

Ref number (office use only)

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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	Nationality
	M F	

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

Full time Part-time Self-employed

Name of employer

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.

Title (Mr Mrs Miss) First name Last name

Date of birth (DD/MM/YY)

Gender

M F

Nationality

National Insurance Number

Relationship to you

ONE

TWO

Title (Mr Mrs Miss) First name Last name

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

M F

National Insurance Number Relationship to you

THREE

Title (Mr Mrs Miss) First name Last name

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

M F

National Insurance Number Relationship to you

FOUR

Title (Mr Mrs Miss) First name Last name

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

M F

National Insurance Number Relationship to you

FIVE

Title (Mr Mrs Miss) First name Last name

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

M F

National Insurance Number Relationship to you

SIX

Title (Mr Mrs Miss) First name Last name

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

M F

National Insurance Number Relationship to you

SEVEN

Title (Mr Mrs Miss) First name Last name

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

M F

National Insurance Number Relationship to you

EIGHT

Title (Mr Mrs Miss) First name Last name

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

M F

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)

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)

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
<input type="text"/>	<input type="text"/>	<input type="text"/>
Date of birth (DD/MM/YY)	Gender	Nationality
<input type="text"/>	M <input type="checkbox"/> F <input type="checkbox"/>	<input type="text"/>
National Insurance Number	Relationship to you	
<input type="text"/>	<input type="text"/>	

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.

	Name	Date of birth (DD/MM/YY)	Gender	Relationship	Date moved in (DD/MM/YY)
BEDROOM ONE	<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"/>	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"/>
BEDROOM TWO	<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"/>	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"/>
BEDROOM THREE	<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"/>	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"/>
BEDROOM FOUR	<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"/>	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"/>
BEDROOM FIVE	<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"/>	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"/>
BEDROOM SIX	<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"/>	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"/>

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)
	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Street name	Date moved out (DD/MM/YY)	
	<input type="text"/>	<input type="text"/>	
Town/city	Postcode	Reason for moving out	
<input type="text"/>	<input type="text"/>	<input type="text"/>	

SECOND	House/flat number	Block name	Date moved in (DD/MM/YY)
	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Street name	Date moved out (DD/MM/YY)	
	<input type="text"/>	<input type="text"/>	
Town/city	Postcode	Reason for moving out	
<input type="text"/>	<input type="text"/>	<input type="text"/>	

THIRD	House/flat number	Block name	Date moved in (DD/MM/YY)
	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Street name	Date moved out (DD/MM/YY)	
	<input type="text"/>	<input type="text"/>	
Town/city	Postcode	Reason for moving out	
<input type="text"/>	<input type="text"/>	<input type="text"/>	

FOURTH	House/flat number	Block name	Date moved in (DD/MM/YY)
	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Street name	Date moved out (DD/MM/YY)	
	<input type="text"/>	<input type="text"/>	
Town/city	Postcode	Reason for moving out	
<input type="text"/>	<input type="text"/>	<input type="text"/>	

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?

Title (Mr Mrs Miss)	First name	Last name
<input type="text"/>	<input type="text"/>	<input type="text"/>
Name of organisation		
<input type="text"/>		
Flat/house number	Block name	What does this person do?
<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Worker <input type="checkbox"/> Board member <input type="checkbox"/> Elected Councillor
Street name		
<input type="text"/>		
Town/city	Postcode	
<input type="text"/>	<input type="text"/>	
How are they related to you?		
<input type="text"/>		

Title (Mr Mrs Miss)	First name	Last name
<input type="text"/>	<input type="text"/>	<input type="text"/>
Name of organisation		
<input type="text"/>		
Flat/house number	Block name	What does this person do?
<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Worker <input type="checkbox"/> Board member <input type="checkbox"/> Elected Councillor
Street name		
<input type="text"/>		
Town/city	Postcode	
<input type="text"/>	<input type="text"/>	
How are they related to you?		
<input type="text"/>		

12. Information for all applicants

What happens next

The information on this form will be used to assess your application for priority according to the current Allocations Scheme.

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.

On full completion of the form:

If you are a tenant of a Housing Association return your completed form to them. Anyone else should send the completed form to:

Lettings Team, Albert Jacob House, 62 Roman Road, E2 OPG

or take it in person to one of the Council's One Stop Shops where you will be given a receipt.

- 1 Rushmead, Off Bethnal Green Road, Bethnal Green, E2 6NE
- John Onslow House, 1 Ewart Place, Bow, London, E3 5EQ
- Idea Store, Watney Market, 260 Commercial Road, E1 2FB
- Chrisp Street, 15 Market Square, E14 6AQ

Once the completed form is received we will write to you asking you to provide identification documentation for yourself and your family members. You may also be asked to give information about your other circumstances, such as medical conditions. Depending on which priority banding your application will be placed in we may also need 3 years proof of residence.

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 টীমের 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 ہملٹس 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۔

Privacy Notice

Data Controller and Purpose

The information you provide will be used by the London Borough of Tower Hamlets, as the Data Controller under the General Data Protection Regulation and UK Data Protection Legislation, to process your services and each service will have a detailed privacy notice, to tell you more about your data and how it is processed.

We will also let you know if we have received data from other organisations, what type of data they have provided and what and we will use this for.

We process your data in accordance with the General Data Protection Regulation (GDPR) and UK privacy legislation and if you have any concerns the Council's Data Protection Officer can be contacted on DPO@towerhamlets.gov.uk

Condition for Processing Personal Data

Most often, it is necessary for us to process your personal data (name, address, contact details), under the GDPR as a task carried out in the public interest, and more personal data (health, personal and household circumstances) as necessary for substantial public interest reasons.

Other services, where there is a legal obligation for us to process your data, or where we are performing a contract, our privacy notice will state this and any other condition for processing data. The main purposes for which we process data are employment, social security or social protection law, legal action, preventative or occupational medicine, the provision of health and social care, public health, and for archiving, research and statistical purposes.

A delay in you providing the information requested may result in a delay in providing appropriate services.

How long do we keep your information?

We will only hold your information for as long as is required by law and to provide you with the necessary services. For further details, you can view our [Retention Schedule](#).

We may also anonymise (take out details that identify you) some personal data you provide to us to ensure that you cannot be identified and use this for statistical analysis of data to allow the Council to effectively target and plan the provision of services.

Information sharing

Your personal information may be shared with internal departments or with external partners and agencies involved in delivering services on our behalf. Specific details will be contained in the service's privacy notice.

The council has a duty to protect public funds and may use personal information and data-matching techniques to detect and prevent fraud, and ensure public money is targeted and spent in the most appropriate and cost-effective way. Information may be shared with internal services and external bodies like the Audit Commission, Department for Work and Pensions, other local authorities, HM Revenue and Customs, and the Police. This activity is carried out under social protection law.

We have a duty to improve the health of the population we serve. To help with this, we use data and information from a range of sources including hospitals to understand more about the nature and causes of disease and ill-health in the area. This data would normally be anonymised and never used to make decisions on a specific individual or family.

Data Transfer to non-European Economic Area (EEA) territory

The law prohibits organisations from processing data outside the EEA and the Council abides by this.

Automated Decision Making and Profiling

Each service will let you know whether they will process some of the data by computer and may therefore make automated decisions on your case. If an automated decision is made, you can ask for this to be explained to you, please see the 'your rights' link below.

Your Rights

You can find out more about your rights on our [Data Protection Page](#) and this includes details of your rights about automated decisions, such as the ranking of Housing Applications, and how to complain to the Information Commissioner.