

HOUSING LIST

Application Form

Ref number (office use only)

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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- It is very important that you complete ALL sections of the application – if you leave any part of the form blank we will return it to you which will result in a delay in the processing of your application.
- Please use a black pen and write in BLOCK CAPITALS
- If you need help filling in this form please contact or ask at one of our One Stop Shops.

Data Protection Statement

The information you provide will be stored on a computer. Tower Hamlets has a duty to protect public funds. In order to detect and prevent fraud, the council may share this information with other bodies administering public funds such as the Benefits Agency or other council sections such as Housing Benefit.

It is a criminal offence to give false or misleading information or to hold back relevant information concerning your application.

You are responsible for telling us about any changes to your circumstances, particularly if someone joins or leaves your household, if you change address or if you purchase a property. Please do not assume that if you have told another department that this information will have been forwarded to us.

1. About you (Main applicant)

Title (Mr Mrs Miss) First name Last name

Flat/house number Block name Home phone number

Street name Work phone number

Town/city Postcode Mobile phone number

Please tell us the date you moved into Tower Hamlets (DD/MM/YY)

Email address

Date of birth (DD/MM/YY) Gender M F Nationality

National Insurance number Are you in employment? YES NO If so, are you: Permanent Temporary Number of hours

Name of employer Annual income (£)

Have you served in the British armed forces within the last 5 years?
YES NO Date of leaving (DD/MM/YY)

If so, please provide details. Please include your MOD ID number

Reason for leaving

About your present accommodation

My landlord is Tower Hamlets Council
 My landlord is a housing association
 I rent from a private landlord
 I live with friends/family
 My employer provides a home
 I own my own home
 I live in a hostel
 I am a lodger
 Council's Homeless Service temporary accommodation

Other (please specify)

Is the tenancy in your name? YES NO If yes, please give details

Name of landlord

Address of landlord

Contact details of landlord

2. About joint tenant/partner who you would like as a joint tenant

Title (Mr Mrs Miss) First name Last name

Relationship Work phone number

Flat/house number Block name Mobile phone number

Street name Town/city

Postcode Email

Date of birth (DD/MM/YY) Gender M F Nationality

National Insurance number Are you in employment? YES NO If so, are you:

Name of employer Full time Part-time Self-employed Annual income (£)

3. About other members of your household you want to include on your application

Complete a separate row for each member of your household, not the main applicant or joint tenant/partner.

ONE	Title (Mr Mrs Miss) <input type="text"/>	First name <input type="text"/>	Last name <input type="text"/>
	Date of birth (DD/MM/YY) <input type="text"/>	Gender M <input type="checkbox"/> F <input type="checkbox"/>	Nationality <input type="text"/>
	National Insurance Number <input type="text"/>	Relationship to you <input type="text"/>	

TWO

Title (Mr Mrs Miss) First name Last name

Date of birth (DD/MM/YY) Gender Nationality

National Insurance Number Relationship to you

THREE

Title (Mr Mrs Miss) First name Last name

Date of birth (DD/MM/YY) Gender Nationality

National Insurance Number Relationship to you

FOUR

Title (Mr Mrs Miss) First name Last name

Date of birth (DD/MM/YY) Gender Nationality

National Insurance Number Relationship to you

FIVE

Title (Mr Mrs Miss) First name Last name

Date of birth (DD/MM/YY) Gender Nationality

National Insurance Number Relationship to you

SIX

Title (Mr Mrs Miss) First name Last name

Date of birth (DD/MM/YY) Gender Nationality

National Insurance Number Relationship to you

SEVEN

Title (Mr Mrs Miss) First name Last name

Date of birth (DD/MM/YY) Gender Nationality

National Insurance Number Relationship to you

EIGHT

Title (Mr Mrs Miss) First name Last name

Date of birth (DD/MM/YY) Gender Nationality

National Insurance Number Relationship to you

If any of these household members are working, please tell us who and details of their income.

Name	Income
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>

Is anyone on this application expecting a baby?

YES NO If yes, please give the following details

Name of expectant mother

Name of partner

Address if not living with you
 Flat/house number Street name

Town/city Postcode

Date baby expected (DD/MM/YY)

PERSON ONE

Is anyone else in the household expecting a baby?

YES NO If yes, please give the following details

Name of expectant mother

Name of partner

Address if not living with you
 Flat/house number Street name

Town/city Postcode

Date baby expected (DD/MM/YY)

PERSON TWO

4. About other people you want to include on your application e.g. dependants

Dependants (immediate family only, please do NOT include extended family). Immediate family is you, your partner and your children who are not married or have a partner. Please give details of anyone who is not living with you at present but will be when you move.

Title (Mr Mrs Miss) First name Last name

Date of birth (DD/MM/YY) Gender M F Nationality

National Insurance Number Relationship to you

Why aren't you living together now?

What date did you stop living together? (DD/MM/YY)

Addresses they lived in over the last three years

ADDRESS ONE	House/flat number	Block name	Date moved in (DD/MM/YY)
	Street name		Date moved out (DD/MM/YY)
	Town/city	Postcode	Reason for moving out

ADDRESS TWO	House/flat number	Block name	Date moved in (DD/MM/YY)
	Street name		Date moved out (DD/MM/YY)
	Town/city	Postcode	Reason for moving out

Title (Mr Mrs Miss)	First name	Last name
Date of birth (DD/MM/YY)	Gender M F	Nationality
National Insurance Number	Relationship to you	

Why aren't you living together now?

What date did you stop living together? (DD/MM/YY)

ADDRESS ONE	House/flat number	Block name	Date moved in (DD/MM/YY)
	Street name		Date moved out (DD/MM/YY)
	Town/city	Postcode	Reason for moving out

ADDRESS TWO	House/flat number	Block name	Date moved in (DD/MM/YY)
	Street name		Date moved out (DD/MM/YY)
	Town/city	Postcode	Reason for moving out

5. About your accommodation NOW and BEFORE

Where you live NOW

Date moved in (DD/MM/YY) Which floor do you live How many bedrooms

Is your accommodation wheelchair adapted? YES NO Is your accommodation lifted? YES NO

Please tell us who sleeps in each bedroom where you live now, giving their names and their relationship to you. List EVERYONE who lives at the address including yourself.

BEDROOM ONE	Name	Date of birth (DD/MM/YY)	Gender	Relationship	Date moved in (DD/MM/YY)
	<input type="text"/>	<input type="text"/>	<input type="text"/>	M <input type="checkbox"/> F <input type="checkbox"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	M <input type="checkbox"/> F <input type="checkbox"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	M <input type="checkbox"/> F <input type="checkbox"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	M <input type="checkbox"/> F <input type="checkbox"/>	<input type="text"/>	<input type="text"/>
BEDROOM TWO	Name	Date of birth (DD/MM/YY)	Gender	Relationship	Date moved in (DD/MM/YY)
	<input type="text"/>	<input type="text"/>	M <input type="checkbox"/> F <input type="checkbox"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	M <input type="checkbox"/> F <input type="checkbox"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	M <input type="checkbox"/> F <input type="checkbox"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	M <input type="checkbox"/> F <input type="checkbox"/>	<input type="text"/>	<input type="text"/>
BEDROOM THREE	Name	Date of birth (DD/MM/YY)	Gender	Relationship	Date moved in (DD/MM/YY)
	<input type="text"/>	<input type="text"/>	M <input type="checkbox"/> F <input type="checkbox"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	M <input type="checkbox"/> F <input type="checkbox"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	M <input type="checkbox"/> F <input type="checkbox"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	M <input type="checkbox"/> F <input type="checkbox"/>	<input type="text"/>	<input type="text"/>
BEDROOM FOUR	Name	Date of birth (DD/MM/YY)	Gender	Relationship	Date moved in (DD/MM/YY)
	<input type="text"/>	<input type="text"/>	M <input type="checkbox"/> F <input type="checkbox"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	M <input type="checkbox"/> F <input type="checkbox"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	M <input type="checkbox"/> F <input type="checkbox"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	M <input type="checkbox"/> F <input type="checkbox"/>	<input type="text"/>	<input type="text"/>
BEDROOM FIVE	Name	Date of birth (DD/MM/YY)	Gender	Relationship	Date moved in (DD/MM/YY)
	<input type="text"/>	<input type="text"/>	M <input type="checkbox"/> F <input type="checkbox"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	M <input type="checkbox"/> F <input type="checkbox"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	M <input type="checkbox"/> F <input type="checkbox"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	M <input type="checkbox"/> F <input type="checkbox"/>	<input type="text"/>	<input type="text"/>
BEDROOM SIX	Name	Date of birth (DD/MM/YY)	Gender	Relationship	Date moved in (DD/MM/YY)
	<input type="text"/>	<input type="text"/>	M <input type="checkbox"/> F <input type="checkbox"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	M <input type="checkbox"/> F <input type="checkbox"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	M <input type="checkbox"/> F <input type="checkbox"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	M <input type="checkbox"/> F <input type="checkbox"/>	<input type="text"/>	<input type="text"/>

Where you lived BEFORE, most recent first. All addresses if you lived elsewhere over last FIVE years

MOST RECENT	House/flat number	Block name	Date moved in (DD/MM/YY)
	Street name		Date moved out (DD/MM/YY)
	Town/city	Postcode	Reason for moving out

SECOND	House/flat number	Block name	Date moved in (DD/MM/YY)
	Street name		Date moved out (DD/MM/YY)
	Town/city	Postcode	Reason for moving out

THIRD	House/flat number	Block name	Date moved in (DD/MM/YY)
	Street name		Date moved out (DD/MM/YY)
	Town/city	Postcode	Reason for moving out

FOURTH	House/flat number	Block name	Date moved in (DD/MM/YY)
	Street name		Date moved out (DD/MM/YY)
	Town/city	Postcode	Reason for moving out

Have you, within the last 3 years, been evicted from a property or been served with a notice of Seeking Possession or Anti-Social Behaviour Order (ASBO). YES NO If yes, please give details

6. Other properties or tenancies

Do you or anyone else on this application own or have an interest in a residential property in the UK or abroad (i.e. as owner, joint owner, leaseholder or council or housing association tenant)? YES NO

If yes, please provide details **including any previous** ownership or interest.

Title (Mr Mrs Miss)	First name	Last name
<input type="text"/>	<input type="text"/>	<input type="text"/>
Flat/house number	Block name	Street name
<input type="text"/>	<input type="text"/>	<input type="text"/>
Town/city	Postcode	
<input type="text"/>	<input type="text"/>	

Type of interest CURRENT PAST

Why can't they live there?

Title (Mr Mrs Miss)	First name	Last name
<input type="text"/>	<input type="text"/>	<input type="text"/>
Flat/house number	Block name	Street name
<input type="text"/>	<input type="text"/>	<input type="text"/>
Town/city	Postcode	
<input type="text"/>	<input type="text"/>	

Type of interest CURRENT PAST

Why can't they live there?

7. Other applications for housing

Has anyone on this application, made an application for housing through any other scheme? With Tower Hamlets Council or any other Authority or Registered Provider (Housing Association) YES NO

If yes, name of person

Address from which the application was made:

Flat/house number

Block name

Street name

Town/city

Postcode

Which Scheme

Name of organisation

When was the application made? (DD/MM/YY)

Was it accepted? YES

NO

Application reference number

8. Health issues and support needs

Does anyone on this application have a mental or physical health problem that is seriously affected by where they live NOW?

YES NO If yes, please give details

If you receive help from a support worker or carer please give us their details

Name

Email address

Telephone number

9. Key worker status

There are many public sector jobs where it is very hard to recruit and retain essential staff. To qualify as a key worker you must be employed full or part-time and on a permanent contract and within Tower Hamlets, as one of the following: tick the appropriate box.

- Ambulance staff working as a paramedic
- Fully qualified nurse working in the borough's NHS hospitals
- Fire fighter or police officer stationed in the borough
- Teacher working in the borough's LEA maintained schools
- Social Worker employed on a permanent contract with Tower Hamlets Council

If you are employed as one of these, who is your employer?

Name of organisation

Number

Building name

Street name

Town/city

Postcode

Name of Manager/Human Resources Officer

Telephone number

Email address

10. Different housing options

Housing is in very high demand in Tower Hamlets. This means that many households will have to wait a long time before we can help them move. However, there are other housing options that may be available to you. Please tick all the options which you may be interested in.

- Buying a home Mutual Exchange Homebuy Renting privately
 Part buying a home (shared ownership) Sharing accommodation Moving out of London
 Moving to the country or by the sea Sheltered (over 60s)

11. Council or Housing Association connections – Declaration

Do you, or anyone on your application, work or know anyone who works for Tower Hamlets council, any Registered Social Landlord operating in Tower Hamlets, a common Housing Register Partner Landlord or Tower Hamlets Homes, is an elected councillor or a Board member of any of these? YES NO If yes, please give details.

Title (Mr Mrs Miss)

First name

Last name

Name of organisation

Flat/house number

Block name

What does this person do?

 Worker Board member Elected Councillor

Street name

Town/city

Postcode

How are they related to you?

We will tell you what information we need and how long you have to give it to us.

We may visit you at home in order to check the information you have given us.

Once this process is finished and if your application is accepted you will receive a letter that tells you your registration number, your priority band, preference date and the types of property you can bid for.

Homeless applications

Different rules apply if you are making an application under the Homeless legislation.

Changes to your household

It is very important that you tell us about all changes to your application, particularly if someone joins or leaves your household, if you change your address or if you purchase a property. Please do not assume that if you have told another department that this information will have been forwarded to us.

We may ask for up-to-date information each year but please do not wait for this to tell us about any changes that you think may be important to your housing application.

If you are not sure it is relevant, tell us anyway!

You must give us information that is truthful and accurate. Please ensure that you have read section 14 before signing and dating your application.

13. Access to services

Do you consider yourself to have a disability according to the terms given in the Equality Act 2010? (Under the Equality Act 2010, a person is disabled if they have a physical or mental impairment which has a substantial and long-term adverse effect on their ability to carry out normal day-to-day activities, which would include things like using a telephone, reading a book or using public transport.)

YES NO PREFER NOT TO SAY

Please state the type of impairment that applies to you. (People may experience more than one type of impairment, in which case you may indicate more than one. If none of the categories apply, please mark 'other' and specify the type of impairment.)

- Sensory impairment (such as being blind/having a visual impairment or being deaf/having a hearing impairment)
- Physical impairment (such as using a wheelchair to get around and/or difficulty using your arms)
- Learning disability (such as Downs syndrome or dyslexia) or Cognitive impairment (such as autism or head injury)
- Mental health condition (such as depression or schizophrenia)
- Long standing illness or health condition, (such as cancer, HIV, diabetes, chronic heart disease or epilepsy)
- Prefer not to say
- Other (please specify)

By law, we must not discriminate against anyone. The information you give here helps us to make sure that we are fair and unbiased when delivering housing services. These details are confidential. Main and joint applicants to tick and fill in the appropriate boxes.

Gender

Main	Joint	Which of the following describes how you think of yourself?
<input type="checkbox"/>	<input type="checkbox"/>	Male
<input type="checkbox"/>	<input type="checkbox"/>	Female
<input type="checkbox"/>	<input type="checkbox"/>	Trans
<input type="checkbox"/>	<input type="checkbox"/>	Intersex
<input type="checkbox"/>	<input type="checkbox"/>	Prefer not to say
		Do you have protected characteristic Gender-Reassignment?
<input type="checkbox"/>	<input type="checkbox"/>	YES
<input type="checkbox"/>	<input type="checkbox"/>	NO

Religion and belief

Main	Joint	What is your religious belief?
<input type="checkbox"/>	<input type="checkbox"/>	No religion
<input type="checkbox"/>	<input type="checkbox"/>	Agnostic
<input type="checkbox"/>	<input type="checkbox"/>	Muslim
<input type="checkbox"/>	<input type="checkbox"/>	Christian
<input type="checkbox"/>	<input type="checkbox"/>	Jewish
<input type="checkbox"/>	<input type="checkbox"/>	Buddhist
<input type="checkbox"/>	<input type="checkbox"/>	Sikh
<input type="checkbox"/>	<input type="checkbox"/>	Hindu
<input type="checkbox"/>	<input type="checkbox"/>	Humanist
<input type="checkbox"/>	<input type="checkbox"/>	Other (please specify)
		<input type="text"/>
<input type="checkbox"/>	<input type="checkbox"/>	Prefer not to say

Sexual orientation

Main	Joint	How would you describe your sexual orientation?
<input type="checkbox"/>	<input type="checkbox"/>	Bisexual (attraction to both men and women)
<input type="checkbox"/>	<input type="checkbox"/>	Gay man
<input type="checkbox"/>	<input type="checkbox"/>	Gay woman/lesbian
<input type="checkbox"/>	<input type="checkbox"/>	Hetrosexual/straight
<input type="checkbox"/>	<input type="checkbox"/>	Other (please specify)
		<input type="text"/>
<input type="checkbox"/>	<input type="checkbox"/>	Prefer not to say

Ethnicity

(Please note that this question does not refer to your nationality/country of origin. These categories are based on the 2011 Census categories but include categories to reflect the communities of Tower Hamlets.)

Main	Joint	I would describe my ethnic origin as:
<input type="checkbox"/>	<input type="checkbox"/>	White: British
<input type="checkbox"/>	<input type="checkbox"/>	White: Irish
<input type="checkbox"/>	<input type="checkbox"/>	White: Traveller of Irish heritage
<input type="checkbox"/>	<input type="checkbox"/>	White: Gypsy/Roma
<input type="checkbox"/>	<input type="checkbox"/>	White: Other
<input type="checkbox"/>	<input type="checkbox"/>	Black or Black British: African
<input type="checkbox"/>	<input type="checkbox"/>	Black or Black British: Somali
<input type="checkbox"/>	<input type="checkbox"/>	Black or Black British: Caribbean
<input type="checkbox"/>	<input type="checkbox"/>	Black/Black British/Other Black Background
<input type="checkbox"/>	<input type="checkbox"/>	Asian or Asian British: Bangladeshi
<input type="checkbox"/>	<input type="checkbox"/>	Asian or Asian British: Pakistani
<input type="checkbox"/>	<input type="checkbox"/>	Asian or Asian British: Indian
<input type="checkbox"/>	<input type="checkbox"/>	Asian/Asian British/Other Asian Background
<input type="checkbox"/>	<input type="checkbox"/>	Mixed/Dual heritage: White & Black Caribbean
<input type="checkbox"/>	<input type="checkbox"/>	Mixed/Dual heritage: White & Black African
<input type="checkbox"/>	<input type="checkbox"/>	Mixed/Dual heritage: White & Asian
<input type="checkbox"/>	<input type="checkbox"/>	Mixed/Dual heritage/Other Mixed Background
<input type="checkbox"/>	<input type="checkbox"/>	Other Ethnic Groups: Vietnamese
<input type="checkbox"/>	<input type="checkbox"/>	Other Ethnic Groups: Chinese
<input type="checkbox"/>	<input type="checkbox"/>	Other Ethnic Groups/Other Ethnic Group
<input type="checkbox"/>	<input type="checkbox"/>	Prefer not to say

Relationship status

<input type="checkbox"/>	<input type="checkbox"/>	Civil partnership
<input type="checkbox"/>	<input type="checkbox"/>	Married
<input type="checkbox"/>	<input type="checkbox"/>	Single
<input type="checkbox"/>	<input type="checkbox"/>	Co-habiting
<input type="checkbox"/>	<input type="checkbox"/>	Prefer not to say

14. Declaration and signature

It is important that you tell the truth on this application form and understand the declaration before you sign it. Please contact Lettings if you need clarification.

এই দরখাস্তে আপনার সত্যি কথা বলা এবং সই করার আগে এটা বোঝা খুব জরুরী। আপনার যদি এটা বোঝার ব্যাপারে সাহায্য দরকার হয়, তাহলে অনুগ্রহ করে লেটিংস টিমের সাথে যোগাযোগ করুন।

Xaashidani waxay kuu sheegeysaa akhbaar ku saabsan Carruurta la daryeelo iyo Adeegyada Caafimaadka Maskaxda ee Da' Yarta. Haddaad u baahan tahay xaashidani oo ku turjuman luqaddaada, fadlan waxaad saxdaa sanduuqa habboon, ku qor magaca iyo cinwaankaaga, kadibna ku soo dir cinwaanka aan istaam lagaaga baahneyn.

Điều quan trọng là quý vị cho biết sự thật về đơn xin này và hiểu biết lời tuyên bố trước khi quý vị ký tên vào. Xin liên lạc toán cho thuê nếu quý vị cần được giúp đỡ trong việc hiểu biết đơn này.

很重要的是你在這份申請表格上提供的資料必須是真確的，及在簽名前明白這份聲明的內容。若你需要別人協助你瞭解這份文件，請聯絡租住組。

Section 214 of the Homelessness Act, 2002 makes it an offence for you to withhold information that we reasonably require to assess your application or to provide false information that leads to your gaining a tenancy. We will take every legitimate action against anyone who gains a tenancy through knowingly providing false information.

Please sign below only if you agree with all the following statements:

- I/we have read the Allocations Scheme.
- I/we have checked the information I have supplied. It is correct and complete to the best of my knowledge.
- I/we understand that it is my responsibility to tell you immediately if there are any changes in any circumstances that may affect the priority awarded to my application. If I am not sure whether the change will affect my priority I will assume that it does and tell you about it.
- I/we give permission for you to make enquiries about me to assess my application for housing and prevent fraud now or at any time while I have an application on the Housing List.
- I/we give permission to the people you contact (i.e. other council teams, Government departments, health professionals, current and previous employers, current and previous landlords, family members, friends etc.) to release to you any and all information you need to assess my application for housing and prevent fraud now, or at any time while I have an application on the Housing List.
- I/we understand that information I supply, and supplied by others about me, will be held on computer.
- I/we understand that information I supply, and supplied by others about me, may be shared with other Council teams and Tower Hamlets Homes, Government departments, registered social landlords, support agencies or health professionals to allow a proper assessment of my priority for housing, to prevent fraud or to provide appropriate support to me.
- I/we confirm that I/we have not included anyone on this application who has restricted immigration status.
- I/we understand that one of the consequences of giving false information on this form is that my new landlord may go to Court to regain possession and evict me from any tenancy gained through my giving false information.

Signature of applicant

Date (DD/MM/YY)

Signature of joint applicant

Date (DD/MM/YY)

Have you had help filling in this form? If so, please let us know who helped you.

Name

Telephone number

How do you know this person?

Address

OFFICE USE ONLY

Application date (DD/MM/YY)

Review date entered online (DD/MM/YY)

Date of visit (DD/MM/YY)

Person seen

Title (Mr Mrs Miss)

First name

Last name

Landlord

Title (Mr Mrs Miss)

First name

Last name

Flat/house number

Block name

Proof seen

Street name

Town/city

Postcode

The current sleeping arrangements, giving genders and relationships of those using each and any proof seen

Bedroom 1

Bedroom 2

Bedroom 3

Bedroom 4

Bedroom 5

Bedroom 6

Other rooms (please specify)

Notes

OFFICE USE ONLY

Name	Relationship to main	Passport type number/expiry date	Type of birth certificate	Proof of relationship/identity/residency/immigration status

OFFICE USE ONLY**Name of assessing officer**

Title (Mr Mrs Miss)	First name	Last name
Signature of assessing officer	Date (DD/MM/YY)	
Signature of assessing officer (audit sample)	Date (DD/MM/YY)	

This form is to join the Housing List in Tower Hamlets. If you need help with it let a Housing Officer know or ask at reception.

এই ফর্মটি টাওয়ার হ্যামলেটস্‌এর হাউজিং লিস্ট বা বাড়িঘরের তালিকায় যোগ দেবার জন্য। আপনার যদি এটির ব্যাপারে কোনো সাহায্য দরকার হয়, তাহলে হাউজিং অফিসারদের কাউকে জানান কিংবা রিসেপশনে জিজ্ঞাসা করুন।

Tower Hamlets. Haddii aad gacan u baahan tahay la socodsii Mas'uulka Guryaha ama weydii risabshinka.

Mẫu đơn này dành để gia nhập Danh sách Nhà cửa vùng Tower Hamlets. Nếu quý vị cần được giúp đỡ với tờ đơn, hãy cho một Nhân viên Nhà cửa biết hoặc yêu cầu ở bàn tiếp nhận.

這份表格是爲了加入塔橋地方議會的房屋名單。假如你需要協助，請向房屋主任或接待處查詢。

یہ فارم ٹاؤر ہملمٹس میں ہاؤزنگ لسٹ میں شامل ہونے کیلئے ہے۔ اگر آپ کو اس میں مدد درکار ہے تو ہاؤزنگ آفیسر کو بتائیں یا ریسپشن سے پوچھیں۔