



DURHAM
AGED MINEWORKERS'
HOMES
ASSOCIATION

APPLICATION FOR ACCOMMODATION



This is the Housing Application Form for Durham Aged Mineworkers' Homes Association.

We aim to offer equal opportunities to all applicants regardless of race, religion, colour, ethnic origin, gender, marital status, physical disability, or sexual orientation.

If you would like this document translated into your own language, or would like help with other forms of communication, please contact our office or state in the box at the foot of this page.

यह दस्तावेज डरहम वृद्धा खानकर्मी आवास संघ [Durham Aged Mineworkers Homes Association] के लिए आवासीय आवेदन फार्म है।

हम नस्ल, धर्म, रंग, जातीय मूल, लिंग, वैवाहिक स्थिति, शारीरिक अपंगता या लैंगिक स्थिति पर ध्यान दिए बिना सभी आवेदनकर्ताओं को समान अवसर देने का इरादा रखते हैं।
अगर आपको अपनी भाषा में इस दस्तावेज का अनुवाद चाहिए या किसी अन्य प्रकार के संचार (पत्राचार) के लिए सहायता चाहिए तो कृपया हमारे निम्न कार्यालय से संपर्क करें या नीचे लिखें।

এই নথিটি হল ডারহাম বয়স্ক খনিজীদের আবাসন সমিতির [Durham Aged Mineworkers Homes Association] আবাসনের জন্য আবেদন পত্র।

জাতি, ধর্ম, বর্ণ, জাতিগত উৎপত্তি, লিঙ্গ, বৈবাহিক অবস্থান, শারীরিক প্রতিবন্ধকতা অথবা যৌন অভিমুখীনতা নির্বিশেষে সকল আবেদনকারীকে সমান সুযোগ দেওয়াই আমাদের লক্ষ্য।
আপনি যদি আপনার নিজের ভাষায় এই নথিটির অনুবাদ চান অথবা অল্প কোনও মাধ্যমে আদান-প্রদানের জ্ঞান সাহায্য চান, তাহলে অনুগ্রহ করে আমাদের অফিসে যোগাযোগ করুন অথবা নিচে জানান।

ਇਹ ਦਸਤਾਵੇਜ਼, ਡਰਹਮ ਦੇ ਬਜ਼ੁਰਗ ਖਾਣ ਵਰਕਰਾਂ ਦੇ ਘਰਾਂ ਸਬੰਧੀ ਐਸੋਸੀਏਸ਼ਨ [Durham Aged Mineworkers Homes Association] ਲਈ ਹਾਊਸਿੰਗ ਅਰਜ਼ੀ ਫਾਰਮ ਹੈ।

ਸਾਡਾ ਉਦੇਸ਼, ਨਸਲ, ਧਰਮ, ਰੰਗ, ਨਸਲੀ ਮੂਲ, ਲਿੰਗ, ਵਿਆਹੁਤਾ ਦਰਜੇ, ਸਿਸਮਾਨੀ ਅਪੰਗਤਾ ਜਾਂ ਸਿਣਸੀ ਰੁਝਾਨ ਤੇ ਬਿਨਾ ਧਿਆਨ ਦਿੱਤਿਆਂ, ਸਾਰੇ ਬਿਨੇਕਰਾਂ ਨੂੰ ਬਰਾਬਰ ਦੇ ਮੌਕਿਆਂ ਦੀ ਪੇਸ਼ਕਸ਼ ਕਰਨਾ ਹੈ।
ਜੇ ਤੁਸੀਂ ਇਸ ਦਸਤਾਵੇਜ਼ ਨੂੰ ਆਪਣੀ ਖ਼ੁਦ ਦੀ ਭਾਸ਼ਾ ਵਿੱਚ ਅਨੁਵਾਦ ਚਾਹੁੰਦੇ ਹੋ ਜਾਂ ਸੰਚਾਰ ਦੇ ਹੋਰਨਾ ਰੂਪਾਂ 'ਚ ਸਹਾਇਤਾ ਚਾਹੁੰਦੇ ਹੋ, ਤਾਂ ਕਿਰਪਾ ਕਰਕੇ ਸਾਡੇ ਦਫ਼ਤਰ ਜਾਂ ਹੇਠਾਂ ਲਿਖੀ ਸਟੇਟ ਨਾਲ ਸੰਪਰਕ ਕਰੋ।

此文件是用于達爾姆老年礦工之家協會 (Durham Aged Mineworkers Homes Association) 的住房申請表。

我們的目標是為所有的申請者提供同等的機會，而不管他們的種族、宗教、血統、性別、婚姻狀況、身體狀況或性取向。
如果你希望此文件被翻譯成你自己的語言或希望得到其他交流方式的幫助，請聯繫我們以下的辦事處或機構。

یہ دستاویز ڈرہم میں کھان کے عمر دراز کارکنان کے لئے گھر کی تنظیم [Durham Aged Mineworkers Homes Association] کا رہائش فراہم

کرنے کی درخواست کا فارم ہے۔

ہم نسل، مذہب، رنگ، نسلیاتی وجود، جنس، ازدواجی حیثیت، جسمانی معذوری یا جنسی ترتیب سے قطع نظر تمام درخواست دہندگان کو یکساں مواقع فراہم کرنے کا ارادہ رکھتے ہیں۔

اگر آپ کو اپنی زبان میں اس دستاویز کا ترجمہ یا کسی اور طرح کے اظہار و ابلاغ کے لئے مدد چاہئے تو براہ کرم ہمارے دفتر سے رابطہ کریں یا ذیل میں درج کریں۔

Please complete this form in full as the information you provide will be used to assess your priority for re-housing.

1 Details of Applicant(s)

Title	First Name	Surname	Date of Birth	Relationship to Yourself	National Insurance No.
				Applicant	

2 Present Address

.....

Post Code Telephone No

How long Have You Lived Here?

Self years *Partner* years

3 In Which Area(s) Do You Want A Home?

Please refer to our Lettings Booklet which gives details of the areas in which we have homes.

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4 How Many Bedrooms do You Need?

- 1 Bedroom
- 2 Bedrooms
- 1 or 2 Bedrooms

5 Your Present Home

At your present home are you the: (please tick appropriate box)

Owner Tenant Other

If you pay rent, what is your landlords name & address?

Name

Address

How much rent do you pay each week? £

6 Previous Accommodation

Please give details of any other addresses you have had in the past 5 years.

Address	Tenant	Owner	Reason for Leaving

7 Personal Details

(a) Do you receive any of the following benefits or Allowances? (Please tick appropriate boxes)

	Self	Partner
Housing Benefit	<input type="checkbox"/>	<input type="checkbox"/>
Council Tax Benefit	<input type="checkbox"/>	<input type="checkbox"/>
Attendance Allowance	<input type="checkbox"/>	<input type="checkbox"/>
Disability Living Allowance	<input type="checkbox"/>	<input type="checkbox"/>
(please tell us which rate you get) _____		

(b) Are you or your partner currently employed in any capacity?

	Yes	No
Self	<input type="checkbox"/>	<input type="checkbox"/>
Partner	<input type="checkbox"/>	<input type="checkbox"/>
If Yes, please give details _____		

When assessing your application Charity Commission rules state that we must consider whether you have sufficient resources to buy a suitable home that meets your requirements. Please complete the following questions about your finances.

(c) What is your total weekly income?

(If you are applying as a couple please state your joint income) £

(d) Do you have the financial means to purchase suitable accommodation in your area of choice, either from savings or from the sale of your existing home?

Yes No

(e) Please tell us your marital status:

Married Widowed
 Single Couple

(f) Have you or anyone due to be rehoused with you ever been convicted of a criminal offence?

Yes No

If yes, please give details below,

Name

Details of Offence

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.....

.....

8 BASIC AMENITIES

Please tell us whether your current home has the following facilities:-

	<i>yes</i>	<i>no</i>
Do you have a separate bedroom <i>(please tick 'no' if you live in bedsit type accommodation)</i>	<input type="checkbox"/>	<input type="checkbox"/>
Do you share your bedroom with another person of the opposite sex who is not your partner?	<input type="checkbox"/>	<input type="checkbox"/>
Does your home have a kitchen sink or drainer?	<input type="checkbox"/>	<input type="checkbox"/>
Does your kitchen have a pantry or food storage cupboards?	<input type="checkbox"/>	<input type="checkbox"/>
Does your home have a washbasin?	<input type="checkbox"/>	<input type="checkbox"/>
Does your home have a bath or shower?	<input type="checkbox"/>	<input type="checkbox"/>
Does your home have an inside toilet?	<input type="checkbox"/>	<input type="checkbox"/>
Does your home have running water?	<input type="checkbox"/>	<input type="checkbox"/>
Does your home have a hot water supply?	<input type="checkbox"/>	<input type="checkbox"/>
Does your home have electricity?	<input type="checkbox"/>	<input type="checkbox"/>

9 SHARING AMENITIES

	<i>yes</i>	<i>no</i>
(a) Are you living in with family/ friends who are not seeking to be rehoused with you?	<input type="checkbox"/>	<input type="checkbox"/>
(b) Do you live in hostel or bedsit accommodation where you share bathroom and/or kitchen facilities?	<input type="checkbox"/>	<input type="checkbox"/>

INADEQUATE FEATURES

(a) What type of accommodation do you live in? *Please tick the appropriate box:*

House	<input type="checkbox"/>	Bungalow	<input type="checkbox"/>
Ground floor flat	<input type="checkbox"/>	First floor flat with no lift	<input type="checkbox"/>
Second floor flat with no lift	<input type="checkbox"/>	Third floor or above with no lift	<input type="checkbox"/>
First floor or above with a lift	<input type="checkbox"/>	Other _____	

10 OVERCROWDING & UNDEROCCUPATION

(a) Tell us the number of rooms in your present home.

Kitchen Bedrooms Living rooms

(b) Please give details of anyone else (*other than your partner*) who is living with you at the moment & who intends moving with you. (*please note other household members can only be considered if you are requesting 2 bedroom accomodation*).

Name	Date of Birth	Relationship to You	How Long Have They Lived with You

(c) Please give details of any other persons living with you at the moment (*e.g. if you are living - in with family please give their details below*)

Name	Date of Birth	Relationship to You

11 EXISTING LOCATION

(a) Is your present home convenient for local services (*eg shops, doctors, buses etc.*) *yes* *no*

If no, please tell us about any problems you have.

.....

(b) Do you need to be near relatives for support? (*If yes, please give details below*) *yes* *no*

Name

Relationship to you

Address

.....

Details of Support

(c) Does the location of your home cause you any other problems? (*If yes, please give details below*) *yes* *no*

.....

12 MEDICAL NEED

(a) Do you have health reasons for wanting to move?

	Yes	No
Self	<input type="checkbox"/>	<input type="checkbox"/>
Partner	<input type="checkbox"/>	<input type="checkbox"/>

If yes, please give details of your health problems.

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(b) Please read the following statements & tick **ONE** box which best describes the difficulties you are having in your home because of your medical problems.

One or both of us **cannot use the stairs in our home at all** and we only have a **toilet on one level**

One or both of us **cannot use the stairs in our home at all** and we have a **toilet upstairs and downstairs**

One or both of us is finding it **very** difficult to manage the stairs in our home and a move to ground floor accommodation would **greatly** improve our ability to manage independently.

One or both of us is having **some** difficulty managing the stairs in our home and a move to ground floor accommodation would improve our ability to cope independently

One or both of us has minor health problems which make it more difficult to manage our home and/or garden

	yes	no
(c) Have you had any disabled adaptations carried out at your home to help with the above problems <i>(eg stair lift, ramp, walk in shower)</i>	<input type="checkbox"/>	<input type="checkbox"/>

If yes, please tell us below what adaptations have been carried out.

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(d) Please give the name & address of your doctor

Doctor

Telephone No

Surgery Address

(e) Do you use any of the following aids? (Please tick appropriate box)

	<i>Self</i>	<i>Partner</i>
Walking Stick	<input type="checkbox"/>	<input type="checkbox"/>
Walking Frame	<input type="checkbox"/>	<input type="checkbox"/>
Wheelchair	<input type="checkbox"/>	<input type="checkbox"/>
Bath Aids	<input type="checkbox"/>	<input type="checkbox"/>

(f) Do you receive any of the following services?
(Please tick appropriate box)

- Home Help
- Meals on Wheels
- Health Visitor
- Nurse Attendance

13 COLLIERY SERVICE

Did you or your partner work in the Durham Coalfield?

Yes No

If yes, please give details of your colliery service. If a widow, please give details of your husbands service.

Colliery	Number of Years Worked

14 GENERAL INFORMATION

Please give details of your main reason for your application, particularly if they have not covered by the questions so far.

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15 OTHER DETAILS

(a) Ethnic Monitoring

We aim to ensure that there is no discrimination in the allocation of housing. To help fulfil this aim we monitor the ethnic origin of all applicants. Completion of the following question will help us considerably and your co-operation is requested.

How would you describe your ethnic origin? *(Please tick appropriate box)*

White	<i>Self</i>	<i>Partner</i>
British	<input type="checkbox"/>	<input type="checkbox"/>
Irish	<input type="checkbox"/>	<input type="checkbox"/>
Any other white background <i>(please state:)</i>	_____	

Mixed		
White & Black Carribean	<input type="checkbox"/>	<input type="checkbox"/>
White & Black African	<input type="checkbox"/>	<input type="checkbox"/>
White & Asian	<input type="checkbox"/>	<input type="checkbox"/>
Any other mixed background <i>(please state:)</i>	_____	

Asian or Asian British		
Indian	<input type="checkbox"/>	<input type="checkbox"/>
Pakistani	<input type="checkbox"/>	<input type="checkbox"/>
Bangladeshi	<input type="checkbox"/>	<input type="checkbox"/>
Any other Asian background <i>(please state:)</i>	_____	

Black or Black British		
Caribbean	<input type="checkbox"/>	<input type="checkbox"/>
African	<input type="checkbox"/>	<input type="checkbox"/>
Any other black background <i>(please state:)</i>	_____	

Chinese or other ethnic background		
Chinese	<input type="checkbox"/>	<input type="checkbox"/>
Any other <i>(please state:)</i>	_____	

Do not wish to answer	<input type="checkbox"/>	<input type="checkbox"/>
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(b) Do you have any pets?

Yes No

If yes, please give details:

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(c) Please give details of your next of kin:

Name

Relationship to you

Address

.....

.....

Telephone No

(d) Have You Applied To Your Local Council For Accommodation?

Yes No

(e) Relationship to Staff Or Committee

The Management Committee must give special permission to house the close relatives of employees or committee members. Are you or your partner related to an employee or committee member?

(please tick)

Yes No

If yes, please give details:

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.....

.....

16 Data Protection

The information given on this form will be stored by Durham Aged Mineworkers Homes Association on its computer system for the purposes of assessing your application for rehousing. From time to time we may also use some of the information to produce statistical data on our waiting lists.

By signing this document you are consenting to this information being used for these purposes.

17 To Be Signed By You

As far as I am aware, all the answers I have given on this form are true & I understand that any false information may result in my disqualification.

I understand that Durham Aged Mineworkers Homes Association will need to carry out enquiries concerning my character, and conduct of any previous tenancies.

I give my permission and consent for Durham Aged Mineworkers Homes to obtain any relevant information about me from the relevant agencies which may include previous Landlords, Police Force, Probation Service and any Local Authority.

Signature (s) Date

Signature (s) Date

