



HOMES4U MEMBERSHIP APPLICATION FORM

HOMES4U Partnership

The following organisations are part of the HOMES4U partnership. In order to become a member of the HOMES4U scheme you need to complete this membership form and return it to one of the organisations listed below. You may then bid for advertised properties in any or all of the participating organisations.

Telephone: 01446–709840

Fax: 01446–421481

Email: HOMES4U@valeofglamorgan.gov.uk



Vale of Glamorgan Council
Housing & Community Safety Division
2–8 Holton Road
Barry
Vale of Glamorgan CF63 4HD



Newydd Housing Association
121 Broad Street
Barry
Vale of Glamorgan
CF62 7AL



FOR OFFICE USE ONLY				
Application Type (Tick One)			Membership Number	<input type="text"/>
Home-less		VoGC	Registration Date	<input type="text"/>
NHA		General		
Date	Band / Group Ref	Beds	Reason	Initial
			Original Banding	
Notes:				

**This form is available in Welsh
Please contact 01446-709840 to request a version.**

- Please read the leaflet "**HOMES4U**" before you fill in this form.
- ⇒ When you have completed the form, you may return it to any of the members of the Homes4U Partnership whose addresses appear on the front of this form.
 - ⇒ It is important that you fill in **ALL** the sections of the form as fully and accurately as possible. If you do not then it will result in the registration of your application being delayed.
 - ⇒ If you have any questions about **HOMES4U** in general or this application form then please telephone the **HOMES4U** Hotline on 01446-709840.

Section 1—About You

Title _____ Forenames _____

Surname _____ Date of Birth _____

Male/Female (delete as appropriate) Telephone Home: _____

Telephone Work _____ Mobile _____

E- Mail _____



Section 2—About Your Current Home

House Number / Name	
Street Name	
Town	
County	
Post Code	
Date Moved In	
Type of Property	
Number of Bedrooms	
If a Flat on what floor level is it	
Does it have a lift ? (Y/N)	
Do you have exclusive use of a bathroom & toilet ? (Y/N)	
Do you have exclusive use of a kitchen ? (Y/N)	

Are You:-	✓ which applies	If a tenant, please give Landlords name
A Council Tenant		
A Housing Association Tenant		
Privately Renting		
An Owner Occupier		
Shared Owner		
HM Forces		
Living with Friends & Relatives		
Homeless		
In Tied Accommodation		
Other (please specify)		



Section 2—About Your Current Home

What is your reason for wanting to move? _____

Have you been a Tenant with a Council or Housing Association in the Past ten years? **YES / NO** If yes, who was your landlord & what was your address?

Section 3—About Those Who Are to Be Housed With You

Details of **ALL** applicants for whom accommodation is required. Include details of children that you have access to. *(We will require documentary evidence).*

If you are separated or divorced we will require documentary evidence.

All Forenames	Surname	Male or Female	Date of Birth	Relationship to Applicant

	Yes	No
Do you or any of the persons wishing to be housed with you have access to other Children? If yes, who:- (Please indicate in the table above which children you have access to.)		
If you have listed a partner or a spouse do you wish this to be a joint tenancy.		



Section 4—About Your Current Circumstances

<i>Please read and answer each of the following statements</i>		
	Yes	No
Are you or any of the persons wishing to re-housed with you Pregnant? If Yes who:- _____		
NB —If yes, please provide proof pregnancy		
Are you being harassed at your current home?		
NB —If yes, do you have evidence to support and substantiate this claim? (please attach a copy of written evidence from an independent body such as the Police or Council to verify).		
Are you overcrowded in your current accommodation?		
NB —If yes, has your property being assessed by an officer of the Vale of Glamorgan Council ?		
Are you applying to be rehoused because you have been offered a job in the Vale of Glamorgan and need accommodation to be able to take up that Job?		
NB —If yes, please provide a copy of your letter of appointment.		
Do you need to move closer to give or receive essential support/care services to assist you/your family with day-to-day living?		
NB —If yes, you will need to complete the separate medical questionnaire and submit it with this form before we can process your Membership Application.		
Has your home been declared as unfit for human habitation by the Council?		
NB —If yes attach a copy of the decision letter confirming this from the Council. If No, then we will organise for an officer to visit to assess your home before we can process your Membership Application.		
Are you and your family currently separated and want to live together?		
Has your relationship with your spouse/partner broken down and you want to live separately?		
Have you applied to move to the Vale of Glamorgan under the HOMES scheme?		



Section 5—Where do you want to live

This section is used for the purposes of nominating you for Housing Association Vacancies in the area.

Please indicate the areas you would like to consider accommodation in?

<i>Area</i>		<i>Yes</i>	
Anywhere in the Vale of Glamorgan			
<i>Barry</i>		<i>Yes</i>	<i>Penarth & Eastern Vale</i>
			<i>Yes</i>
Any area in Barry		Any Area in Penarth	
Barry Town Centre only		Dinas Powys	
Gibbonsdown		Llandough	
Barry Waterfront			
<i>Rural Vale</i>		<i>Yes</i>	<i>Rural Vale</i>
			<i>Yes</i>
Any area in the Rural Vale		Cowbridge	
Llantwit Major		Rhose	
St Athan			

Section 6 – Additional Information to Support Your Membership Application

<i>Organisation</i>	<i>Name</i>	<i>Address</i>
Doctor		
Social Worker		
Probation Officer		
Support Worker		



Are you interested in any of the following schemes?

	Yes	No
Low Cost Home Ownership		
Mutual Exchange—if you answer “yes” we will place your details on the Mutual Exchange Register		

Section 7 – Declaration

I certify that the information contained in this application is correct to the best of my knowledge.

I understand that I may lose any housing that I may be offered if I have given any false information.

I acknowledge that the information provided on this form will be shared with all relevant agencies and individuals in processing and determining my application.

I hereby give permission to contact my previous landlord for a reference.

Signature Date

	Yes	No
Are you related to any Councillor or member of staff, board or committee?		
If yes please state who and which organisation		



THE HOMES4U PARTNERSHIP

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