



Application to join the transfer list (choice based lettings)

How to apply for housing

- 1 Carefully read our booklet “*Applying for Housing in Lambeth*”.
- 2 Some of the questions in this form refer to the numbered notes on the white pages in the middle of the form. As you fill out the form, **please read the guidance notes.**
- 3 Please use **BLOCK CAPITALS** and **black ink or biro.**
- 4 Send the completed form to your local area housing office.

Who can use this form?

This form is for people who are **Lambeth Council tenants** (both secure tenants and introductory tenants). If you are not a Lambeth Council tenant, ask for a housing register form.

For office use only

Last name	<input type="text"/>	First names	<input type="text"/>
Reg. date	<input type="text"/>		
App. ref.	<input type="text"/>	Ten. Ref.	<input type="text"/>
Officer name	<input type="text"/>	Signed	<input type="text"/>

Section 1 Declaration

We need to protect the public funds we handle, and 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. We may take steps to confirm the information you have given us and check that you do not owe the council money by looking at other relevant information available to the council (for example council tax, electoral register, benefits, or council tenancy records) or through an external agency on a confidential basis.

All joint applicants must read this declaration and sign below. *(Note 1)*

I (We) declare that, to the best of my (our) knowledge and belief, the information I (we) have given is correct in every detail, and that I (we) have not withheld any relevant information. I (We) authorise the council to carry out checks on the information I (we) have provided.

I (We) understand that it is a **criminal offence** to give false or misleading information or withhold relevant information. I (We) also understand that I (we) may be liable to prosecution if any information is subsequently found to be false and that if found guilty, I (we) could be ordered to pay a fine of up to £5,000 (five thousand pounds), as set out in Section 171 of the Housing Act 1996, and it could also lead to the loss of my (our) home.

I (We) will advise the council of any changes in circumstances which occur while my (our) application is being investigated.

I (We) understand that my (our) choices may affect the time waited for an offer of housing.

First applicant

Print name

Signed

Date

Second (joint) applicant

Print name

Signed

Date

Third (joint) applicant

Print name

Signed

Date

Fourth (joint) applicant

Print name

Signed

Date

Section 2 About you (first applicant)

Last name (family name)

First name(s)

Title (e.g. Mr, Mrs, Miss, Ms, Dr)

Have you ever been known by any other name? If yes, what?

Sex Male Female

Date of birth (Note 2)

Ethnic background (Note 5)

Address including postcode (Note 4)	<input type="text"/>	Date you moved in (month/year)
	<input type="text"/>	
	<input type="text"/>	

Telephone numbers	Home <input type="text"/>	Work/Mobile <input type="text"/>
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E-mail address (if any)

Other addresses in the last five years (Note 5)	Address(es)	Dates (month/year)
	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>

Have you ever been a council or housing association tenant anywhere? If yes, where? (Note 6)	Name of council/HA	Dates
	Address(es) <input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>

Do you (solely or jointly with someone else) own, rent or have any legal or financial interest in any property?	Address(es)	Dates
	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>

Nationality

Your EDD, if pregnant (Note 2)

National Insurance number

Section 3 Other adults (See Note 7 – if there are no other adults, go to Section 4)

Second adult

Last name (family name)

First name(s)

Title (e.g. Mr, Mrs, Miss, Ms, Dr)

Have they ever been known by any other name? If yes, what?

Sex Male Female

Date of birth (Note 2)

Ethnic background (Note 3)

Relationship to you (Note 9)

Address and postcode if different from yours (Note 4)

Other addresses in the last five years if different from yours (Note 5)	Address(es)	Dates (month/year)

Have they ever been a council or housing association tenant anywhere? If yes, where? (Note 6)	Name of council/HA	Dates
	Address(es)	

Do they (solely or jointly with someone else) own, rent or have any legal or financial interest in any property?	Address(es)	Dates

Nationality

Immigration status (Note 8)

Their EDD, if pregnant (Note 2)

National Insurance number

Section 3 *(If there are more than four adults in your household, see Note 7)*

	Third adult	Fourth adult
Last name (family name)	<input type="text"/>	<input type="text"/>
First name(s)	<input type="text"/>	<input type="text"/>
Title (e.g. Mr, Mrs, Miss, Ms, Dr)	<input type="text"/>	<input type="text"/>
Have they ever been known by any other name? If yes, what?	<input type="text"/>	<input type="text"/>
Sex	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Male <input type="checkbox"/> Female
Date of birth (Note 2)	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>
Ethnic background (Note 3)	<input type="text"/>	<input type="text"/>
Relationship to you (Note 9)	<input type="text"/>	<input type="text"/>
Address and postcode if different from yours (Note 4)	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>
Other addresses in the last five years if different from yours (Note 5)	<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"/>
Have they ever been a council or housing association tenant anywhere? If yes, where? (Note 6)	Name of council/HA	Name of council/HA
	Address(es)	Address(es)
	<input type="text"/>	<input type="text"/>
Do they (solely or jointly with someone else) own, rent or have any legal or financial interest in any property?	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>
Nationality	<input type="text"/>	<input type="text"/>
Immigration status (Note 8)	<input type="text"/>	<input type="text"/>
Their EDD, if pregnant (Note 2)	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>
National Insurance number	<input type="text"/>	<input type="text"/>

Section 4 Dependent children (See Note 10 – if there are none, go to Section 5)

	First child	Second child
Last name (family name)	<input type="text"/>	<input type="text"/>
First name(s)	<input type="text"/>	<input type="text"/>
Sex	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Male <input type="checkbox"/> Female
Date of birth (Note 2)	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>
Ethnic background (Note 3)	<input type="text"/>	<input type="text"/>
Relationship to you (Note 11)	<input type="text"/>	<input type="text"/>
Nationality	<input type="text"/>	<input type="text"/>
Immigration status (Note 8)	<input type="text"/>	<input type="text"/>
Do you get child benefit? (Note 12)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
If NO, why not?	<input type="text"/>	<input type="text"/>
Are they in full-time education?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
If YES, at which school or college?	<input type="text"/>	<input type="text"/>
Do they normally live with you?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
If they DO NOT normally live with you (Note 4):		
Why don't they normally live with you?	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>
Do you have regular contact?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
If YES, how often?	<input type="text"/>	<input type="text"/>
Who do they normally live with?	<input type="text"/>	<input type="text"/>
What is that person's relationship to you?	<input type="text"/>	<input type="text"/>
Address and postcode where they normally live (if different from your address)	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

Section 4 (If there are no more children under 18, go on to Section 5)

	Third child	Fourth child
Last name (family name)	<input type="text"/>	<input type="text"/>
First name(s)	<input type="text"/>	<input type="text"/>
Sex	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Male <input type="checkbox"/> Female
Date of birth (Note 2)	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>
Ethnic background (Note 3)	<input type="text"/>	<input type="text"/>
Relationship to you (Note 11)	<input type="text"/>	<input type="text"/>
Nationality	<input type="text"/>	<input type="text"/>
Immigration status (Note 8)	<input type="text"/>	<input type="text"/>
Do you get child benefit? (Note 12)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
If NO, why not?	<input type="text"/>	<input type="text"/>
Are they in full-time education?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
If YES, at which school or college?	<input type="text"/>	<input type="text"/>
Do they normally live with you?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
If they DO NOT normally live with you (Note 4):		
Why don't they normally live with you?	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>
Do you have regular contact?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
If YES, how often?	<input type="text"/>	<input type="text"/>
Who do they normally live with?	<input type="text"/>	<input type="text"/>
What is that person's relationship to you?	<input type="text"/>	<input type="text"/>
Address and postcode where they normally live (if different from your address)	<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"/>

Section 4 (If there are more than six children under 18, see Note 13))

	Fifth child	Sixth child
Last name (family name)	<input type="text"/>	<input type="text"/>
First name(s)	<input type="text"/>	<input type="text"/>
Sex	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Male <input type="checkbox"/> Female
Date of birth (Note 2)	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>
Ethnic background (Note 3)	<input type="text"/>	<input type="text"/>
Relationship to you (Note 11)	<input type="text"/>	<input type="text"/>
Nationality	<input type="text"/>	<input type="text"/>
Immigration status (Note 8)	<input type="text"/>	<input type="text"/>
Do you get child benefit? (Note 12)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
If NO, why not?	<input type="text"/>	<input type="text"/>
Are they in full-time education?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
If YES, at which school or college?	<input type="text"/>	<input type="text"/>
Do they normally live with you?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
If they DO NOT normally live with you (Note 4):		
Why don't they normally live with you?	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>
Do you have regular contact?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
If YES, how often?	<input type="text"/>	<input type="text"/>
Who do they normally live with?	<input type="text"/>	<input type="text"/>
What is that person's relationship to you?	<input type="text"/>	<input type="text"/>
Address and postcode where they normally live (if different from your address)	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

Section 5 Medical information

Do you need to move because of the health of, or the disabilities of, someone on this form? (Note 14)

Yes No

If YES, please give their details, and we will send you a medical form for the people you name

Name
Nature of illness/disability

Name
Nature of illness/disability

Section 6 Your housing circumstances

Please provide the following information about your housing circumstances:

Has any council ever found you or a member of your household ineligible for their housing list, or allowed you to register but given you low (or no) priority, on the grounds of unacceptable behaviour serious enough to make you unsuitable to be a council tenant? (Note 15)

Yes No

If so, when were you informed of this? (Note 2)

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Section 7 Your financial circumstances

What is your employment status? Employed Self-employed Unemployed

If you are a Key Worker (Note 16) please give your employer's name and address.

What is your job?

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Please tick all of the benefits you get:

Housing benefit	<input type="checkbox"/>	Council tax benefit	<input type="checkbox"/>
Income support	<input type="checkbox"/>	Child or Working tax credits	<input type="checkbox"/>
Jobseeker's allowance	<input type="checkbox"/>	Minimum income guarantee	<input type="checkbox"/>
Disability living allowance	<input type="checkbox"/>	Other benefits (specify)	<input type="text"/>

What benefits office do you sign on at?

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Section 7

What are the total savings of you and your partner, if you have one? (Note 17)

Less than £3,000

£3,000 - £6,000

£6,000 - £12,000

£12,000 - £25,000

Over £25,000

What is the annual income of you and your partner, if you have one? (Note 17)

Less than £10,000

£10,000 - £20,000

£20,000 - £30,000

£30,000 - £40,000

Over £40,000

Section 8 Connection with the council

Are you an elected Lambeth councillor?

Yes

No

Are you related to (or do you live with) a Lambeth councillor? (Note 18)

Yes

No

Do you work for Lambeth Council?

Yes

No

Are you related to (or do you live with) a Lambeth employee? (Note 18)

Yes

No

Section 9 Specialised housing

Tick here if you are interested in sheltered housing (Note 19)

Tick here if you are wheelchair/mobility housing (Note 20)

Section 10 Who filled in this form?

Was this form completed by the main applicant given in Section 2, page 4? Yes No

If NO,

PRINT name of the person who filled in this form

Signature of the person who filled in this form

Date

Thank you for completing this application form.

Make sure that you and any other joint applicants have signed the declaration in Section 1, page 2.

What to do next

Send your completed form to your local area housing office.

What happens then?

- 1** We will write to you, telling you:
 - your application reference number
 - how to use the choice based letting scheme

- 2** If your circumstances change, or you want to change your choices, you must tell us immediately.