



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

Name:

Date of birth:

Place of birth:

Present address:

Postcode:

Relationship to 2nd applicant:

Tel:

Mobile:

Email:

How long have you lived
at your current address:

If less than 5 years please give previous address:

Postcode:

Applicant 2

Name:

Date of birth:

Place of birth:

Present address:

Postcode:

Relationship to 1st applicant:

Tel:

Mobile:

Email:

How long have you lived
at your current address:

If less than 5 years please give previous address:

Postcode:



APPLICATION FOR TENANCY

PERSONAL DETAILS

Please tick boxes as required:

Applicant 1

☐ Single ☐ Cohabiting ☐ Married
☐ Widowed ☐ Divorced

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:

Applicant 2

☐ Single ☐ Cohabiting ☐ Married
☐ Widowed ☐ Divorced

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:

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

Name:

Address

Postcode:

Tel:

Mobile:

Email:

Capacity in which known and for how long:

Applicant 2

Name:

Address

Postcode:

Tel:

Mobile:

Email:

Capacity in which known and for how long:



APPLICATION FOR TENANCY

FINANCIAL

Please state your Full Capital including savings investments:

Applicant 1

If you own your present property, please state your opinion as to it's value:

Are you receiving Housing Benefit?

☐ Yes ☐ No

If yes please provide the following:

HB Number:

Date benefit started:

National Insurance Number:

Are you in receipt of State Benefit?

☐ Yes ☐ No

Are you in receipt of any other benefits/pensions?

☐ Yes ☐ No

If yes please state benefit/pension:

☐ Benefit ☐ Pension

	Amount pw/pm
• State pension	£ <input type="text"/>
• Occupational Pension	£ <input type="text"/>
• Income Support/Pension Credit	£ <input type="text"/>
• Housing Benefit	£ <input type="text"/>
• Universal Credit	£ <input type="text"/>
• Attendance Allowance	£ <input type="text"/>
• Other (Please state)	£ <input type="text"/>
Capital including equity value of your own property:	£ <input type="text"/>

Applicant 2

If you own your present property, please state your opinion as to it's value:

Are you receiving Housing Benefit?

☐ Yes ☐ No

If yes please provide the following:

HB Number:

Date benefit started:

National Insurance Number:

Are you in receipt of State Benefit?

☐ Yes ☐ No

Are you in receipt of any other benefits/pensions?

☐ Yes ☐ No

If yes please state benefit/pension:

☐ Benefit ☐ Pension

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• Universal Credit	£ <input type="text"/>
• Attendance Allowance	£ <input type="text"/>
• Other (Please state)	£ <input type="text"/>
Capital including equity value of your own property:	£ <input type="text"/>



APPLICATION FOR TENANCY

PRESENT ACCOMMODATION

Applicant 1

What is your current housing situation?

- ☐ Owner/Occupier
☐ Tenant/Lodger
☐ Temporary Accommodation
☐ Renting Private/Social
☐ Living with Friends/Family

If you are a tenant or lodger, please provide your Landlord's name and address:

Name:

Address:

Postcode:

How many people share your home with you:

How many bedrooms do you have for your sole use?

Do you share facilities with people other than your family?

☐ Yes ☐ No

If yes please state which facilities are shared and with whom:

Do you have to leave your present accommodation:

☐ Yes ☐ No

If YES, for what reason:

If NO, why do you wish to leave?

Applicant 2

What is your current housing situation?

- ☐ Owner/Occupier
☐ Tenant/Lodger
☐ Temporary Accommodation
☐ Renting Private/Social
☐ Living with Friends/Family

If you are a tenant or lodger, please provide your Landlord's name and address:

Name:

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How many people share your home with you:

How many bedrooms do you have for your sole use?

Do you share facilities with people other than your family?

☐ Yes ☐ No

If yes please state which facilities are shared and with whom:

Do you have to leave your present accommodation:

☐ Yes ☐ No

If YES, for what reason:

If NO, why do you wish to leave?



APPLICATION FOR TENANCY

ABOUT YOU

Applicant 1

What is your general state of health:

☐

Good

☐

Fair

☐

Poor

Are you registered disabled?

☐

Yes

☐

No

Do you own a Mobility Scooter?

☐

Yes

☐

No

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".

Bathing (Personal Hygiene)

☐

Good

☐

Fair

☐

Poor

Dressing

☐

Good

☐

Fair

☐

Poor

Toileting (Continence)

☐

Good

☐

Fair

☐

Poor

Transferring any mobility (getting in/out of bed, chair)

☐

Good

☐

Fair

☐

Poor

Eating (unaided, basic food preparation)

☐

Good

☐

Fair

☐

Poor

Are there any other impediments to your ability to pursue an independent life within Sheltered Accommodation?

☐

Yes

☐

No

If yes, please list and describe below:

Applicant 2

What is your general state of health:

☐

Good

☐

Fair

☐

Poor

Are you registered disabled?

☐

Yes

☐

No

Do you own a Mobility Scooter?

☐

Yes

☐

No

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".

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Toileting (Continence)

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Transferring any mobility (getting in/out of bed, chair)

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Good

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Poor

Eating (unaided, basic food preparation)

☐

Good

☐

Fair

☐

Poor

Are there any other impediments to your ability to pursue an independent life within Sheltered Accommodation?

☐

Yes

☐

No

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 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

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

I would describe myself as:

☐

Asian

☐

Black African

☐

Black British

☐

Black Caribbean

☐

British or Northern Irish

☐

European

☐

White British

☐

Other (please state):

Please state anything else you would like to add or ask.

Applicant 2

I would describe myself as:

☐

Asian

☐

Black African

☐

Black British

☐

Black Caribbean

☐

British or Northern Irish

☐

European

☐

White British

☐

Other (please state):

Please state anything else you would like to add or ask.



APPLICATION FOR TENANCY

APPLICATION OF TENANCY

Applicant 1

Details of next of Kin:

Name:

Relation:

Address:

Postcode:

Tel:

Email:

Details of the person to be contacted in an emergency if not next of kin:

Name:

Relation:

Address:

Postcode:

Tel:

Email:

Can the named person above attend to your needs in an emergency:

☐ Yes

☐ No

Applicant 2

Name:

Relation:

Address:

Postcode:

Tel:

Email:

Details of the person to be contacted in an emergency if not next of kin:

Name:

Relation:

Address:

Postcode:

Tel:

Email:

Can the named person above attend to your needs in an emergency:

☐ Yes

☐ No



APPLICATION FOR TENANCY

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:

Signature:

Full Name:

Date:

Applicant 2: Please sign and date below:

Signature:

Full Name:

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:

Signature:

Full Name:

Date:

Applicant 2: Please sign and date below:

Signature:

Full Name:

Date:



MASONIC HOUSING ASSOCIATION

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



**Homes
England**

**NATIONAL
HOUSING
FEDERATION**

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