

SOUTHSEA SELF HELP HOUSING CO-OPERATIVE

APPLICATION FOR HOUSING

Please read the attached information sheet carefully before completing this application form.
All questions must be completed.

1. Name of Applicant(s). Please use a separate line for each person seeking a tenancy

Please note that membership and tenancy cannot be granted to anyone under the age of 18. Single persons wishing to share accommodation with friends must apply separately.

1.	<input style="width: 95%;" type="text"/>	Date of birth	<input style="width: 95%;" type="text"/>	Nat. Ins. No	<input style="width: 95%;" type="text"/>
2.	<input style="width: 95%;" type="text"/>	Date of birth	<input style="width: 95%;" type="text"/>	Nat. Ins. No	<input style="width: 95%;" type="text"/>
3.	<input style="width: 95%;" type="text"/>	Date of birth	<input style="width: 95%;" type="text"/>	Nat. Ins. No	<input style="width: 95%;" type="text"/>

2. Current Address

<input style="width: 99%;" type="text"/>	
Town	<input style="width: 99%;" type="text"/>
County	<input style="width: 99%;" type="text"/>
	Postcode <input style="width: 99%;" type="text"/>
Telephone	<input style="width: 99%;" type="text"/>
Email	<input style="width: 99%;" type="text"/>

3. Please give the following information about people who will normally be resident with you as one household (i.e. one tenancy agreement). Please include any children-

Name	Relationship to you	Date of Birth	Sex

4. Current Housing Situation (Please tick the most appropriate description)

Private Rented Accommodation <input type="checkbox"/>	Bed and Breakfast <input type="checkbox"/>
Council tenant <input type="checkbox"/>	
Name of Council..... <input style="width: 95%;" type="text"/>	Living with friends or relatives <input type="checkbox"/>
Housing Association tenant <input type="checkbox"/>	Living in a Housing Co-operative <input type="checkbox"/>
Name of Housing Association..... <input style="width: 95%;" type="text"/>	Name of Housing Co-operative..... <input style="width: 95%;" type="text"/>
Other Please describe <input style="width: 95%;" type="text"/>	<input type="checkbox"/>

5. a) Have you tried to transfer from your current address? Yes No

b) If yes, please give details

6. Please describe your current housing situation. Please be as detailed as possible giving for example information on physical conditions (e.g. damp, overcrowding).

Please note that we reserve the right to undertake a home visit to applicant's current address.

7. a) How long have you lived at your current address?

b) If less than 3 years please give previous address

8. Why do you wish to leave your current address?

9. a) Are you on a council waiting list Yes No

b) If yes, which council's waiting list are you on?

and how many points do you

have?

10. a) Have you applied to housing organisations other than Southsea Self help regarding your current housing situation (please include any councils, housing co-operatives, housing associations, etc)? Yes No

b) If yes, please give details.

11. a) Have you applied to Southsea Self Help Housing Co-operative before?

Yes No

b) If yes, please give details.

12. a) Are any current members of Southsea Self Help Housing Co-operative known to you

Yes No

b) If yes, who and in what capacity?.

13. How did you find out about Southsea Self Help Housing Co-operative?

14. a) Have you ever lived in a Housing Co-operative before? Yes No

b) If yes, please give details.

15. Why are you applying to a Housing Co-operative?

16. Please give details of any experience you have of work in the Voluntary Sector (community association, charity, housing association/co-operative, etc. Please state if this was in a paid capacity or as a volunteer. Please give approximate dates for each activity and a contact person for verification (if necessary).

17. Housing Co-operatives are voluntary organisations that rely on the involvement of all of their members. Please give details of how you would be involved in the running of the Co-operative.

17. Please describe the type of housing for which you are applying

18. Please give any other details that you feel might be relevant or helpful in your application such as other voluntary work (caring for a relative or friend, etc.)

DECLARATION

I declare that all the information given in this application is true and accurate. I understand that if, at a later date, any of the information is proved to have been false or misleading that any tenancy/membership of Southsea Self Help Housing Co-operative might have been granted will be terminated immediately.

Signed Date

Please return this completed form to THE MEMBERSHIP OFFICER, SOUTHSEA SELF HELP HOUSING CO-OPERATIVE, 57 LUCKNOW STREET, PORTSMOUTH, HANTS. P01 1PT or EMAIL TO info.sshh@yahoo.co.uk.

PLEASE DO NOT SEND THIS FORM TO ANY OTHER ADDRESS AS IT WILL NOT BE PICKED UP.
(Application form should be saved using applicants name then either attached to email or printed)