would you be interested in Shared Ownership? YES NO
- If YES, we can send you information
- 6.2 Do you need Warden Supported ("sheltered") accommodation? YES NO
- If YES, please tell us why:
-
-

- 6.3 Are you or anyone who is to be housed with you unable to climb stairs? YES NO

- 6.4 Are you or anyone who is to be housed with you a wheelchair user? YES NO
- If YES: Internal use External use All the time
- Type: Standard wheelchair Electric wheelchair Mobility scooter
- Do you need space to store / charge a mobility scooter? YES NO