

MASONIC HOUSING ASSOCIATION

# **APPLICATION FOR TENANCY**

Please complete this form and return it to the Scheme Manager at the appropriate Housing Scheme. Tick the box for your chosen Housing Scheme:

Hamilton Court, Nelson Place, South Woodham Ferrers, Essex CM3 5FT

Palmer Court, Hatton Avenue, Wellingborough, Northants NN8 5UZ

Prebandal Close, Castle Street, Aylesbury, Buckinghamshire HP20 2RY

Reading Court, Tiddington Road, Stratford Upon Avon, Warwicks CV37 7SA

Wilson Keys Court, Deanery Close, Rugeley, Staffs WS15 3JX

## CONFIDENTIAL

I/we wish to apply for accommodation for:

Applicant 1	Applicant 2
Name:	Name:
Date of birth:	Date of birth:
Place of birth:	Place of birth:
Present address:	Present address:
Postcode:	Postcode:
Relationship to 2nd applicant:	Relationship to 1st applicant:
Tel:	Tel:
Mobile:	Mobile:
Email:	Email:
How long have you lived at your current address:	How long have you lived at your current address:
If less than 5 years please give previous address:	If less than 5 years please give previous address:
Postcode:	Postcode:

<b>PERSONAL DETAILS</b> Please tick boxes as required:	
Applicant 1	Applicant 2
Single     Cohabiting     Married       Widowed     Divorced	Single     Cohabiting     Married       Widowed     Divorced
Are you retired from full/part time employment?         Yes       No         If no please state present occupation:	Are you retired from full/part time employment?         Yes         No         If no please state present occupation:
Do you have any Masonic Family Connections?         Yes       No         If yes please state connection:	Do you Have any Masonic Family Connections?         Yes       No         If yes please state connection:

## REFERENCES

Please give the names and contact details for two people to whom the Association may apply to for a suitable reference in support of your application. Also indicate the capacity in which they are known to you, (employer, family member, professional etc)

Applicant 1	Applicant 2
Name:	Name:
Address	Address
Postcode:	Postcode:
Tel:	Tel:
Mobile:	Mobile:
Email:	Email:
Capacity in which known and for how long:	Capacity in which known and for how long:

Please state your Full Capital including savings investments:         Applicant 1       Applicant 2         If you own your present property, please state your opinion as to it's value:       If you own your present property, please state your opinion as to it's value:         Are you receiving Housing Benefit?       Are you receiving Housing Benefit?         Yes       No         If yes please provide the following:       HB Number:         Date benefit started:       Date benefit started:         National Insurance Number:       HB Number:         Are you in receipt of State Benefit?       Are you in receipt of State Benefit?         Yes       No         If yes please state benefit/pensions?       Are you in receipt of any other benefits/pensions?         Yes       No         If yes please state benefit/pension:       Benefit         Benefit       Pension         Are you in receipt of any other benefits/pensions?       Are you in receipt of any other benefits/pensions?         Yes       No         If yes please state benefit/pension:       Benefit         Benefit       Pension         Are you in receipt of any other benefits/pensions?       Yes         Yes       No         If yes please state benefit/pension:       Benefit         Pension       Are you in rec	FINANCIAL			
If you own your present property, please state your opinion as to it's value:       If you own your present property, please state your opinion as to it's value:         Are you receiving Housing Benefit?       Are you receiving Housing Benefit?         Yes       No         If yes please provide the following:       Are you receiving Housing Benefit?         HB Number:       HB Number:         Date benefit started:       Date benefit started:         National Insurance Number:       Are you in receipt of State Benefit?         Yes       No         Yes       No         Are you in receipt of state Benefit?       Are you in receipt of state Benefit?         Yes       No         Are you in receipt of any other benefits/pensions?       Are you in receipt of any other benefits/pensions?         Yes       No         If yes please state benefit/pension:       Benefit         Benefit       Pension         Amount pw/pm       State pension         State pension       \$         Occupational Pension       \$         Income Support/Pension Credit       \$         Housing Benefit       \$         Universal Credit       \$	Please state your Full Capital in	ncluding savings inv	vestments:	
your opinion as to it's value:       your opinion as to it's value:         your opinion as to it's value:       your opinion as to it's value:         Are you receiving Housing Benefit?       Yes         Yes       No         If yes please provide the following:       If yes please provide the following:         HB Number:       Date benefit started:         Date benefit started:       Date benefit started:         National Insurance Number:       Are you in receipt of State Benefit?         Yes       No         Yes       No         Are you in receipt of any other benefits/pensions?       Yes         Yes       No         If yes please state benefit/pension:       Benefit         Benefit       Pension         Amount pw/pm       State pension         State pension       \$         Income Support/Pension Credit       \$         Housing Benefit       \$         Housing Benefit       \$         Yea       Yea	Applicant 1		Applicant 2	
Yes       No         If yes please provide the following:       If yes please provide the following:         HB Number:       If yes please provide the following:         Date benefit started:       Date benefit started:         National Insurance Number:       Date benefit started:         Are you in receipt of State Benefit?       Are you in receipt of State Benefit?         Yes       No         Are you in receipt of any other benefits/pensions?       Yes         Yes       No         If yes please state benefit/pension:       Benefit         Benefit       Pension         Amount pw/pm       State pension         State pension       \$         Occupational Pension       \$         Income Support/Pension Credit       \$         Housing Benefit       \$         Yes       No		please state		, please state
If yes please provide the following:       If yes please provide the following:         If yes please provide the following:       If yes please provide the following:         HB Number:       Date benefit started:         Date benefit started:       Date benefit started:         National Insurance Number:       National Insurance Number:         Are you in receipt of State Benefit?       Are you in receipt of State Benefit?         Yes       No         Are you in receipt of any other benefits/pensions?       Are you in receipt of any other benefits/pensions?         Yes       No         If yes please state benefit/pension:       Benefit         Benefit       Pension         Amount pw/pm       State pension         • Occupational Pension       \$         • Income Support/Pension Credit< \$	Are you receiving Housing Bene	fit?	Are you receiving Housing Bene	efit?
HB Number:       HB Number:         Date benefit started:       Date benefit started:         National Insurance Number:       National Insurance Number:         Are you in receipt of State Benefit?       Are you in receipt of State Benefit?         Yes       No         Are you in receipt of any other benefits/pensions?       Are you in receipt of any other benefits/pensions?         Yes       No         Are you in receipt of any other benefits/pensions?       Are you in receipt of any other benefits/pensions?         Yes       No         If yes please state benefit/pension:       Benefit         Benefit       Pension         Amount pw/pm       State pension         • Occupational Pension       £         • Income Support/Pension Credit       £         • Housing Benefit       £         • Universal Credit       £	Yes No		Yes No	
Date benefit started:       Date benefit started:         National Insurance Number:       Date benefit started:         Are you in receipt of State Benefit?       Are you in receipt of State Benefit?         Yes       No         Are you in receipt of any other benefits/pensions?       Yes         Yes       No         If yes please state benefit/pension:       Benefit         Benefit       Pension         Amount pw/pm       Amount pw/pm         State pension       £         Occupational Pension       0         Income Support/Pension Credit       £         Housing Benefit       £         Universal Credit       £	If yes please provide the followin	ıg:	If yes please provide the following	ng:
National Insurance Number:       National Insurance Number:         Are you in receipt of State Benefit?       Are you in receipt of State Benefit?         Yes       No         Are you in receipt of any other benefits/pensions?       Are you in receipt of any other benefits/pensions?         Yes       No         If yes please state benefit/pension:       Are you in receipt of any other benefits/pensions?         Benefit       Pension         Amount pw/pm       Amount pw/pm         • State pension       £         • lncome Support/Pension Credit       £         • Housing Benefit       £         • Universal Credit       £	HB Number:		HB Number:	
Are you in receipt of State Benefit?       Are you in receipt of State Benefit?         Yes       No         Are you in receipt of any other benefits/pensions?       Are you in receipt of any other benefits/pensions?         Yes       No         If yes please state benefit/pension:       Are you in receipt of any other benefits/pensions?         Benefit       Pension         Amount pw/pm       State pension         • State pension       £         • Occupational Pension       • Occupational Pension Credit         • Housing Benefit       £         • Housing Benefit       £         • Universal Credit       £	Date benefit started:		Date benefit started:	
Yes       No         Are you in receipt of any other benefits/pensions?       Are you in receipt of any other benefits/pensions?         Yes       No         If yes please state benefit/pension:       Yes         Benefit       Pension         Amount pw/pm       Amount pw/pm         State pension       £         Occupational Pension       \$         Income Support/Pension Credit       £         Housing Benefit       £         Universal Credit       £	National Insurance Number:		National Insurance Number:	
Are you in receipt of any other benefits/pensions?   Yes   Yes   No   If yes please state benefit/pension:   Benefit   Pension   Amount pw/pm   State pension   \$\u00e9   Occupational Pension   \$\u00e9   Income Support/Pension Credit   \$\u00e9   Housing Benefit   \$\u00e9   \$\u00e9   Universal Credit	Are you in receipt of State Bene	fit?	Are you in receipt of State Bene	fit?
Yes No   If yes please state benefit/pension:   Benefit   Pension   Amount pw/pm   State pension   \$   Occupational Pension   \$   Income Support/Pension Credit   \$   Housing Benefit   \$   Yes   No   If yes please state benefit/pension:   Benefit   Pension   Amount pw/pm   State pension   \$   Occupational Pension   \$   Income Support/Pension Credit   \$   Housing Benefit   \$   Yes   No   If yes please state benefit/pension:   Benefit   Pension   \$   Occupational Pension   \$   Income Support/Pension Credit   \$   Housing Benefit   \$   \$   Universal Credit	Yes No		Yes No	
If yes please state benefit/pension:   Benefit   Pension   Amount pw/pm   Amount pw/pm   State pension   £   Occupational Pension   £   Occupational Pension   £   Income Support/Pension Credit   £   Housing Benefit   £   Housing Credit	Are you in receipt of any other be	enefits/pensions?	Are you in receipt of any other be	enefits/pensions?
BenefitPensionBenefitPensionAmount pw/pmAmount pw/pmAmount pw/pm• State pension£• State pension£• Occupational Pension£• Occupational Pension£• Income Support/Pension Credit£• Income Support/Pension Credit£• Housing Benefit£• Housing Benefit£• Universal Credit£• Universal Credit£	Yes No		Yes No	
Amount pw/pmAmount pw/pm• State pension£• Occupational Pension£• Income Support/Pension Credit£• Housing Benefit£• Universal Credit£	If yes please state benefit/pensio	n:	If yes please state benefit/pensic	on:
• State pension       £       • State pension       £         • Occupational Pension       £       • Occupational Pension       £         • Income Support/Pension Credit       £       • Income Support/Pension Credit       £         • Housing Benefit       £       • Housing Benefit       £         • Universal Credit       £       • Universal Credit       £	Benefit Pension		Benefit Pension	
• Occupational Pension       £       • Occupational Pension       £         • Income Support/Pension Credit       £       • Income Support/Pension Credit       £         • Housing Benefit       £       • Housing Benefit       £         • Universal Credit       £       • Universal Credit       £		Amount pw/pm		Amount pw/pm
• Income Support/Pension Credit £       • Income Support/Pension Credit £         • Housing Benefit       £         • Universal Credit       £	State pension	£	State pension	£
• Housing Benefit     £     • Housing Benefit     £       • Universal Credit     £     • Universal Credit     £	Occupational Pension	£	Occupational Pension	£
Universal Credit     £     Universal Credit	Income Support/Pension Credit	£	Income Support/Pension Credit	£
	Housing Benefit	£	Housing Benefit	£
Attendance Allowance      £     Attendance Allowance      £	Universal Credit	£	Universal Credit	£
	Attendance Allowance	£	Attendance Allowance	£
Other (Please state)     £     Other (Please state)	Other (Please state)	£	Other (Please state)	£
Capital including equity value of your own property:£Capital including equity value of your own property:£		£		£

PRESENT ACCOMMODATION	
Applicant 1	Applicant 2
What is your current housing situation?	What is your current housing situation?
Owner/Occupier	Owner/Occupier
Tenant/Lodger	Tenant/Lodger
Temporary Accommodation	Temporary Accommodation
Renting Private/Social	Renting Private/Social
Living with Friends/Family	Living with Friends/Family
lf you are a tenant or lodger, please provide your Landlord's name and address:	If you are a tenant or lodger, please provide your Landlord's name and address:
Name:	Name:
Address:	Address:
Postcode:	Postcode:
How many people share your home with you:	How many people share your home with you:
How many bedrooms do you have for your sole use?	How many bedrooms do you have for your sole use?
Do you share facilities with people other than your family?	Do you share facilities with people other than your family?
Yes No	Yes No
If yes please state which facilities are shared and with whom:	If yes please state which facilities are shared and with whom:
Do you have to leave your present accommodation:	Do you have to leave your present accommodation:
Yes No	Yes No
If YES, for what reason:	If YES, for what reason:
If NO, why do you wish to leave?	If NO, why do you wish to leave?

ABOUT YOU	
Applicant 1	Applicant 2
What is your general state of health:	What is your general state of health:
Good Fair Poor	Good Fair Poor
Are you registered disabled?	Are you registered disabled?
Yes No	Yes No
Do you own a Mobility Scooter?	Do you own a Mobility Scooter?
Yes No	Yes No
If applicable, please describe how your disability affects you on a daily basis:	If applicable, please describe how your disability affects you on a daily basis:
Please indicate your level of competence in the following categories on our "Independent Living Criteria".	Please indicate your level of competence in the following categories on our "Independent Living Criteria".
Bathing (Personal Hygiene)	Bathing (Personal Hygiene)
Good Fair Poor	Good Fair Poor
Dressing	Dressing
Good Fair Poor	Good Fair Poor
Toileting (Continence)	Toileting (Continence)
Good Fair Poor	Good Fair Poor
Transferring any mobility (getting in/out of bed, chair)	Transferring any mobility (getting in/out of bed, chair)
Good Fair Poor	Good Fair Poor
Eating (unaided, basic food preparation)	Eating (unaided, basic food preparation)
Good Fair Poor	Good Fair Poor
Are there any other impediments to your ability to pursue an independent life within Sheltered Accommodation?       Are there any other impediments to your to pursue an independent life within Sheltered Accommodation?         Yes       No         If yes, please list and describe below:       If yes, please list and describe below:	

## **DISCLOSING A CRIMINAL RECORD**

If you or anyone who wants to be rehoused with you had any criminal convictions which are not spent as explained in the Rehabilitation of Event of Offenders Act 1974, you must tell us about them here. You must set out all of the details of the conviction in full.

Do you have a Criminal Record?:

Yes	No
ies	110

If yes please state below:

Spent convictions of those which can be ignored after a specified amount of time to establish if your record is spent, visit **www.disclosurecalculator.org.uk**.

## **ETHNIC MONITORING**

Masonic Housing Association is committed to providing its services fairly to all groups, regardless of race, ethnic or national origins, religion, sex, physical disability, appearance, marital status, sexual orientation or gender reassignment. It will help us greatly if you would answer the following questions - the information will be treated in the strictest confidence and will not be used for any purpose other than checking We are acting fairly. Your application will not be affected if you choose not to answer.

#### **Applicant 1**

#### Applicant 2

I would describe myself as:	I would describe myself as:
Asian	Asian
Black African	Black African
Black British	Black British
Black Caribbean	Black Caribbean
British or Northern Irish	British or Northern Irish
European	European
White British	White British
Other (please state):	Other (please state):
Please state anything else you would like to add or ask.	Please state anything else you would like to add or ask.

APPLICATION OF TENANCY	
Applicant 1	Applicant 2
Details of next of Kin:	
Name:	Name:
Relation:	Relation:
Address:	Address:
Postcode:	Postcode:
Tel:	Tel:
Email:	Email:
Details of the person to be contacted in an emergency if not next of kin:	Details of the person to be contacted in an emergency if not next of kin:
Name:	Name:
Relation:	Relation:
Address:	Address:
Postcode:	Postcode:
Tel:	Tel:
Email:	Email:
Can the named person above attend to your needs in an emergency:	Can the named person above attend to your needs in an emergency:
Yes No	Yes No

## DATA PROTECTION

I agree to my personal information being processed by Masonic Housing Association for the purposes of dealing with my housing application and Masonic Housing Association to storing this information should I become a tenant.

Applicant 1: Please sign and date below:	Applicant 2: Please sign and date below:
Signature:	Signature:
Full Name:	Full Name:
Date:	Date:

# DECLARATION

I/We authorised Masonic Housing Association to make inquiries considered necessary in connection with this application.

I/We declare that the information given in this application is correct, and I understand that any tenancy granted is liable to be permitted forthwith should it subsequently be found that the information is false.

Applicant 1: Please sign and date below:	Applicant 2: Please sign and date below:
Signature:	Signature:
Full Name:	Full Name:
Date:	Date:



MASONIC HOUSING ASSOCIATION

**Registered Office** Office Suite 1, Haslemere House Lower Street, Haslemere Surrey GU27 2PE



Masonic Housing Association is registered as a Charitable Housing Association under the Co-operative and Community Benefit Societies Act 2014 No.21444R and with Homes England No L0673 and the National Housing Federation No. 1105