

RYEDALE
DISTRICT
COUNCIL



RYEDALE DISTRICT COUNCIL

HOUSING SERVICES

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RYEDALE HOUSE
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AFFORDABLE HOMES APPLICATION FORM

ABOUT YOU

1. APPLICANT	JOINT APPLICANT – (if applicable)
Title:	Title:
Forename(s):	Forename(s):
Surname:	Surname:
Address:	Address:
Postcode:	Postcode:
✉ E-mail	✉ E-mail:
✉ Home:	✉ Home:
✉ Mobile:	✉ Mobile:
Date of Birth:	Date of Birth:

2. Details of other persons to be housed with you:

Surname	Forenames	Date of birth	Male or female	Relationship to you

3. Have you or your partner previously been tenants of any Housing Association?

Yes

No

If yes, please give details:

Address	Dates	Reason for leaving	Name of Housing Association

5. Are you on any local authority or housing association waiting list?

Yes

No

If yes, please give details:

.....

6. Please give details of previous addresses over the last five years:

APPLICANT					
From	To	Address	Owner/ Tenant	Name & address of Landlord (if tenant)	Reason for Leaving

JOINT APPLICANT (if different)					
From	To	Address	Owner/ Tenant	Name & address of Landlord (if tenant)	Reason for Leaving

DETAILS OF INCOME

7. APPLICANT	JOINT APPLICANT
Are you working? Yes/No	Are you working? Yes/No
Name and Address of Employer:	Name and Address of Employer:
Occupation:	Occupation:
Length of time employed.....	Length of time employed.....
Net Wage £..... per week/month	Net Wage £..... per week/month
Savings £.....	Savings £.....
Other income £..... Source: (eg pension, Incapacity Benefit)	Other income £..... Source: (eg pension, Incapacity Benefit)

ABOUT YOUR CURRENT HOME

8. Please tick the type of accommodation you currently live in:

House	<input type="checkbox"/>	Maisonette	<input type="checkbox"/>	B & B	<input type="checkbox"/>
Bungalow	<input type="checkbox"/>	Bedsit	<input type="checkbox"/>	Hostel	<input type="checkbox"/>
Flat	<input type="checkbox"/>	Rooms in Shared House	<input type="checkbox"/>	Mobile Home	<input type="checkbox"/>
Treatment Centre	<input type="checkbox"/>	No Fixed Abode	<input type="checkbox"/>	Other	<input type="checkbox"/>

If applicable, please state which floor you live on

9. When did you move into your current home?

10. Do you and your family have use of the following? (please tick)

	Yes	No	Share with non family members	
Kitchen	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Is the toilet inside? Yes/No
Bathroom	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Do you or any member of your family use a wheelchair? Yes/No
WC	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Hot Water	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

15. Family Connection

Do you have family living in the area and if so:

Name.....

Address

.....

How long have they lived here.....

GENERAL

16.. Are you related to any councillor or employee of Ryedale District Council?

Yes

No

If yes, please give details:

.....

.....

I/We understand that references may be undertaken with regard to my/our application.

I/We declare that the information given in this application is true.

I/We understand that providing false information may result in this application being cancelled.

I/We undertake to notify you of any change of address or circumstances which may affect this application.

Signed:

Signed:

Date:

We must protect the public funds we handle and so we may use the information you have provided on this form to prevent and detect fraud. We may also share this information for the same purposes, with other organisations that handle public funds. The information may also be used for statistical surveys, which means we may pass this information, in confidence, in anonymous form, to Government departments and agencies working on our behalf.

Equal Opportunities Monitoring

The information provided here will be kept confidential and separate from other information supplied to the authority and will only be used for statistical monitoring and to assist in our commitment to equal opportunities. The specific information from this form will not be passed on to any other organisation and the form will be destroyed once the information has been collated.

Year of Birth:	Marital Status:
Gender: (please tick) Male <input type="checkbox"/> Female <input type="checkbox"/>	Service Ref:

To which ethnic group do you belong? (please tick one box)

White: British <input type="checkbox"/> Irish <input type="checkbox"/> Other <input type="checkbox"/>	Asian or Asian British: Indian <input type="checkbox"/> Pakistani <input type="checkbox"/> Bangladeshi <input type="checkbox"/> other Asian <input type="checkbox"/>
Please state which other white background:	Please state which other Asian background:
Mixed: White and Black Caribbean <input type="checkbox"/> White and Black African <input type="checkbox"/> White and Asian <input type="checkbox"/> other Mixed <input type="checkbox"/>	Black or Black British: Caribbean <input type="checkbox"/> African <input type="checkbox"/> other Black <input type="checkbox"/>
Please state which other mixed background:	Please state which other black background:
Chinese: <input type="checkbox"/>	Other Ethnic group: <input type="checkbox"/> Please state which other ethnic group:

Do you consider yourself to have a disability?*(please tick) Yes: No:

*A person is defined by the Disability Discrimination Act 1995 as having a disability if he/she has a physical or mental impairment which has a substantial and long term adverse effect on his/her ability to carry out normal day to day activities. Physical or mental impairments include those that affect sight, hearing, learning abilities, speech and mobility.

If yes, please give details of the nature of your disability:

The following information is being collected to find out whether there are any additional minority needs which may not be being met, but you do not have to complete the questions if you do not want to:

Please state your religion or belief:

Please state your sexual orientation:

Thank you for taking the time to complete this Equal Opportunities Monitoring Form