



## YOUR DECLARATION

I / we declare that to the best of my / our knowledge, the information given on this form are correct and complete. I / we agree to notify Denbighshire County Council, Housing Services, of any changes which may occur which may affect my / our application.

I / we understand that any false or misleading statement, or the withholding of any relevant information, now, or at a subsequent date, may result in my / our application being cancelled or any tenancy granted to me / us could be terminated by a Court Order. I / we understand that this applies if a person acting upon my / our behalf as my / our representative provides false statement or withholds information as required within this application.

I / we understand that it is an offence to give false information or withhold information relevant to my / our application and that if I / we do so, I / we could be liable upon summary conviction to a fine not exceeding level 5 on the standard scale.

I / we give Denbighshire County Council permission to make enquiries or confirm details with any relevant third party, including my past and present landlord(s) and for them to disclose information relating to this application.

### As far as I / we know, the information I / we have given is true and complete:

Signature of applicant:	Date:
Signature of joint applicant:	Date:
Signature of applicant's representative if applicable:	Date:

### THIS MUST BE SIGNED - OTHERWISE YOUR APPLICATION WILL NOT BE PROCESSED

#### DATA PROTECTION ACT 1998

The information you provide is required for the purpose of customer relationship management and any function which will improve service provision to you. Denbighshire County Council may share this information between its internal Departments, with other Government bodies and with other organisations delivering services on behalf of the Council. If you agree with this, please sign below:

Signature of applicant:	Date:
Signature of joint applicant:	Date:
Signature of applicant's representative if applicable:	Date:

Please return completed form to:

64 Ffordd Brighton, Y Rhyl, LL18 3HP  
Ffôn 01824 706000 Ffacs 01824 712977  
Gwefan: [www.sirdinbych.gov.uk](http://www.sirdinbych.gov.uk)

Denbighshire County Council  
Housing Services  
County Hall  
Wynnstay Road  
**RUTHIN**  
Denbighshire  
LL15 1YN

6. If not living together - Joint Applicant's / Partner's current address: (if applicable)

No:	Street:
Estate:	
Town:	
Post Code:	Date moved in:

7. Contact Details (please enter as many contact details as you can)

Home Tel No:	Contact Phone No:
Work Tel No:	Home e-mail Address:
Mobile Tel No:	Work e-mail Address:

8. Are you either a British Citizen, a Citizen of the European Economic area, granted refugee status or been granted exceptional or indefinite leave to remain? (please tick appropriate box)

You  Yes  No  
Partner  Yes  No

9. Do you have a permanent right of residence in this country? (please tick appropriate box)

You  Yes  No  
Partner  Yes  No

If 'No' you may not be entitled to appear on our housing register. Please contact the Housing Services Department for information before continuing to complete this form.



**13.** Do you or anyone living with you have support from Voluntary Agencies eg. Social Worker, Carer or Probation Officer?

Yes  No

If YES - please give details:


**FINANCIAL CIRCUMSTANCES - MONEY YOU RECEIVE**

**14.** These details are required to fully assess your housing need.

(a) Please state how much income you receive and how often: ie. weekly or monthly

Source of Income	Applicant	Joint Applicant	Total Income	Month	Week
Income from employment					
What is your take home pay					
Child Benefit					
Child Tax Credit					
Working Family Tax Credit					
Income Support					
Job Seekers Allowance					
Incapacity Benefit					
Working Tax Credits					
Pensions Credits					
Disability Living Allowance					
Carers Allowance					
Retirement Pension					
Widows/Widowers Pension					
Works/Private/Employers Pension					
War Disablement Pension					
War widows pension					
Training Allowance					
Maintenance					
Student Grant					
Maternity Allowance/Benefit					
Other					

**HOUSING CHOICE AREAS**

**35.** Where would you like to be housed? You may select up to 3 areas in order of preferences from the table below, indicate by marking 1 / 2 / 3.

A1	DENBIGH			
A2	Henllan			
A3	Aberwheeler/ Bodfari			
A4	Llandyrnog			
A5	Llanrhaeadr YC			
A6	Prion/Saron/ Peniel			
A7	Nantglyn			
A8	Trefnant/ Cefn Meiriadog			
B1	RUTHIN			
B2	Llanynys/ Gellifor			
B3	Graianrhyd/ Llanarmon yn Ial			
B4	Rhewl			
B5	Eryrys			
B6	Llandegla			
B7	Llanbedr			
B8	Llanferres			
B9	Clocaenog			
C1	Cyffylliog			
C2	Bontuchel			
C3	Llanfair			
C4	Graigfechan			
C5	Clawdnewydd/ Derwen			
C6	Pwllglas			
C7	Llanellidan			
D1	LLANGOLLEN			
D2	Llantysilio			
E1	CORWEN			
E2	Cynwyd			
E3	Llandrillo			
E4	Carrog			
E5	Glyndyfrdwy			
E6	Gwyddelwern			
E7	Betws Gg/ Melin y Wig			
E8	Bryneglwys			
F1	RHYL			
G1	PRESTATYN/ MELIDEN			
G2	Dyserth			
H1	ST. ASAPH			
H2	Tremeirchion			
H3	Waen			
H4	Rhuallt			
H5	Cwm			
H6	RHUDDLAN			
H7	Bodelwyddan			

**36.** What type of accommodation do you wish to apply for? (please tick appropriate box)

Council  Housing Association  Both

**37.** If you are a tenant of a Local Authority or Housing Association. Would you consider a mutual exchange with another tenant? (please tick appropriate box)

Yes  No

Please see Section 12 of the leaflet - "Nominations to Housing Associations".

**38.** Would you be interested in being considered for any Shared Ownership/Homebuy Schemes?

Yes  No

## YOUR REQUIREMENTS

**30.** What type of property would you like? (please tick appropriate box)

Please refer to our leaflet - particularly Section 5 "How long does an applicant have to wait for accommodation". Most of our property is in high demand and vacancies are limited. While we will always try to satisfy your requirements, sometimes this may not be possible.

House	
Bungalow	
Ground Floor Flat	
Upper Flat	
Bedsit	
Sheltered Accommodation	

**31.** How many bedrooms would you like?

You have up to 2 choices, please enter them in the boxes:

**32.** What type of heating would you prefer?

Gas       Electric       Solid Fuel       No Preference

**33.** Please indicate the following for wheelchair use. (please tick appropriate box)

Do you require level access accommodation for wheelchair use?

Yes       No

If 'YES' is the wheelchair used inside the house?

Yes       No

**34.** Would you prefer a property with a garden? (please tick appropriate box)

Yes       No       No preference

**14.** (b) If you are in full or part time work, please provide name and address of employer:

<b>Name and address of employer(s) (where applicable)</b>	
Applicant:	Joint Applicant / Partner :
What is your Employer's Phone No?	What is your Employer's Phone No?
What is your occupation?	What is your occupation?
Which area (please specify) do you carry out your daily work?	Which area (please specify) do you carry out your daily work?
No. of hours per week worked:	No. of hours per week worked:
What date did you start your present employment?	What date did you start your present employment?

**14.** (c) Please state the amount of any savings:

	Applicant 1	Applicant 2
Under £3,000		
£3,000 - £9,000		
£10,000 - £16,000		
£17,000 - £30,000		
More than £30,000		

**14.** (d) Please give details of the value of any stocks, shares or land owned by applicant(s):


**14.** (e) If you are an owner-occupier, please give details of the approximate market value of your property:


14. (f) If you have a mortgage, please give details of outstanding amount:


14. (g) If you or anyone else included in this application have sold any property within the last two years or disposed of property in any other ways, please give full details below:


**YOUR PREVIOUS HOMES**

15. Please give details of addresses where you or the joint applicant/partner have lived (over the last 15 years) starting with the most recent:

You:

Address	Who was the landlord or main occupier?	When did you occupy? (from - to)	Why did you leave?

Joint applicant/partner:

Address	Who was the landlord or main occupier?	When did you occupy? (from - to)	Why did you leave?

**OTHER ADDITIONAL HOUSING REQUIREMENTS**

29. Do you, or does anyone wishing to be re-housed with you have any other additional requirements or medical condition, other than physical disability which could affect your housing application? e.g. Sensory Impairment, Mental Health Problems etc. (please tick the appropriate box)

Yes       No

If 'NO' - please go to Question 30.  
If 'YES' - please state the additional needs or requirements:

Name	
Name	


Are other agencies involved in providing services to the person with additional needs or special requirements eg. Social Services, Community Psychiatric Nurse, Voluntary Agencies? (please tick appropriate box)

Yes       No

If 'YES' - please provide details of the name(s), address(es) and telephone number(s)

Name
Address
Tel Number

Name
Address
Tel Number

## YOUR ADDITIONAL HOUSING REQUIREMENTS

The Disability Discrimination Act (DDA) 1995 describes a disabled person as anyone with 'a physical or mental impairment which has a substantial and long term adverse effect on their ability to carry out normal day to day activities'.

**26.** Do you or anyone else coming to live with you consider yourself to be disabled under the terms of the DDA? (please tick appropriate box)

Yes       No

If 'NO', please go to Question 28.

**27.** If 'YES' which member(s) of your household is/are Disabled?

Name	
Name	

a) What is the nature of the disability?


b) How does this affect you or the person at home? (eg. difficulty getting into the home or climbing stairs, need bathroom downstairs)


**28.** Have you had any adaptations to your home?

Yes       No

If 'YES' - please give further details


**16.** Have you previously resided in the County of Denbighshire?  
(Prior to your answer to Question 15)

Yes       No

If YES - please give details of residence including dates:


**17.** Have you or anyone wishing to be housed with you either solely or jointly with another person ever held a Council or Housing Association tenancy before:

Yes       No

If YES - please complete:

Name of Council/ Housing Association	Address of Property	Date Tenancy Commenced	Date Tenancy Ended

**18.** Have you or your partner, or anybody who wishes to be rehoused with you:

- a) been evicted from a previous property?
- b) been resident in a property in which a Notice to Seek Possession has been served?
- c) have been the subject of an Anti-Social Behaviour Order, Acceptable Behaviour Contract or Injunction in order to keep away from a particular property or area?

Yes       No

Date	Type of action undertaken by Local Authority / Police / Landlord	Reason for action undertaken

**Consent to verify your answer to Q18 . Please see the declaration page which requires your consent to gain this information. Your signature will verify your permission. Professional legal advice should be obtained if you are in any doubt. It is an offence to make a false declaration**

## YOUR PRESENT HOME

19. What type of property are you living in (please tick appropriate box)

House		Guest House/Hotel
Bungalow		Sheltered Accommodation
Ground Floor Flat		Institutional/Residential Care
First Floor Flat		Hostel
Second Floor Flat or above		Maisonette
Caravan		Other

20. How many bedrooms are there where you live (please write the number in the boxes)

Double bedrooms      Any spare bedrooms     Yes     No  
 Single bedrooms      If YES, how many     

21. Do you have (please tick the appropriate boxes)

	Yes	No	Sole Use	Shared with Others
Bathroom				
Inside Toilet				
Kitchen				
Living Room				
Fixed Bath/Shower				
Hot Water Supply				
Lack of Adequate Heating (i.e. No heating or fire only)				
Access to Home				

22. Are you: (please tick appropriate box)

	Council tenant	Housing Association tenant	Living with friends/relatives
Owner / buying		Private landlord tenant	Living with parents
Tied tenant (Property provided by your employer)		In bed and breakfast property	In H.M. Forces* Leaving care
Lodging		Of no fixed abode	

\* If you are in the H.M. Forces, please give discharge date

/    / 20

23. Landlord/Building Society

Please give the Name and Address of your Landlord if you presently rent your accommodation or your Building Society/Lending Institution if you are an Owner Occupier:

Name
Address

Current Rent/Mortgage ..... per week / month

24. Do you have any pets which you intend taking with you when re-housed?  
(please tick appropriate box)

Yes     No

If, 'YES' please state the number and types of pets:

Number of pets	Type of pets

## WHY YOU WISH TO MOVE

25. Do any of the following apply to you or anyone wishing to be housed with you: (please tick all applicable boxes)

You are homeless	You need to live near a relative or someone who offers support
You are finding it difficult to pay the rent or mortgage on your home	You live in a property which is too large
You have a medical condition	You live in a property which is too small
You are leaving tied accommodation (property provided by your employer)	Your relationship has broken down
You experienced anti-social behaviour/neighbourhood problems	You need to move to be nearer your place of employment or to be able to start a new job
You need to move to be nearer to facilities such as shops, schools, etc	Other reasons

If you have ticked any of the above boxes, please give further details below:
