**A logo on a black background

Description automatically generated**

**All applications must be completed in full, with black ink and block capitals.**

**Document check list**

* **Photographic identification (passport, driving license or citizens card).**
* **National insurance number (original NI card, wage slip or benefits letter).**
* **Proof of current address (utility bill, bank statement, tenancy, or benefits letter from the last three months).**
* **Most recent three-month wage slips and/or proof of benefits/pension.**
* **Most recent three-month bank statement (if you are self-employed 6 months bank statement required).**

**Personal Details of application**

**Applicant**

**Title First Name Surname**

**Home Telephone Mobile telephone**

**Email address**

**Date of Birth**

**Joint Applicant**

**Title First Name Surname**

**Home Telephone Mobile telephone**

**Email address**

**Date of Birth**

**Personal Details of Applicant(s)**

**Current Address**

**Current Postcode Time at Address (years/months)**

**Do you own this or any other property? Yes / No (If other please give address here)**

**Are you currently renting your accommodation? If yes, please provide monthly rental amount.**

**Do you have a tenancy agreement Yes / No (If yes, please leave contact details of your landlord(s) below and the notice period you are required to give your landlord)**

**Have you been asked to leave your current address? Yes / No (If yes, by what date)**

**Connection to Highcliffe, Christchurch, Bournemouth or Poole**

**Were you born in the area above? Yes / No (Include address if known)**

**Have you lived in the area above for five years in your lifetime? Yes / No (Include address if known)**

**Please tell us about your accommodation requirements and preferences**

**(You can tick as many boxes as you like)**

**Christchurch   
Highcliffe   
Bournemouth   
Poole**

**Bedroom requirements**

**Studio   
One bedroom**

**Bathroom requirements**

**Bath    
Shower   
Shower over Bath   
No Preferences**

**Floor Level**

**Ground   
First   
Second    
Third   
No Preference**

**Do You own any Pets?**

**Yes   
No**

**Please State what type of animal**

**Cat   
Dog   
Breed of dog**

**Other (please describe)**

**In a brief description please describe your pet**

**Health**

**Is your present accommodation affecting your health?**

**Yes**

**No**

**If yes please tell us why (if two people applying, please give details of both)**

**Do you currently receive support from external agencies that help you to live independently?**

**Yes**

**No**

**If yes, please tell us the agency that helps you**

**Financial**

**Please tell us about your financial situation (If two people applying please give joint income in the boxes below).**

**Total of any capital savings or assets including the value of your property, or any other assets e.g boat, timeshare etc. For assets, please say what you would expect to receive if sold.**

**Applicant (monthly) Join Applicant (monthly)**

**Income of earnings (Net)**

**State pension**

**Occupational Pension**

**Other pension**

**Other Benefits**

**Other income from  
savings or assets**

**If you are receiving other Benefits, please tell us what you are currently receiving and the monthly amount.**

**Please now give any further information in support of your application. Please give your reasons for applying for accommodation.**

***In accordance with our obligations under the General Data Protection Regulation (2018), all applicants will be made aware when they apply that their personal information will be held and may be shared with other relevant external agencies for the purposes of consideration of an offer of accommodation being made.***

***All personal information will be processed in accordance with the requirements of the General Data Protection Regulation (2018). Applicants have the right to inspect personal information held about them under Article 15 of the General Data Protection Regulation (2018). Applicants may also correct any inaccurate information held about them.***

***Personal information will not be shared with organisations external to Christchurch Housing Society unless this is for the purpose of assisting in meeting the applicants housing needs or to detect or prevent fraud in accordance with the applicant’s signed declaration.***

**Applicant**

**Signed Date**

**Print Name**

**Joint Applicant**

**Signed Date**

**Print Name**

**Property information (office use only)**

**Size of property required Number of residents Location required.**