



**GWYNEDD
HOUSING
OPTIONS**

APPLYING FOR HOUSING

APPLYING FOR SOCIAL HOUSING IN
GWYNEDD WITH ADRA, GRŴP CYNEFIN
AND NORTH WALES HOUSING



GWYNEDD COMMON HOUSING REGISTER PARTNERSHIP



**Grŵp
Cynefin**

Adra



Use this form to apply for social housing in Gwynedd. Please complete all relevant sections, answer all questions and provide as much information as possible. The applicant (and joint applicant if there is one) **must** sign this form. If the application is not signed we will return it to you and it will take longer to be processed. You may also need to include additional information, the checklist in section 21 tells you what you need to provide, without which the application will be returned to you.



*If you're required to provide additional information then please make sure that you only send copies – **Do not send original documents as we cannot guarantee their safety.***

Visit our website for more information: www.gwynedd.llyw.cymru/socialhousing. If you need further assistance with this application please contact Gwynedd Housing Options: 01286 685100 / housingoptions@gwynedd.llyw.cymru.

This form is also available in Welsh, and on request in other languages and braille format.



1 ELIGIBILITY

What is your nationality?

If you are not a UK National, what is your immigration status?

Right to live in the UK

☐

EEA National

☐

If non apply, state what is relevant to you:



*We'll need proof of your nationality – a copy of your passport or birth certificate. If you are not from the EEA we'll need a copy of your immigration status letter. Current tenants of Adra, Grŵp Cynefin or North Wales Housing **do not** need to provide proof of nationality.*



2 REASON FOR APPLYING

Please tell us the main reason(s) for applying. **Tick only those that apply.**

Anti social behaviour / Harassment

☐

Medical / disability issues

☐

Condition of property / disrepair

☐

Move-on from supported housing

☐

Domestic violence

☐

Provide care / support

☐

Asked to leave by family / friends

☐

Receive care / support

☐

Loss of tied accommodation

☐

Discharged from Hospital

☐

End of assured shorthold tenancy

☐

Overcrowding / Underoccupation

☐

Eviction / repossession

☐

Family with children in a flat

☐

Homeless / facing homelessness

☐

Financial difficulty / arrears

☐

Family forced to live apart

☐

Leaving the Armed Forces

☐

Relationship breakdown

☐

To be near family / friends

☐

Require supported housing

☐

To be near work / school

☐

Any other reason (state here)



You'll need to provide proof of any of the reasons chosen above before we can assess your application. Contact Gwynedd Housing Options if you're not sure what to provide.



3 ABOUT YOUR FAMILY

	Applicant	Joint Applicant
Title	Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms <input type="checkbox"/>	Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms <input type="checkbox"/>
First name(s)	<input type="text"/>	<input type="text"/>
Surname	<input type="text"/>	<input type="text"/>
Date of birth	dd / mm / yyyy	dd / mm / yyyy
National Insurance Number	<input type="text"/>	<input type="text"/>
Have you been known by another name?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
If 'yes', what is it?	<input type="text"/>	<input type="text"/>
Current address	<input type="text"/>	<input type="text"/>
Postcode	<input type="text"/>	<input type="text"/>
Date moved to this address	dd / mm / yyyy	dd / mm / yyyy
Mobile number	<input type="text"/>	<input type="text"/>
Home phone number	<input type="text"/>	<input type="text"/>
Email address	<input type="text"/>	<input type="text"/>
Preferred contact method	Post <input type="checkbox"/> Email <input type="checkbox"/> Phone <input type="checkbox"/>	
Preferred contact language	Welsh <input type="checkbox"/> English <input type="checkbox"/> Other (please state) <input type="text"/>	



Please provide proof of your current address, for example a copy of a recent utility bill, council tax demand, benefit entitlement letter.



*Current tenants of Adra, Grŵp Cynefin or North Wales Housing **do not** need to provide proof of address.*

Is anyone named on this application a former spouse or civil partner to a member or former member of the Armed Forces? Yes ☐ No ☐

Will any pets be moving with you? Yes ☐ No ☐

If 'yes', provide details including number of pets and type/breed:



4 HOUSEHOLD DETAILS

In the table below you need to include people who:



- *are living with you now and will live with you in your new home*
- *are living with you now, but will not move with you*
- *are not living with you now, but will move with you*

First name	Surname	Gender (M/F)	Date of birth	Relationship to applicant	Living with you now?	Will they be moving with you?
			dd/mm/yy			
			dd/mm/yy			
			dd/mm/yy			
			dd/mm/yy			
			dd/mm/yy			
			dd/mm/yy			
			dd/mm/yy			

Is anyone named above pregnant?

Yes

☐

No

☐

If 'yes' tell us:

Name of expectant mother:

Date baby due:

dd/mm/yy

Does the applicant or joint applicant have any children not currently living with you but you have regular access to and want accommodation for them to stay from time to time?

Yes

☐

No

☐

If 'yes' provide details below:

First name	Surname	Gender (M/F)	Date of birth	Relationship to applicant
			dd/mm/yy	
			dd/mm/yy	
			dd/mm/yy	

How often do they stay with you?



We'll need a copy of any contact / residency order or any agreed access arrangements that are in place.



5 CURRENT TENURE

Which one of the following best describes your current tenure? **Tick ONE box only.**

- | | | | |
|------------------------------|--------------------------|-------------------------------|--------------------------|
| B&B / Hostel / temporary | <input type="checkbox"/> | Local authority / foster care | <input type="checkbox"/> |
| Caravan / mobile home | <input type="checkbox"/> | Owner occupier | <input type="checkbox"/> |
| Council tenant | <input type="checkbox"/> | Prison | <input type="checkbox"/> |
| HM Forces | <input type="checkbox"/> | Private sector tenant | <input type="checkbox"/> |
| Homeless (no accommodation) | <input type="checkbox"/> | Supported housing | <input type="checkbox"/> |
| Hospital / residential care | <input type="checkbox"/> | Tied accommodation | <input type="checkbox"/> |
| Housing association tenant | <input type="checkbox"/> | | |
| Living with family / friends | <input type="checkbox"/> | Other (state below) | <input type="checkbox"/> |



6 CURRENT ACCOMMODATION

What type of accommodation do you currently live in?

- | | | | |
|-----------------------|--------------------------|-----------------------------|--------------------------|
| Bungalow | <input type="checkbox"/> | Hostel / sharing facilities | <input type="checkbox"/> |
| Caravan / mobile home | <input type="checkbox"/> | House | <input type="checkbox"/> |
| Flat | <input type="checkbox"/> | Maisonette | <input type="checkbox"/> |

How many bedrooms does the accommodation have?

- 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐

If you live in a flat or maisonette on which floor is it?

- Ground floor ☐ First floor ☐ Second floor (or above) ☐

Is there a lift? Yes ☐ No ☐

Does your current accommodation have any of the following?

- | | | | |
|---------------------------------|--------------------------|-------------------------------|--------------------------|
| Ramped access | <input type="checkbox"/> | Handrails / grabrails | <input type="checkbox"/> |
| Stairlift | <input type="checkbox"/> | Level access shower | <input type="checkbox"/> |
| Widened doorways | <input type="checkbox"/> | Accessible bathroom / wetroom | <input type="checkbox"/> |
| Height adjustable kitchen units | <input type="checkbox"/> | Through-floor lift | <input type="checkbox"/> |
| Designated off road parking | <input type="checkbox"/> | Track hoist systems | <input type="checkbox"/> |
| Other major adaptations | <input type="checkbox"/> | Please give details: | |



7 HOME OWNERS

Do you own or partly own a property?

Yes

☐

No

☐

What is the value of the property?

£

If mortgaged, what is the amount outstanding?

£

If mortgaged, what are the monthly payments?

£

Is the property suitable for your needs?

Yes

☐

No

☐

If 'no' please explain why:



If you still have a mortgage on the property you will need to send us a copy of your latest mortgage statement or redemption statement from your mortgage lender



8 TENANTS

Landlord's name and address:

How much is your rent?

£

per week / month (delete as applicable)

Do you have any tenancy arrears?

Yes

☐

No

☐

If 'yes' how much?

£

Has your landlord started possession proceedings against you?

Yes

☐

No

☐

If 'yes' please give details:



9 BEHAVIOUR

Has any landlord, Council or Housing Association had any reason to discuss your behaviour as a tenant with you (or a member of your household), for example not keeping your property in good condition, neighbour disputes or anti social behaviour etc?

Yes

☐

No

☐

If 'yes' give details:



9 BEHAVIOUR (CONTINUED)

Has any landlord, Council or Housing Association served a notice requiring possession or a notice seeking possession of your home upon you or a member of your household?

Yes ☐ No ☐ If 'yes' give details:

Have you (or a member of your household) received a Police caution or been convicted of a criminal offence committed in, or in the locality of your home (including at previous addresses)?

Yes ☐ No ☐ If 'yes' give details:

Have you (or a member of your household) received a Police caution or been convicted of a criminal offence targeted towards people living with you, your landlord (or previous landlords), your landlord's staff (including previous landlords) or neighbours (including at previous addresses)?

Yes ☐ No ☐ If 'yes' give details:



10 MEDICAL AND WELFARE

Provide details of any person who will be moving with you that currently suffers from a medical condition or disability and moving to alternative housing would be of benefit.

Name:

Description of illness or disability:

What benefit would there be by moving to alternative housing?

Name:

Description of illness or disability:

What benefit would there be by moving to alternative housing?



You will need to provide a letter from your Doctor, Medical Consultant or Occupational Therapist stating how moving to alternative accommodation will be of benefit to you.



11 PREVIOUS ADRESSES

Provide details of all the properties you have lived at in Gwynedd. You **must** complete this section in full or your application cannot be processed.

Applicant				
Address	From	To	Name and address of landlord	Reason(s) for leaving
	dd/mm/yy	dd/mm/yy		
	dd/mm/yy	dd/mm/yy		
	dd/mm/yy	dd/mm/yy		
	dd/mm/yy	dd/mm/yy		
	dd/mm/yy	dd/mm/yy		
	dd/mm/yy	dd/mm/yy		

Joint Applicant				
Address	From	To	Name and address of landlord	Reason(s) for leaving
	dd/mm/yy	dd/mm/yy		
	dd/mm/yy	dd/mm/yy		
	dd/mm/yy	dd/mm/yy		
	dd/mm/yy	dd/mm/yy		
	dd/mm/yy	dd/mm/yy		
	dd/mm/yy	dd/mm/yy		



List **ALL** properties lived at in Gwynedd. Information you provide here will determine which Band your application will appear in. Continue on a separate sheet if neccessary.



12 GWYNEDD CONNECTIONS AND EMPLOYMENT

Tell us about your employment in Gwynedd in the last 5 years:

Applicant				Joint Applicant			
From	dd/mm/yy	To	dd/mm/yy	From	dd/mm/yy	To	dd/mm/yy
Employer				Employer			
Location				Location			
From	dd/mm/yy	To	dd/mm/yy	From	dd/mm/yy	To	dd/mm/yy
Employer				Employer			
Location				Location			
From	dd/mm/yy	To	dd/mm/yy	From	dd/mm/yy	To	dd/mm/yy
Employer				Employer			
Location				Location			



If you have not been employed, state what is applicable to you, for example "retired", "unemployed", "full time education" etc. Continue on a separate sheet if necessary.

Do you have a family member (parent, adult child or sibling) that has lived in Gwynedd for the last 10 years that you need to move close to?

Yes

☐

No

☐

Details:

Do you provide support to, or receive support from, a person or specialist provision in Gwynedd?

Yes

☐

No

☐

Details:

Have you been offered a job in Gwynedd but have a disability and are unable to take up the job offer because of the difficulty of finding adequate accessible housing?

Yes

☐

No

☐

Details:

Do you need to move to Gwynedd so that a member of your family with a disability can attend a school or receive specialist support but are unable to do so because of the difficulty in finding adequate accessible housing?

Yes

☐

No

☐

Details:

Are you currently, or have in the past, served in the Armed Forces in Gwynedd?

Yes

☐

No

☐

Details:



13 HOUSEHOLD INCOME

What is the income for the whole household?

Income (including benefits)	Per week	Per month
Wages / salary	£	£
State benefits	£	£
State pension	£	£
Occupational / private pension	£	£
Other (please specify)	£	£
Total household income	£	£



'State benefits' include housing benefit or housing element of UC, council tax benefit, ESA, personal independence payment (including those paid by UC); child benefit; tax credits and so on. 'Savings' include bank, building society, post office accounts; shares, bonds etc. We'll need a copy of a recent bank statement to verify your income.

How much savings and investments do you have in total?

£



14 SUPPORT NEEDS

Will you, or a member of your household, require any support with any of the following in your new home? **Tick all that apply.** Adherence to a support plan may be a condition of tenancy with some landlords.

- | | | | |
|-----------------------------|--------------------------|-----------------------------------|--------------------------|
| Welfare benefits | <input type="checkbox"/> | Social networks and relationships | <input type="checkbox"/> |
| Paying rent | <input type="checkbox"/> | Social skills | <input type="checkbox"/> |
| Managing finances | <input type="checkbox"/> | Domestic skills | <input type="checkbox"/> |
| Health | <input type="checkbox"/> | Education and training | <input type="checkbox"/> |
| Domestic abuse | <input type="checkbox"/> | Employment | <input type="checkbox"/> |
| Advocacy | <input type="checkbox"/> | Managing a tenancy | <input type="checkbox"/> |
| Liaison with other agencies | <input type="checkbox"/> | Drug or alcohol issues | <input type="checkbox"/> |
| Mental health issues | <input type="checkbox"/> | Support for a care leaver | <input type="checkbox"/> |
| Support for young persons | <input type="checkbox"/> | Support for older persons | <input type="checkbox"/> |
| History of offending | <input type="checkbox"/> | Filling in forms | <input type="checkbox"/> |
| Other (give details below) | | | |

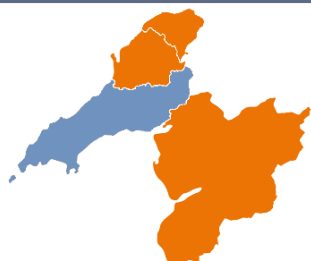


15 WHERE DO YOU WANT TO LIVE?



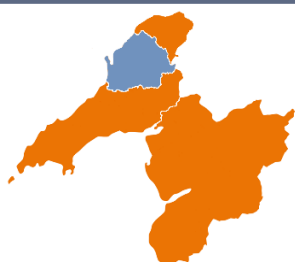
Select your area by ticking the box. Only select areas in which you want to live as refusing an offer of accommodation in locations you have selected may lead to your application being placed in a lower band.

Dwyfor Area



Aberdaron	<input type="checkbox"/>	Dinas	<input type="checkbox"/>	Penrhos (Bron Y Berth)	<input type="checkbox"/>
Abererch	<input type="checkbox"/>	Edern	<input type="checkbox"/>	Penrhos (Pentref)	<input type="checkbox"/>
Abersoch	<input type="checkbox"/>	Garndolbenmaen	<input type="checkbox"/>	Pentreuchaf	<input type="checkbox"/>
Beddgelert / Nantmor	<input type="checkbox"/>	Gyrn Goch	<input type="checkbox"/>	Pistyll	<input type="checkbox"/>
Botwnnog	<input type="checkbox"/>	Llanaelhaearn	<input type="checkbox"/>	Pontllyfni	<input type="checkbox"/>
Bryncir / Pant Glas	<input type="checkbox"/>	Llanbedrog	<input type="checkbox"/>	Porthmadog	<input type="checkbox"/>
Bryncroes	<input type="checkbox"/>	Llangybi	<input type="checkbox"/>	Prenteg	<input type="checkbox"/>
Capel Uchaf	<input type="checkbox"/>	Llaniestyn	<input type="checkbox"/>	Pwllheli	<input type="checkbox"/>
Clynnog	<input type="checkbox"/>	Llannor	<input type="checkbox"/>	Rhiw	<input type="checkbox"/>
Cricieth	<input type="checkbox"/>	Llanystumdwy	<input type="checkbox"/>	Rhoslan	<input type="checkbox"/>
Chwilog / Afonwen	<input type="checkbox"/>	Llithfaen	<input type="checkbox"/>	Rhydyclafdy	<input type="checkbox"/>
		Morfa Nefyn	<input type="checkbox"/>	Sarn	<input type="checkbox"/>
		Mynytho	<input type="checkbox"/>	Trefor	<input type="checkbox"/>
		Nefyn	<input type="checkbox"/>	Tremadog	<input type="checkbox"/>
		Pencaenewydd	<input type="checkbox"/>	Tudweiliog	<input type="checkbox"/>
		Penmorfa	<input type="checkbox"/>	Y Ffor	<input type="checkbox"/>

Caernarfon Area



Bethel	<input type="checkbox"/>	Caernarfon Seiont	<input type="checkbox"/>	Nebo	<input type="checkbox"/>
Bontnewydd	<input type="checkbox"/>	Carmel	<input type="checkbox"/>	Penisarwaun	<input type="checkbox"/>
Brynrefail	<input type="checkbox"/>	Cwm Y Glo	<input type="checkbox"/>	Penygroes	<input type="checkbox"/>
Caethro	<input type="checkbox"/>	Deiniolen / Clwt Y Bont	<input type="checkbox"/>	Rhiwlas	<input type="checkbox"/>
Caernarfon Cadnant	<input type="checkbox"/>	Dinas (Llanwnda)	<input type="checkbox"/>	Rhosgadfan	<input type="checkbox"/>
Caernarfon Menai	<input type="checkbox"/>	Dinorwig	<input type="checkbox"/>	Rhostryfan	<input type="checkbox"/>
Caernarfon Peblig	<input type="checkbox"/>	Groeslon	<input type="checkbox"/>	Rhyd Ddu	<input type="checkbox"/>
		Llanberis / Nant Peris	<input type="checkbox"/>	Saron	<input type="checkbox"/>
		Llandwrog	<input type="checkbox"/>	Talysarn	<input type="checkbox"/>
		Llanllyfni	<input type="checkbox"/>	Waunfawr	<input type="checkbox"/>
		Llanrug	<input type="checkbox"/>	Y Felinheli	<input type="checkbox"/>
		Nantlle	<input type="checkbox"/>	Y Fron	<input type="checkbox"/>



15 WHERE DO YOU WANT TO LIVE? (CONTINUED)



Select your area by ticking the box. Only select areas in which you want to live as refusing an offer of accommodation in locations you have selected may lead to your application being placed in a lower band.

Bangor Area



Aber	<input type="checkbox"/>	Bangor Glyder	<input type="checkbox"/>	Mynydd Llandygai	<input type="checkbox"/>
Bangor Deiniol	<input type="checkbox"/>	Bangor Hendre	<input type="checkbox"/>	Penrhosgarnedd	<input type="checkbox"/>
Bangor Dewi	<input type="checkbox"/>	Bangor Hirael	<input type="checkbox"/>	Porth Penrhyn	<input type="checkbox"/>
Bangor Garth	<input type="checkbox"/>	Bangor Marchog	<input type="checkbox"/>	Rachub	<input type="checkbox"/>
		Bangor Menai	<input type="checkbox"/>	Talybont	<input type="checkbox"/>
		Bethesda	<input type="checkbox"/>	Treborth	<input type="checkbox"/>
		Caerhun/Glasinfryn	<input type="checkbox"/>	Tregarth	<input type="checkbox"/>
		Gerlan	<input type="checkbox"/>		
		Llanllechid	<input type="checkbox"/>		

Meirionnydd Area



Aberangell	<input type="checkbox"/>	Dolgellau	<input type="checkbox"/>	Llangywer	<input type="checkbox"/>
Aberdyfi	<input type="checkbox"/>	Dyffryn Ardudwy	<input type="checkbox"/>	Llanuwchllyn	<input type="checkbox"/>
Abergynolwyn	<input type="checkbox"/>	Fairbourne	<input type="checkbox"/>	Llwyngwrl	<input type="checkbox"/>
Aberllefeni	<input type="checkbox"/>	Friog	<input type="checkbox"/>	Maentwrog	<input type="checkbox"/>
Abermaw	<input type="checkbox"/>	Ffestiniog	<input type="checkbox"/>	Minffordd	<input type="checkbox"/>
Arthog	<input type="checkbox"/>	Ganllwyd	<input type="checkbox"/>	Parc	<input type="checkbox"/>
Bala	<input type="checkbox"/>	Gellilydan	<input type="checkbox"/>	Pennal	<input type="checkbox"/>
Blaenau Ffestiniog	<input type="checkbox"/>	Glanrafon	<input type="checkbox"/>	Penrhyndeudraeth	<input type="checkbox"/>
Bontddu	<input type="checkbox"/>	Harlech	<input type="checkbox"/>	Rhoslefain	<input type="checkbox"/>
Brithdir	<input type="checkbox"/>	Llanbedr	<input type="checkbox"/>	Rhyduchaf	<input type="checkbox"/>
Bryncrug	<input type="checkbox"/>	Llandecwyn	<input type="checkbox"/>	Rhydymain	<input type="checkbox"/>
Corris	<input type="checkbox"/>	Llandderfel	<input type="checkbox"/>	Sarnau	<input type="checkbox"/>
Dinas Mawddwy	<input type="checkbox"/>	Llanegryn	<input type="checkbox"/>	Talsarnau / Soar	<input type="checkbox"/>
		Llanelltyd	<input type="checkbox"/>	Tanygrisiau	<input type="checkbox"/>
		Llanfachreth	<input type="checkbox"/>	Trawsfynydd	<input type="checkbox"/>
		Llanfair	<input type="checkbox"/>	Tywyn	<input type="checkbox"/>
		Llanfor	<input type="checkbox"/>	Ynys	<input type="checkbox"/>
		Llanfrothen	<input type="checkbox"/>		



15 WHERE DO YOU WANT TO LIVE? (CONTINUED)

Are there any specific locations, areas, towns, villages or streets that you **do not** wish to be considered for (even if they are within locations you have chosen in the previous question)? If 'yes', then please tell us about them below.



It's important you tell us why you cannot live in these areas as refusing an offer of accommodation in an area you have chosen without a valid reason will lead to the application being moved to Band 3.



16 YOUR HOUSING REQUIREMENTS

What type of housing do you want to be considered for?

House ☐ Flat ☐ Bungalow ☐ Maisonette ☐

How many bedrooms do you require?

1 ☐ 2 ☐ 3 ☐ 4+ ☐

If you've chosen a flat or maisonette, on which floor level could you live?

Ground floor only ☐ First floor ☐ Second floor or higher ☐
Any floor that has access to a lift ☐

Do you require any of the following?

Warden assisted / Sheltered housing ☐ Housing for older persons (over 55) ☐
Housing with call bell system ☐ Accessible housing ☐
Supported housing ☐

If you have ticked 'accessible housing' (housing adapted for a person with a disability) then please state below your requirements:



17 FURTHER INFORMATION

Use this space for any further information or to continue from any previous questions.



18 RELATIONS

Please tell us if you are:

Related to a Gwynedd Council Councillor

Yes ☐

No ☐

Related to a Board Member of Adra, Grŵp Cynefin or
North Wales Housing

Yes ☐

No ☐

Currently employed by Gwynedd Council, Adra, Grŵp Cynefin or
North Wales Housing

Yes ☐

No ☐

Related to an employee of Gwynedd Council, Adra, Grŵp Cynefin
or North Wales Housing

Yes ☐

No ☐

If you answered 'Yes' to any of the above, provide details of the relation or employment:



19 DATA PROTECTION NOTICE

By signing this form you consent to:

- Gwynedd Council using your personal information (as provided by you in this application form and any additional information which you or others may provide as part of this application) for all purposes in connection with your application for accommodation and for administration of your tenancy if you are successful.
- Gwynedd Council may disclose this information for these purposes to service providers and agencies who co-operate with it. The information provided in this application will be held on a computerized database.
- Gwynedd Council processing your sensitive personal information for these purposes. Sensitive personal information can include health, ethnic origin or criminal record. You have the right to ask for a copy of information held about you. Gwynedd Council is the data processor.



20 DECLARATION AND SIGNATURES

I/We (the applicant/joint applicant) declare that:

- Gwynedd Council may make the necessary enquiries in connection with any information given by me/us in order to verify it. I/We give permission for information to be disclosed to Gwynedd Council by my current or previous landlords, mortgage lenders, support agencies, statutory organisations (such as Police and Social Services) and any other relevant professional body or individual
- The information given on this form is true and I/we acknowledge Gwynedd Council's right to verify all the information provided
- I/We accept that failure to keep Gwynedd Council informed of any changes in my/our housing application circumstances may affect my/our position on the housing register or result in the application being cancelled. I/We agree to notify Gwynedd Council of any changes.
- I/We accept that should false or misleading information be provided as part of this application then the application will receive reduced priority. Furthermore should a tenancy be granted on the basis of false or misleading information then the Housing Association will take legal action to end the tenancy. **I/We understand that it is an offence in accordance with the Housing Act 1996 for anyone to knowingly give false information or withhold relevant information if reasonably required to do so, on any matter regarding the allocation of housing.**

Applicant's Signature:

Date:

dd/mm/yy

Joint Applicant's Signature:

Date:

dd/mm/yy

If completing this form on behalf of the applicant or joint applicant, please give details:

Name:

Signature:

Relationship to applicant(s) and reason for completing on their behalf:



21 CHECKLIST

We need to check some information about you before your application can be registered. Providing copies of the documents listed below will help us process your application without delay.

ALL APPLICATIONS

What we need to check	What you need to provide (do not send original documents – send copies only)	Have you included with this application?
Identity	Birth certificate or Driving License or Passport of Main Applicant and Birth certificate or Driving License or Passport of Joint Applicant If you are not from the EEA – a copy of your immigration status from the UK Border Agency or Home Office	Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/>
Current address	Utility bill or Council Tax bill or bank statement	Yes <input type="checkbox"/> No <input type="checkbox"/>
Signatures	Main Applicant and Joint Applicant to both sign the declaration on the previous page	Yes <input type="checkbox"/> No <input type="checkbox"/>



*Current tenants of Adra, Grŵp Cynefin or North Wales Housing **do not** need to provide proof of identity or address, but **do** need to sign the form.*

INFORMATION TO BE PROVIDED IF APPLICABLE TO YOUR CIRCUMSTANCES

What we need to check	What you need to provide (do not send original documents – send copies only)	Have you included with this application?
Arranged child access	Letter of confirmation by resident parent or copy of residence order or copy of contact order	Yes <input type="checkbox"/> No <input type="checkbox"/>
Property owners	Copy of a mortgage statement or copy of HM Land Registry title	Yes <input type="checkbox"/> No <input type="checkbox"/>
Housing Benefit	Copy of your Housing Benefit entitlement letter	Yes <input type="checkbox"/> No <input type="checkbox"/>
Employment	Copy of recent wage slip or bank statement	Yes <input type="checkbox"/> No <input type="checkbox"/>
Receipt of State Benefit	Copy of benefit letter or bank statement	Yes <input type="checkbox"/> No <input type="checkbox"/>
Savings	Copy of bank / building society statement	Yes <input type="checkbox"/> No <input type="checkbox"/>
Medical issues	Letter from GP / Specialist / Health professional	Yes <input type="checkbox"/> No <input type="checkbox"/>
Welfare issues	Letter from support worker / Social Worker / Occupational Therapist	Yes <input type="checkbox"/> No <input type="checkbox"/>



22 EQUALITIES

Gwynedd Housing Options and its Partners are intent on providing equal opportunities for all. To enable us to monitor this policy, please indicate how you would describe yourself. Your details as an individual will be kept confidential.

	Main Applicant	Joint Applicant		Main Applicant	Joint Applicant
Gender			Ethnic Group		
Male	<input type="checkbox"/>	<input type="checkbox"/>	White		
Female	<input type="checkbox"/>	<input type="checkbox"/>	Welsh	<input type="checkbox"/>	<input type="checkbox"/>
Transgender	<input type="checkbox"/>	<input type="checkbox"/>	British	<input type="checkbox"/>	<input type="checkbox"/>
Prefer not to answer	<input type="checkbox"/>	<input type="checkbox"/>	English	<input type="checkbox"/>	<input type="checkbox"/>
Marital Status			Scottish	<input type="checkbox"/>	<input type="checkbox"/>
Single	<input type="checkbox"/>	<input type="checkbox"/>	Irish	<input type="checkbox"/>	<input type="checkbox"/>
Married / Civil Partnership	<input type="checkbox"/>	<input type="checkbox"/>	Other White	<input type="checkbox"/>	<input type="checkbox"/>
Separated / Divorced	<input type="checkbox"/>	<input type="checkbox"/>	Mixed		
Widowed	<input type="checkbox"/>	<input type="checkbox"/>	White & Black Caribbean	<input type="checkbox"/>	<input type="checkbox"/>
Prefer not to answer	<input type="checkbox"/>	<input type="checkbox"/>	White & Black African	<input type="checkbox"/>	<input type="checkbox"/>
Religion			White & Asian	<input type="checkbox"/>	<input type="checkbox"/>
Christian	<input type="checkbox"/>	<input type="checkbox"/>	Other Mixed	<input type="checkbox"/>	<input type="checkbox"/>
Jewish	<input type="checkbox"/>	<input type="checkbox"/>	Asian / Asian British		
Muslim	<input type="checkbox"/>	<input type="checkbox"/>	Indian	<input type="checkbox"/>	<input type="checkbox"/>
Sikh	<input type="checkbox"/>	<input type="checkbox"/>	Pakistani	<input type="checkbox"/>	<input type="checkbox"/>
Buddhist	<input type="checkbox"/>	<input type="checkbox"/>	Bangladeshi	<input type="checkbox"/>	<input type="checkbox"/>
Hindu	<input type="checkbox"/>	<input type="checkbox"/>	Other Asian	<input type="checkbox"/>	<input type="checkbox"/>
Other	<input type="checkbox"/>	<input type="checkbox"/>			
None	<input type="checkbox"/>	<input type="checkbox"/>			
Prefer not to answer	<input type="checkbox"/>	<input type="checkbox"/>			
Disability			Black / Black British		
Yes	<input type="checkbox"/>	<input type="checkbox"/>	Caribbean	<input type="checkbox"/>	<input type="checkbox"/>
No	<input type="checkbox"/>	<input type="checkbox"/>	African	<input type="checkbox"/>	<input type="checkbox"/>
Prefer not to answer	<input type="checkbox"/>	<input type="checkbox"/>	Other Black Background	<input type="checkbox"/>	<input type="checkbox"/>
Sexual Orientation			Chinese/other ethnic group		
Heterosexual	<input type="checkbox"/>	<input type="checkbox"/>	Chinese	<input type="checkbox"/>	<input type="checkbox"/>
Homosexual	<input type="checkbox"/>	<input type="checkbox"/>	Other	<input type="checkbox"/>	<input type="checkbox"/>
Bisexual	<input type="checkbox"/>	<input type="checkbox"/>	Prefer not to answer	<input type="checkbox"/>	<input type="checkbox"/>
Prefer not to answer	<input type="checkbox"/>	<input type="checkbox"/>			



CONTACT DETAILS



01492 572727

www.nwha.org.uk



**Grŵp
Cynefin**

0300 111 2122

www.grwpcynefin.org



0300 123 8084

www.adra.co.uk



01286 685100

opsynautai@gwynedd.llyw.cymru

www.gwynedd.llyw.cymru/taicymdeithasol

**Once completed please return the form to:
Gwynedd Housing Options
Gwynedd Council
Stryd Y Jêl
Caernarfon
Gwynedd
LL55 1SH**

OFFICE USE ONLY

Date received:

Date registered:

Name:

Address:

Application reference:

Actions: