



LJHA

Application Form

Apply for housing with
Leeds Jewish Housing Association



Leeds Jewish Housing Association, Stonegate Way, Queenshill Avenue, Leeds, LS17 6FD
0113 320 7777 - www.ljha.co.uk - info@ljha.co.uk





HOUSING OPTIONS

There is a big demand for council and housing association homes in Leeds.

In general the more urgent your need to move, the better your chance is of being offered a home with us. You may still have to wait for an offer, so we've included information about some other housing options you can consider. You may be able to get help to stay in your current home with support or move to alternative accommodation.

Some useful contacts:

Leeds Housing Options

0113 222 4412 or

housing.options@leeds.gov.uk

Housing Leeds (Council housing)

0800 188 4000

Private Rented Sector Housing Team

0113 247 7594 or

prs.housing@leeds.gov.uk

Leeds Homes

0113 222 4413 or leedshomes.org.uk

Mutual Exchange Scheme

0113 222 4413 or to register on line go to

www.leedshomes.houseexchange.org.uk

Home-ownership

0113 825 6888 or www.helptobuyneyh.co.uk

Step Change Debt Charity

0800 138 1111

Mortgage Rescue Team

0113 222 4412 or email:

MATAT@leeds.gov.uk

Adult Social Care

0113 222 4401

Children's Services

0113 222 4403

Police Safeguarding Unit

0113 385 9590 or email:

leeds.safeguarding@westyorkshire.pnn.police.uk

24hr National Domestic Violence Helpline

0808 2000 247

Leeds Anti Social Behaviour Team

0113 222 4402

LASBT@leeds.gov.uk

Leeds City Council

www.leeds.gov.uk

Leeds Benefit Service

0113 222 4404

EQUALITY MONITORING

This information will not affect your registration.

We want to make sure that all our services are fair and accessible to all.

We are asking you the following questions so that we can make sure that our services meet everyone's needs.

The information you provide will be kept confidential.

We will use your answers to produce statistical information that the council will use to check the fairness of any services you receive. This information will only be used by Leeds City Council or shared with the Belle Isle Tenant Management Organisation. They will only use this information for the same purposes as the council.

You do not have to answer these questions, and if you choose not to this will not affect your registration or the service you receive.

EQUALITY MONITORING

Please fill in this section to help us monitor how different customers access our services. The information in this section will not affect your application for housing.

What group below do you feel best describes your ethnic background?

A) White:	Main Applicant	Joint Applicant
English		
Welsh		
Scottish		
Northern Irish		
British		
Irish		

B) Mixed Race	Main Applicant	Joint Applicant
White & Black Carribean		
White & Black African		
White & Asian		
Any other Mixed/Multiple ethnic group background, please write:		

C) Asian or Asian British	Main Applicant	Joint Applicant
Indian		
Chinese		
Pakistani		
Bangladeshi		
Kashmiri		
Any other Asian Background, please write:		

D) Black or Black British	Main Applicant	Joint Applicant
Caribbean		
African		
Any other Black Background, please write		

E) Other ethnic groups	Main Applicant	Joint Applicant
Arab		
Gypsy or Traveller		
Any other background, please write:		

What is your sexuality?

Sexuality	Main Applicant	Joint Applicant
Lesbian / Gay Woman		
Gay Man		
Bisexual		
Straight / Heterosexual		
Prefer not to say		

The council considers that a 'carer' is someone who looks after, or gives unpaid help or support to family members, friends, neighbours or others on an unpaid basis due to long term physical/mental health disabilities, problems related to old age or substance misuse.

Do you consider yourself to be disabled?

	Main Applicant	Joint Applicant
Yes		
No		
Prefer not to say		

If you answered yes, and consider yourself disabled, what is the nature of your impairment:

Physical impairment such as using a wheelchair to get around or difficulty using your arms.

Visual impairment such as being blind or partially blind.

Hearing impairment such as being deaf or hard of hearing.

Mental Health condition such as depression or schizophrenia.

Learning disability such as Downs syndrome, or **cognitive impairments** such as autism or head injury.

Prefer not to say

What is your religion/belief?

	Main Applicant	Joint Applicant
Buddhist		
Hindu		
Muslim		
Christian		
Jewish		
Sikh		
No Religion		
No Belief		
Other (Please Write):		
Prefer not to say		

Do you practice your religion/belief?

	Main Applicant	Joint Applicant
Yes		
No		
Prefer not to say		

Do you consider yourself a carer?

	Main Applicant	Joint Applicant
Yes		
No		
Prefer not to say		

1. IDENTIFICATION CHECKLIST

As a customer of Leeds Jewish Housing Association, you will be asked to provide identity and address evidence of everyone to be rehoused. This is a check that we are required to make for all customers in order to prevent fraud.

PROOFS ARE REQUIRED FOR ALL CHILDREN UNDER 16. You, your partner or joint applicant should take original identification documents to your local housing office or One Stop Centre, where they will be photocopied and returned. For children under 16 we will only accept a birth certificate and a current Child Benefit award letter or Child Tax Credit award letter. **DO NOT SEND ORIGINAL DOCUMENTS THROUGH THE POST.** If you are unable to come into the office because you live outside Leeds or because of mobility problems we can accept photocopies which can be sent through the post.

There are 3 Options for providing your identity documents;

Option 1: 2 proofs from Section A.

OR Option 2: 1 proof from Section A and 1 proof from Section B.

OR Option 3: 3 proofs from Section B

SECTION A: Photographic ID

If you are able to provide 2 photographic proofs of ID, one must confirm your address

Proof of ID	Main Applicant	Joint Applicant	Other adults (Please specify)
Passport - any nationality (including VISA document)			
UK Photocard Driving License			
EU Identity Cards (EU countries only)			
HM Forces ID Card			
UK Firearms License			
Blue Badge			

SECTION B: Non-photographic ID

In compliance with Options 2 or 3 on proof must confirm your current address. For children under 16 we will only accept a current Child Benefit award letter or Child Tax Credit award letter.

Proof of ID	Main Applicant	Joint Applicant	Other adults (Please specify)
Birth Certificate			
Marriage Certificate/Civil Partnership Certificate			
Mail Order Catalogue Statement			
Utility Bill			
Credit Card Statement			
Mortgage Statement			
Insurance Certificate			
UK Council Tax Statement			
UK Connexions Card			
Letter from Support worker/Head teacher			
Bank/Building Society Statement (under 3 months old)			
UK NHS Card			
Benefit book statement/proof of benefits			
CRB Disclosure certificate			
Vehicle Registration Document			
TV License			
UK Adoption Certificate			
UK Paper Driving License - Non Photocard			
Leeds Social Landlord Tenancy Agreement and Recent Rent Statement			

2. INFORMATION ABOUT YOU

It is essential that you and any joint applicant answer all the questions in the following sections otherwise we will not be able to register your application.

Section A

Please give the address at which you and, if appropriate, the joint applicant currently live. If you have no permanent address, please give a correspondence address where you can be contacted. If you are applying with a joint applicant and you are successful in being re-housed your tenancy will be in joint names. You and any joint applicant must provide documentation to prove your identity and current address as listed in section 1.

Your Household	Main Applicant	Joint Applicant
Title (Mr, Mrs, Miss, Ms and so on)		
First Name		
Middle Name (if applicable)		
Last Name		
Previous Name (if applicable)		
Sex (Male or Female)		
Date of Birth (DD/MM/YYYY)		
Relationship to you (Wife, Husband, Civil Partner, Friend etc.)		
Current address and postcode (if you have no permanent address or you are homeless please write down a correspondence address so we can write to you)		
Date moved in (DD/MM/YYYY)		
National Insurance Number		

Section B

If we are in a position to make you an offer we will first try to contact you by telephone. Please ensure that you give us all your telephone contact numbers and, if you have one, an e-mail address. Please advise us straight away if you change any of your telephone numbers.

Contact Details	Main Applicant	Joint Applicant
Mobile Phone Number		
Daytime Phone Number		
Email Address		
Preferred contact method (mobile, daytime number, Email, in writing)		

3. WHO ELSE WILL BE LIVING WITH YOU

It is important that you list everybody who will be living with you as it helps us assess how many bedrooms you will need and may contribute to a priority assessment. If you have children living with you for whom you receive child benefit you will need to provide birth certificates and your child benefit letter or child tax credit award letter which gives details of the child/children. If you declare children/others living with you, you must advise us of any changes to where the children or anyone else are living, either temporarily or permanently. This should be notified to housing as a change of circumstance in all cases, even if the change is temporary e.g. on-going care proceedings.

Please list everyone who will be re-housed with you.

Title	Sex (M/F)	First Name	Last Name	Date of birth DD/MM/YYYY	Relationship to you	Are they living with you?
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If you are currently living with people who will not be moving in with you, please list everyone who will not be rehoused with you.

Title	Sex (M/F)	First Name	Last Name	Date of birth DD/MM/YYYY	Relationship to you	Are they living with you?
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4. PREGNANCY AND ACCESS TO CHILDREN

Section A

You must send a copy of your MATB1 letter from the midwife, personal maternity record or pregnancy scan which must include your name, date of birth and estimated date of childbirth.

A. If you or any member of your household is pregnant please give their names and due dates.

Name	Due Date
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You must provide proof of identification for your child within two months of the due date that you have provided.

Failure to do so could affect your bedroom entitlement on your application.

Section B

It is important that you tell us if you have legal access to any children who are not living with you all of the time. If you have children who do not live with you all of the time but stay with you for at least two nights a week then you may be entitled to one extra bedroom. Please be aware that if you are in receipt of housing benefit/universal credit then this extra bedroom may not be covered by your benefits and you will be required to pay the shortfall.

We may do a financial assessment prior to offering you the property in these circumstances to ensure it is affordable for you. If you tick yes to the following question then we will send you a form to confirm that you have access to children, you must complete and return this form. We will then write to you to confirm whether you have been given an additional bedroom.

We will try and assist with your bedroom requirements but will normally only offer houses to families who have dependent children living with them on a permanent basis. If you are given an extra bedroom for access to a child you will have a much greater chance of being rehoused in a flat.

B. Do you have any legal access to children who will not be rehoused with you?

Yes	No
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5. NATIONALITY AND ELEGIBILITY

Section A

We ask for customer's nationality to help us in deciding who is legally entitled to council housing. This information also helps us to ensure that all customers are treated fairly in letting council properties.

A. What is your and the joint applicant's nationality?

Your Nationality
Joint Applicant's Nationality

Section B

Immigration Status: Please provide proof of the immigration status of everyone on your application who has come to the UK in the last 2 years.

You, your partner/joint applicant or other adult should take original identification documents to your local housing office or One Stop Centre, where they will be photocopied and returned.

DO NOT SEND ORIGINAL DOCUMENTS THROUGH THE POST.

If you are unable to come into the office because you live outside Leeds or because of mobility problems we can accept photocopies which can be sent through the post.

B. Have you arrived in or returned to the UK within the last 2 years? (Tick if YES, leave blank if NO)

Main applicant	Joint Applicant
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If 'Yes' please give date (DD/MM/YYYY):

If you are a UK National please move to section 6.

C. Immigration Status

Proof of immigration status	Main Applicant	Partner/Joint Applicant	Other Adults (please specify)
Leave to remain letter			
Passport (including visa document)			
EU Identity Card			
Proof of work e.g. wage slips (for 3 most recent months)			
Refugee documentation			
Sponsorship document			
Residency Permit			

D. Are you a EEA national?

If Yes, please provide proof of work (last 3 months wage slips) and details below	Main Applicant	Partner/Joint Applicant
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Employer	Dates from & to	Hours per week	Gross earnings per week	Reason for leaving
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	Yes	No
If you have worked in the UK, do you have a child in full time education?		
E. Are you the family member of an EEA national?	Yes	No
If yes, please provide passport / identity card and marriage / birth certificate or EEA family permit.		

F. Please use the box provided below to give us any other information that will help us assess your eligibility.

Please note that if your writing exceeds the space of the box below, we may not see it - please use the additional writing space on Page 19.

6. WHERE YOU LIVE NOW

This section asks about your current home. It will help us assess your current housing circumstances and the type of property that you require. The information you supply will also assist in assessing your housing need.

Section A:

Please tick one box that best describes your current home. For information, tied accommodation means housing which is provided with your job. NASS accommodation is National Asylum Support Seekers' temporary accommodation.

A. Please tick one box that best describes the type of home you live in now

Leeds City Council tenancy	Hospital
Housing Association tenancy	Hostel
Other local authority tenancy	Prison/Young Offenders Institute
Private rented tenancy	Lodger
Owner occupier with a mortgage	Mobile Home
Owner occupier without a mortgage	No fixed address
Living with friends	Sleeping rough
Living with friends/relatives	Supported housing
Bed and breakfast	Tied accommodation
Care Home	NASS accommodation
H.M. Armed Forces	Other, please specify:

Section B:

This section is for Council tenants and tenants of Housing Associations. If you are one of these tenants, you have the right to apply for an exchange with another tenant either in Leeds or any other part of the country. If you want to exchange your home with another tenant, we can provide free advertising and a computer matching service to put you in touch with each other.

To find out more or to register for a mutual exchange go to www.leedshomes.houseexchange.org.uk, telephone 0113 222 4413 or visit your local housing office.

B. Would you consider a mutual exchange?

Yes

No

Section C:

Please tick one box that best describes your current home. For information, a bedsit is a property where there is no separate kitchen, living room or bedroom.

B. Would you consider a mutual exchange?

House	Bungalow (Ground floor)	Sheltered Accommodation (Ground floor)
Maisonette	Bungalow (Upper floor)	Sheltered Accommodation (Upper floor)
Flat	Bedsit (Ground floor)	Other, please specify in box below:
High Rise Flat	Bedsit (Upper floor)	
If your property is upper floor, is there a lift?	Yes	No
		N/A

Section D

If your property is rented, please provide details of the current landlord even if it is a housing association or local authority. We may contact the landlord for a reference.

D. If you have a landlord, provide details here please:

Name
Address:
Telephone No:
Email:

Section E

Please tell us the number of bedrooms you have in your current home as we need this information to assess any overcrowding or under-occupation in your household.

How many bedrooms are there?

F. What is the main reason / reasons you would like to be rehoused?

I would like to be rehoused because: *(Please note that if your writing exceeds the space of the box below, we may not see it - please use the additional writing space on Page 19)*

Do you want to be rehoused for any of the following reasons:

	Question	Yes	No
G.	Have you been asked to leave your accommodation provided as part of your job? If 'Yes', by what date do you need to leave? Is this armed forces accommodation?		
H.	Are you a young person leaving the care of Leeds City Council? If 'Yes', who is your social worker?		
I.	Are you leaving prison? If 'Yes', what is your release date? Are you leaving armed forces accommodation?		
J.	Are you currently an inpatient in hospital? If 'Yes', please state which hospital and ward:		
K.	Do you need Sheltered Accommodation?		
L.	Are you or other household member's medical or health conditions making it difficult for you to stay in your house? If 'Yes', please explain why:		

Question		Yes	No
M.	Do you need support in your housing?		
If 'Yes', what support and why?			
N.	If you or another household member is currently living outside of Leeds, why do you need to move to the city?		

O. Do you have any offending history? (Main Applicant)

Question		Yes	No
Do you have any offending history, if yes please provide details (on another sheet if needed)			
Offence Details	Dates	Sentence	Conditions

Details of any licence/bail conditions:

O. Do you have any offending history? (Joint Applicant)

Question		Yes	No
Do you have any offending history, if yes please provide details (on another sheet if needed)			
Offence Details	Dates	Sentence	Conditions

Details of any licence/bail conditions:

P. Are you currently receiving support?

Question		Yes	No
If yes, what is the name and contact details of the person who gives you support?			
Name			
Relationship to you			
Phone number			
Email			
Address			

Question		Yes	No
Do you feel like you will need help to manage your new home around issues such as mental health, physical disability etc.			

If 'yes', please state:

Please tick yes if you would like them to be your advocate

Q. Do you feel unsafe in your current home e.g. incidents of violence or harassment?

Question	Yes	No
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If yes, provide details of the assistance you need:

Please provide safe contact details

Telephone number & safe time to call
Email Address
Address

R. Areas unable to reside in

Are there any areas you are unable to reside in? *(Please note that if your writing exceeds the space of the box below, we may not see it - please use the additional writing space on Page 19)*

7. WHERE YOU USED TO LIVE

This section asks about where you have lived for the last 5 years. If you do not tell us we cannot register your application. Please also ensure that dates are filled in correctly. If you are not sure of exact dates please put the month and year.

If you, your partner or joint applicant have not been living in your current home for the last 5 years you must tell us the addresses of where you have lived, when you moved in and when you moved out.

You must include any time you spent living with your parents or family, in hospital, in prison or in another country and so on. Start with the most recent address first and continue on another sheet if necessary.

For each address please tell us who the owner or landlord was for example, council, housing association, private landlord, parents or friends. If it was a landlord and you were the tenant, please tell us the name and address of the landlord as we may contact them for a reference.

Previous homes

	Main applicant	Joint applicant
Address:		
When did you move in?(DD/MM/YYYY)		
When did you move out?(DD/YMM/YYYY)		
Who owned this accommodation?		
If you rented this property, what was your landlord's name and address?		

	Main applicant	Joint applicant
Address:		
When did you move in?(DD/MM/YYYY)		
When did you move out?(DD/YMM/YYYY)		
Who owned this accommodation?		
If you rented this property, what was your landlord's name and address?		

	Main applicant	Joint applicant
Address:		
When did you move in?(DD/MM/YYYY)		
When did you move out?(DD/YMM/YYYY)		
Who owned this accommodation?		
If you rented this property, what was your landlord's name and address?		

	Main applicant	Joint applicant
Address:		
When did you move in?(DD/MM/YYYY)		
When did you move out?(DD/YMM/YYYY)		
Who owned this accommodation?		
If you rented this property, what was your landlord's name and address?		

8. INFORMATION ABOUT YOUR ASSETS AND FINANCES

Section A:

This section asks about your finances as it will assist us in assessing alternative housing options such as part home ownership and any housing benefit entitlement. Please tell us if you, your partner or joint applicant are employed and what your combined income is before you pay tax.

A. If you are employed, what is you, your partner or the joint applicants combines yearly income (before tax)?

Amount	Yes
Up to £15,000	
£15,000 - £24,999	
£25,000 - £34,999	
£35,000 - £59,999	
Over £60,000	

Section B

You must tell us if you or any other person who will be moving with you own any other property either in the UK or abroad. You must tell us who owns it, either yourself or someone else who is moving with you, what the address is and what the estimated value of the property is.

B. Do you, or any other person who will be re-housed with you, own any other property either in the UK or abroad?

	Yes	No
If yes, provide details below.		
Who owns this property?		
What is the address?		
What is the estimated value of the property?		
	Yes	No
Are you holding this property in trust for another person or any other similar arrangement?		
If 'Yes' please provide details of the arrangements below, as failure to disclose this may be considered tenancy fraud. <i>(Please note that if your writing exceeds the space of the box below, we may not see it - please use the additional writing space on Page 19)</i>		

9. INFORMATION ABOUT OTHER SOCIAL HOUSING TENANCIES

You must tell us if you or any other person who will be moving with you hold any tenancy in the UK whether or not you are currently living there. We need to know who is on the tenancy, what the address and who the landlord is. This is to ascertain if successfully re-housed in social housing you are not committing any type of tenancy fraud.

Do you, or any other person who will be re-housed with you have a social housing tenancy anywhere in the UK?

	Yes	No
If 'Yes' please provide details below		
Who has the tenancy?		
What is the address?		
Who is the landlord?		

10. FOR SOMEONE TO ACT ON YOUR BEHALF

If you would like to give permission for someone else, such as a relative or a support agency, to bid for homes on your behalf, complete the 'Advocate details' below. You will be giving us your consent to share the information we hold on your housing application with the person or organisation you specify.

Advocate details

Name
Phone number
Address
Agency (if it applies)
Relationship to you

You may withdraw this consent at anytime by contacting us on 0113 320 7777 or info@ljha.co.uk

11. RELATIONSHIPS

You must tell us if you, your partner or joint applicant are employed by or related to anyone who is employed by any of the organisations listed.

Previous homes

Organisation	Employee Name	Relationship to Employee
Leeds City Council		
Belle Isle Tenant Management Organisation		
A Housing Association that is part of the Leeds Homes Register		
A councillor of Leeds City Council		
Leeds Jewish Housing Association		

12. DECLARATION

You may be excluded from the registry if you are guilty of on-going serious unacceptable behaviour. **Please advise us of any legal action taken against you for this reason including details of any previous evictions in the box below.** We have a legal responsibility to protect public funds and may use the information provided on this form to prevent and detect fraud. We will take legal action against customers who give false information or withhold information regarding their application. If you are given a tenancy based on false information we may take legal action to re-possess your tenancy.

Previous homes

Please read this declaration very carefully. All the information you give us will be held in accordance with the Data Protection Act 1998. However in signing this declaration you are giving your permission for us to share this information with other Departments and Agencies.

Declaration

I/We declare that the information provided on this form is correct. If false or incomplete information has been given in connection with this application or if I/we fail to notify you of any relevant changes in circumstance.

I/we may be guilty of an offence and I/we understand that my/our name(s) will be withdrawn from the housing register.

I/We hereby declare that to the best of my/our knowledge and belief that the above is correct in all material particulars. I understand that if I/we knowingly or recklessly make a false statement, or another person acting on my/or behalf, which induces Leeds Jewish Housing Association to grant a tenancy to me/us, Leeds Jewish Housing Association may recover possession of that property. All information supplied in connection with this application, both now and in the future, will be processed in confidence by Leeds Jewish Housing Association. The information is processed for the purpose of including you on our Housing Register, and if your application is successful, for the purpose of setting up your tenancy. In order to assess your application and to ensure the accuracy of the information you have supplied, we may request information from and pass information to other bodies, such as: other departments within the Council: housing associations: the police and other emergency services: the probation and prison services: local health professionals and GPs: Social security agencies:

The Benefits Agency: the Driver & Vehicle Licensing Agency: your former landlord(s): your solicitor(s): your mortgage provider: utility providers: the Land Registry: voluntary sector support agencies and contractors. In addition we may disclose information to any other person or body Leeds Jewish Housing Association feels is reasonably necessary for the processing of this application, detecting tenancy fraud, the protection of any person, the prevention or detection of any crime or the carrying out by the Leeds Jewish Housing Association of any of its statutory functions.

We have a legal responsibility to protect public funds. We may use the information you have provided to prevent and detect fraud. We may also request information from, and pass information to, other organisations that handle public funds.

Your signature

Joint Applicant's Signature

If you have filled out this form on behalf of the applicant, please state:

Name:

Date:

Date:

Relationship to applicant:

Access & Information Sharing Consent Form

If you would like to give permission for someone else, such as a relative or Support/Social Worker to act on your behalf, you need to complete and return this form. By signing this form you are giving us your consent to share the information we hold with the person/organisation you designate.

Applicant/Tenant Details

Full Name
Address

Details of Designated Person(s) or Organisation(s)

Person/Organisation (1)

Full Name/Organisation:
Relationship to tenant:
Address
Home/Work Telephone:
Mobile Telephone:

Person/Organisation (2)

Full Name/Organisation:
Relationship to tenant:
Address
Home/Work Telephone:
Mobile Telephone:

Applicant/Tenant Statement - I give LJHA permission to:
(please tick boxes accordingly)

Please Tick

Advocate on my behalf and to share information held on my file with the person or organisation.	
Advocate on my behalf and to share information held on my file with the person or organisation.	
Enter my property in my absence together with contractors authorised by LJHA for the purpose of carrying out any necessary work. If the job of work entails a lengthy visit, then the workmen may be left without supervision.	

Applicant/Tenant Signature:
Date:

**Application form complete.
Please see next page for instructions on returning your application form to LJHA.**



Additional Writing Space

If your writing exceeds the size of any text boxes within the form, please use the space below to add any additional information you feel is relevant to your application.

Completed the application form?

If you have fully completed the form as best you can, send your application form to Leeds Jewish Housing Association.

Save this file on your computer as it is, and then email the file to:

application@ljha.co.uk



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