

**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:

**I would describe myself as (please tick one box only):**

<b>a. White</b>	<input type="checkbox"/> British	<input type="checkbox"/> Irish	<input type="checkbox"/> Other - please state:
<b>b. Mixed</b>	<input type="checkbox"/> White & Black Caribbean	<input type="checkbox"/> White & Black African	<input type="checkbox"/> White & Asian
<b>c. Asian/Asian British</b>	<input type="checkbox"/> Indian	<input type="checkbox"/> Pakistani	<input type="checkbox"/> Bangladeshi
	<input type="checkbox"/> Other - please state:		
<b>d. Black/Black British</b>	<input type="checkbox"/> Caribbean	<input type="checkbox"/> African	<input type="checkbox"/> Other - please state:
<b>e. Chinese/other</b>	<input type="checkbox"/> Chinese	<input type="checkbox"/> Other - please state:	
<b>f. Question refused</b>	<input type="checkbox"/>		

**I would describe my Partner / Joint Applicant as (please tick one box only):**

<b>a. White</b>	<input type="checkbox"/> British	<input type="checkbox"/> Irish	<input type="checkbox"/> Other - please state:
<b>b. Mixed</b>	<input type="checkbox"/> White & Black Caribbean	<input type="checkbox"/> White & Black African	<input type="checkbox"/> White & Asian
<b>c. Asian/Asian British</b>	<input type="checkbox"/> Indian	<input type="checkbox"/> Pakistani	<input type="checkbox"/> Bangladeshi
	<input type="checkbox"/> Other - please state:		
<b>d. Black/Black British</b>	<input type="checkbox"/> Caribbean	<input type="checkbox"/> African	<input type="checkbox"/> Other - please state:
<b>e. Chinese/other</b>	<input type="checkbox"/> Chinese	<input type="checkbox"/> Other - please state:	
<b>f. Question refused</b>	<input type="checkbox"/>		

**DECLARATION** - to be signed by all applicants. In the case of a Joint Tenancy, both applicants must sign.

**Now you have completed this form, please carefully read and then sign this Declaration.**

I/We am/are applying to register for housing with New Linx under the terms of the 1996 Housing Act and understand that completing this application does not guarantee me/us an offer of housing. All the information given on this form is a full and true statement of my/our circumstances. I/We understand that if I/we have given false or misleading information, this may lead to my/our application being withdrawn from the Linx Homechoice register or withdrawal of an offer / property. I/We will advise New Linx in writing of any changes to our circumstances which may be relevant to this application.

I/We have read the statement about Data Protection and give my/our permission for New Linx to process data for the relevant purpose(s) notified under the Act and authorise New Linx to make any necessary enquiries to check the information given on this form and/or share information about my/our circumstances with the relevant agencies when considering offering appropriate accommodation.

Signed: Applicant  Date:(dd/mm/yyyy)

Partner / Joint Applicant  Date:(dd/mm/yyyy)

**Now return the completed form, with any other documentation to:**

**Freeport RRRJ-SZAU-TSAB, Lettings Section, New Linx Housing Trust, Kelly House, Gresley Road, Louth, Lincolnshire LN11 8FG. You do not need to use a stamp.**



Kelly House, Gresley Road,  
Louth, Lincolnshire LN11 8FG  
Telephone: 01507 355020  
email: linxhomechoice.co.uk

Ref. no:

Date:

**LINX HOMECHOICE - APPLICATION TO REGISTER**  
**CONFIDENTIAL**

**DATA PROTECTION:** This form requests information that is Personal Data as defined by the 1998 Data Protection Act (the Act). New Linx Housing Trust is the Data Controller of this information, and will process the information for the relevant purpose(s) notified under that Act. Data subjects have the right to request a copy of the information that is held about them (there is a fee) and if a request is made then the information on this form will be included. For more detailed information please see the New Linx Housing Trust Data Protection notification, or contact the Data Protection Co-ordinator at New Linx.  
Some of the information on this form may be Sensitive Personal Data as defined by the Act. This information is essential for New Linx to fulfil its obligations and/or complete the transaction covered by this form.

**Note: It is in your own interest to answer all the questions on this form carefully and in full; your housing needs and "Banding" will be assessed from the answers you give. If you would like assistance, please contact the Lettings Section (contact details above) If you feel there is not enough space on the form to declare all the relevant information applicable to your circumstances, please also enclose a covering letter. Please complete the form in BLOCK LETTERS and tick choice boxes as applicable.**

**IMPORTANT - BOSTON BOROUGH AREA**  
Housing within the Boston Borough area is dealt with by Boston Borough Council.  
Telephone 01205 314200 for the Boston Homechoice Scheme.

**QUESTION 1 - Details of applicant(s)**

<b>1.1 Personal details</b>	<b>Applicant</b>	<b>Joint Applicant</b>
Surname:	<input type="text"/>	<input type="text"/>
Previous/maiden name (if applicable):	<input type="text"/>	<input type="text"/>
Title (e.g. Mr, Mrs, Ms, Miss)	<input type="text"/>	<input type="text"/>
Forename(s):	<input type="text"/>	<input type="text"/>
Date of birth (dd/mm/yyyy):	<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"/>
National Insurance no:	<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"/>
Current address:	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>
Postcode:	<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"/>
Telephone numbers:	- home <input type="text"/> - work <input type="text"/> - mobile <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>
E-mail address:	<input type="text"/>	<input type="text"/>

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

Telephone number:

**QUESTION 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.

Surname	Forename(s)	Relationship to you? (if none, put "NONE")	Date of birth	Male/ Female?	Will they move with you? Y/N
		SELF			

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?	Current Address	Reason for Separation

2.3 Will any children (other than those listed at question 2.1) be living / staying with you?  
 YES  NO If YES, please give the following details:

Surname	Forename(s)	Age	Male/ Female?	Will the child be living with you: Weekdays Weekends Other (specify)

2.4 Are any of the persons listed in questions 2.1, 2.2 or 2.3 an employee / Board Member of New Linx or a close relative of an employee / Board Member?  
 YES  NO If YES, please give the following details:

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

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

**Question 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"/>
Learning disability	<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"/>
Hearing impairment	<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"/>
Alcohol misuse	<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"/>
Age-related physical disability	<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"/>
Other significant health issues	<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"/>
Young person leaving care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
Woman at risk of violence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
Schedule 1 offender	<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"/>

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

Name of person affected	Details for consideration

**THIRD PARTY AUTHORISATION**

If you wish to authorise anyone to speak to New Linx on your behalf, please give their details below. PLEASE NOTE: This information will be used as a security identification check before any information is given on your behalf. If you wish to change this authorisation at any time, please contact New Linx.

Surname	Forename(s)	Relationship to you (if any)	Sex (M/F)	Date of birth

Signature(s) of third party/ies: \_\_\_\_\_  
 Signature of Applicant: \_\_\_\_\_ Partner / Joint Applicant: \_\_\_\_\_

**ASSISTANCE WITH "BIDDING"**

If you consider that your situation (e.g. medical condition, age, disability, etc.) means that you will need help to use our choice-based lettings process, please tick here so we can contact you to discuss the most appropriate assistance. I would like assistance, please contact me

6.2 Is anyone who is to be housed with you unable to climb stairs?  YES  NO

6.3 Is 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

6.4 Does anyone who is to be housed with you require the following facilities:  
 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: \_\_\_\_\_

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

6.6 Where do you want to be housed? (Please give town/village - this information will be used for statistical purposes only)  
 \_\_\_\_\_

**QUESTION 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)

7.2 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)

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 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) \_\_\_\_\_

**Question 3 - Details of previous accommodation**

3.1 Please give details of ALL previous addresses over the last 10 years, starting with the most recent, even if it was living with parents, lodging with friends, etc.

ADDRESS (please include postcode)	From (date) (dd/mm/yyyy)	To (date) (dd/mm/yyyy)	Was this property: (tick relevant column)	if RENTED, was it	
			OWNED by you	RENTED by you	Private, Housing Assn. or Council
1. _____					
2. _____					
3. _____					
4. _____					
5. _____					

continue on a separate sheet if necessary.

**QUESTION 4 - Employment and Financial Information**

- 4.1 Applicant's 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's financial information

Type of income/benefit/pension	Amount	How often is this paid? (tick relevant column)		
		Weekly	Fortnightly	Every 4 weeks Monthly
<i>EXAMPLE: Income Support</i>	<i>£79.80</i>		✓	

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

4.4 Partner / Joint Applicant's financial information

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

**QUESTION 5 - About your current home**

- 5.1 What type of property do you live in?
- House  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

**QUESTION 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 Do you need Warden Supported accommodation?  YES  NO
- If YES, please explain why: