



35 Langstone Way,
Mill Hill East, London, NW7 1GT

Tel: 020 8371 6611
Email: tenancy@jbd.org
Reg. Charity No. 259480

OFFICE ONLY
DATE SENT
DATE RETURNED

APPLICATION FORM FOR HOUSING

Name		Marital Status	
Date of Birth		Place of Birth	
Permanent Address			
Email Address			
Phone Numbers			

If applying for joint accommodation:

Name of 2nd Applicant		Relationship to 1st Applicant	
Date of Birth		Place of Birth	

Name of 3rd Applicant		Relationship to Applicants	
Date of Birth		Place of Birth	

Present Address if different from above:

Present Address	
Phone Number	

If you were born outside the UK - How long have you lived here?

Is your Accommodation: Owned Rented Sublet Tick where appropriate

Landlord's Name & Address

If you live in a flat, house or maisonette:

Are there stairs up to or in the property? State number and location

Which Floor Is there a lift

How many: Bedrooms Living rooms Kitchens Bathrooms WC

Monthly Rent/ Mortgage Payment Do you have a pet, other than an assistance dog **YES / NO**

Do you or your partner have any criminal convictions? **YES / NO**

Please give details and date of conviction.

Do you live alone **YES / NO**

If you do not live alone please state with whom you live and their relationship to you:

Please provide the name of your Next of Kin including their home and email address and phone number. Please state their relationship to you:

NAME:	TEL No.
ADDRESS:	HOME:
	MOBILE:
	WORK:
POSTCODE:	EMAIL ADDRESS:
	RELATIONSHIP TO YOU:

You may wish to provide us with an additional contact in case we are unable to contact your Next of Kin. This can be a friend or family member:

NAME:	TEL NO.
	HOME:
ADDRESS:	MOBILE:
	WORK:
	EMAIL ADDRESS:
POSTCODE:	RELATIONSHIP TO YOU:

Are you and your spouse Jewish: please tick the appropriate box:

 Yes No

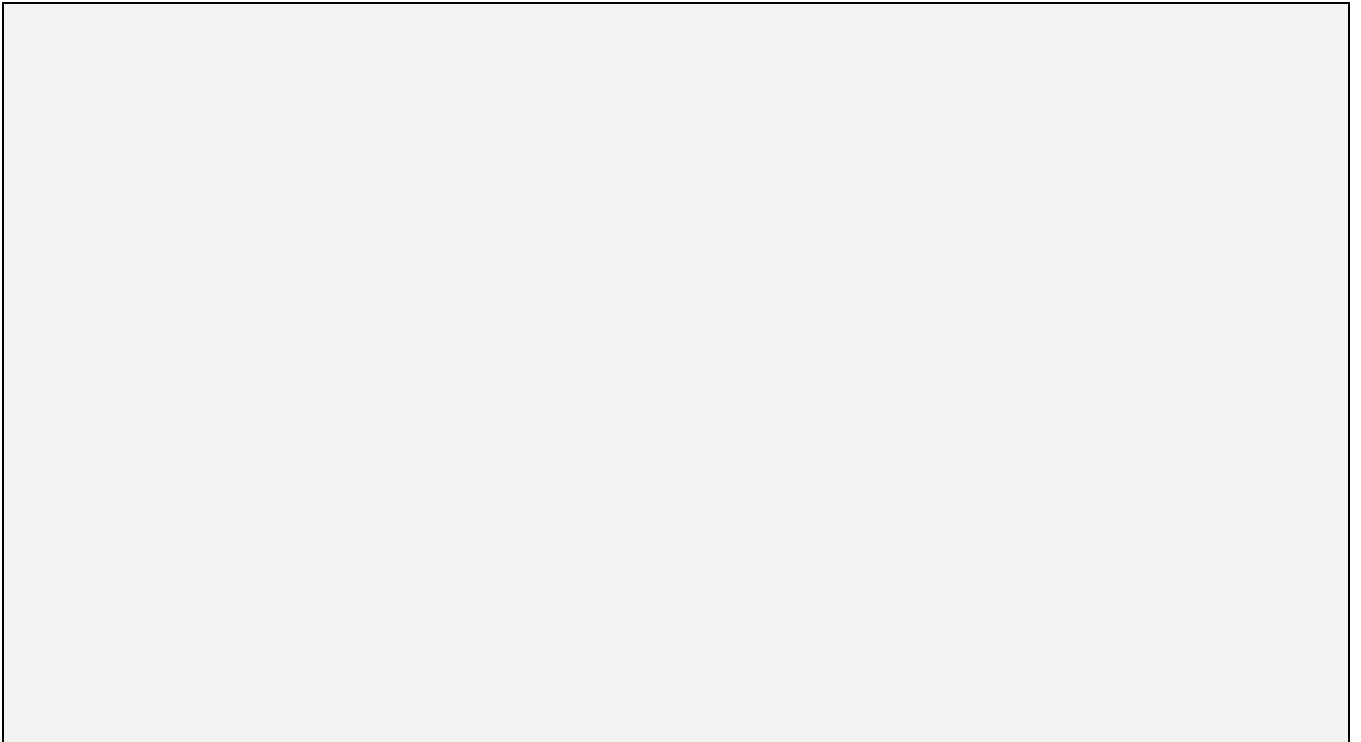
You may be required to provide evidence and supporting documents.

Please give details of your Synagogue membership or Burial scheme:

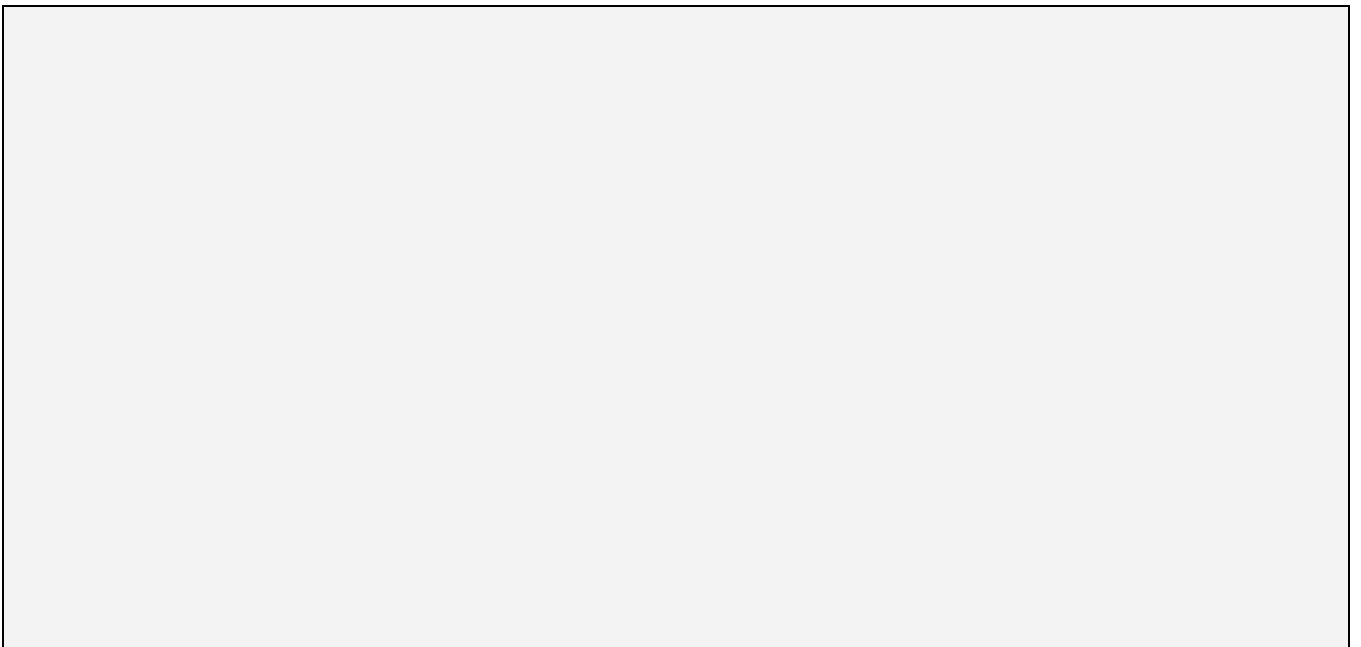
Please give your Hebrew name:

Please give your reasons for needing re-housing:

Please list ALL your medical conditions, physical disabilities, vision impairment, mobility issues, learning difficulties and the limitations that they may impose on your current housing:



Have you ever suffered from any mental health issues, for example depression, phobias or anxiety? Please provide details



Have you experienced any memory loss or had a diagnosis of Dementia or Alzheimer's? Are you currently being treated, or awaiting a memory test? Please provide details

Have you been an inpatient at a hospital in the past 12 months?

WHERE
WHEN
WHY

Please give the name, address and phone number for your Doctor:

IMPORTANT INFORMATION REQUIRED

We require a copy of your Medical Summary which is a brief document obtainable from your GP. This is currently not subject to any charges. You must contact your GP to prevent your application being delayed

Date medical summary requested from GP:

Do you have a blue badge?

YES / NO

If yes, please give your registration number

Are you being supported by a social worker or any other external agency? If so please provide details

What, if any, Homecare services and personal care (carer, meals on wheels, cleaner, district nurse etc) do you receive and how often:

Financial Information (How much you would have to pay depends on your income and capital.) You will be asked to verify this information and sign a financial declaration.

Do you receive any of the following Benefits?

			Applicant 1	Applicant 2
Housing Benefit	YES/NO	Amount per week		
Attendance Allowance	YES/NO	Amount per week		
Personal Independence Payment (PIP)	YES/NO	Amount per week		
Disability Living Allowance (DLA)	YES/NO	Amount per week		
State Pension	YES/NO	Amount per week		
Pension Credit:	YES/NO			
Guaranteed		Amount per week		
Savings		Amount per week		
Private Pension	YES/NO	Amount per week		
Other disability allowance	YES/NO	Amount per week		
Additional Income	YES/NO	Amount per week		
Employment & Support Allowance (ESA)	YES/NO	Amount per week		
Job Seeker's Allowance	YES/NO	Amount per week		
Universal Credit	YES/NO	Amount per week		

	Applicant 1	Applicant 2
What is your National Insurance Number		

Do you or have you owned a property? YES/NO

If yes please provide full details of all the properties and including land.

Address:

Date Sold and Sale Price	£
Still owned: approx value	£

Employment	YES/NO	Applicant 1	Applicant 2
Occupation			
Monthly Income			
Hours worked			

Please give details of all Capital/ and Debts owed

Cash	£	Bank/Building Societies	£
Policies		Credit Card Debt	£
Other Assets		Loans/mortgage etc	£
Share/Investments		Equity Release	£

Do you manage your own finances? **YES / NO**

If the answer is no, please provide below the name and address of the person that manages your finances on your behalf:

Do you have a Lasting Power of Attorney registered? YES / NO

For your Finances YES / NO

For Health & Welfare YES / NO

Please give details:

Have you applied for re-housing elsewhere? Please give details

Area required

North East London <input type="checkbox"/>	Hertfordshire & North West London <input type="checkbox"/>
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Have you applied to Jewish Blind & Disabled before? If so, when?

How did you hear about Jewish Blind & Disabled?

Word of mouth Jewish Press Social Worker, GP or other professional

Know someone living in a JBD development Social Media

Other, please specify: _____

SIGNED DECLARATION

Please note that in the event of a tenancy being offered and taken up, where it is discovered that a tenant has deliberately given false information in their application for a tenancy, a County Court can make an order for possession of the dwelling on behalf of the Landlord under schedule 2 of the Housing Act 1985 and no alternative accommodation need be provided.

The information contained on this form could be required for calculation of Housing Benefit or Universal Credit, or to assess if there has been a deprivation of assets. I/we agree for this information to be made available to the relevant Local Authority or Government departments.

If I/we are successful in our application I/we understand that Jewish Blind & Disabled may ask for evidence of my finances and for additional medical information.

Signed

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Date

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Signed

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Date

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Do you give your permission for us to contact your current Landlord if necessary? Please sign below, giving your consent: -

Your signature:

Date:

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Details of our Privacy Policy can be found on our Website www.jbd.org