



MID SUSSEX

DISTRICT COUNCIL

Housing Register Form



Household Member Information

Main Applicant

Title:	<input type="text"/>	<input type="text"/>	Forename:	<input type="text"/>
	<input type="text"/>	Surname:	<input type="text"/>	
Any previously used names:	<input type="text"/>			
Relationship to Main Applicant:	<input type="text" value="Main Applicant"/>			
National Insurance number:	<input type="text"/>			
Date of Birth: /..... /.....			
Gender:	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other <input type="checkbox"/> Prefer not to say			
Does this person identify with their birth gender: Yes / No				
Is this household member pregnant? If yes, Expected Due Date: /..... /.....				

Household Member 1

Title:	<input type="text"/>	<input type="text"/>	Forename:	<input type="text"/>
	<input type="text"/>	Surname:	<input type="text"/>	
Any previously used names:	<input type="text"/>			
Is this the Joint Applicant: Yes / No				
Relationship to Main Applicant:	<input type="text"/>			
National Insurance number:	<input type="text"/>			
Date of Birth: /..... /.....			
Gender:	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other <input type="checkbox"/> Prefer not to say			
Does this person identify with their birth gender: Yes / No				
Is this household member pregnant? If yes, Expected Due Date: /..... /.....				



Household Member 2

Title: Forename:

Surname:

Any previously used names:

Relationship to Main Applicant:

National Insurance number:

Date of Birth: /..... /.....

Gender: Male Female Other Prefer not to say

Does this person identify with their birth gender: Yes / No

Is this household member pregnant? If yes, Expected Due Date: /..... /.....

Household Member 3

Title: Forename:

Surname:

Any previously used names:

Relationship to Main Applicant:

National Insurance number:

Date of Birth: /..... /.....

Gender: Male Female Other Prefer not to say

Does this person identify with their birth gender: Yes / No

Is this household member pregnant? If yes, Expected Due Date: /..... /.....



Household Member 4

Title: Forename:

Surname:

Any previously used names:

Relationship to Main Applicant:

National Insurance number:

Date of Birth: /..... /.....

Gender: Male Female Other Prefer not to say

Does this person identify with their birth gender: Yes / No

Is this household member pregnant? If yes, Expected Due Date: /..... /.....

Household Member 5

Title: Forename:

Surname:

Any previously used names:

Relationship to Main Applicant:

National Insurance number:

Date of Birth: /..... /.....

Gender: Male Female Other Prefer not to say

Does this person identify with their birth gender: Yes / No

Is this household member pregnant? If yes, Expected Due Date: /..... /.....



Household Member 6

Title: Forename:

Surname:

Any previously used names:

Relationship to Main Applicant:

National Insurance number:

Date of Birth: /..... /.....

Gender: Male Female Other Prefer not to say

Does this person identify with their birth gender: Yes / No

Is this household member pregnant? If yes, Expected Due Date: /..... /.....

Please use this space to indicate any of the following:

- Any additional household members that cannot fit above?
- Are any of the children in the household with you on a non-permanent basis?



Contact Information

Please provide us with contact details so we can contact to discuss your application

Email (essential for contact)	
Mobile Number	
Home Telephone Number	

Address History

We need **5 years** address for the main and (if applicable) the joint applicant.

Have the main applicant and the have the main and joint applicant had the same address history over the last 5 years:

- Yes
 No

Main Applicant Address History - If you were of no fixed address over the last 5 years please write Address as 'NFA' for period.	
Current Address	Address: Postcode: Start date: End date: Present Owner/private rented/Housing Association/Family/friends/Other (please specify) Landlord: Landlord contact: Reason for leaving:
Address 2	Address: Postcode: Start date: End date: Owner/private rented/Housing Association/Family/friends/Other (please specify) Landlord: Reason for leaving:



Address 3	Address: Postcode: Start date: End date: Owner/private rented/Housing Association/Family/friends/Other (please specify) Landlord: Reason for leaving:
Address 4	Address: Postcode: Start date: End date: Owner/private rented/Housing Association/Family/friends/Other (please specify) Landlord: Reason for leaving:

Please continue on a separate sheet if necessary

	Joint Applicants if differs from Main If you were of no fixed address over the last 5 years please write Address as 'NFA' for period.
Current Address	Address: Postcode: Start date: End date: Present Owner/private rented/Housing Association/Family/friends/Other (please specify) Landlord: Landlord contact: Reason for leaving:
Address 2	Address: Postcode: Start date: End date: Owner/private rented/Housing Association/Family/friends/Other (please specify) Landlord: Reason for leaving:



Address 3	Address: Postcode: Start date: End date: Owner/private rented/Housing Association/Family/friends/Other (please specify) Landlord: Reason for leaving:
Address 4	Address: Postcode: Start date: End date: Owner/private rented/Housing Association/Family/friends/Other (please specify) Landlord: Reason for leaving:

Please continue on a separate sheet if necessary

Eligibility

Please tick the immigration status for the Main Applicate and Joint Applicant:

	Main Applicant	Join Applicant
British Citizen (including citizens of the Irish Republic/residents within the common travel area)		
EEA National or family member of an EEA national		
Asylum seeker with leave to remain		
Asylum seeker with no leave to remain		
Non-EEA national with leave to remain		
Non-EEA national without leave to remain		



Housing Situation

What is your current housing situation?

- Owner-occupier
- Shared ownership
- Private rented sector:
 - selfcontained
 - Private rented sector: HMO
 - Private rented sector: lodging (not with family or friends)
 - Council tenant Housing
 - Association tenant Armed Forces
 - accommodation Tied accommodation
- Looked after children
- placement Living with family
- Living with friends
- Social rented supported housing or hostel
- Refuge
- Rough sleeping (in judgement of assessor)
- Homeless on departure from institution: Custody
- Homeless on departure from institution: Hospital (psychiatric)
- Homeless on departure from institution: Hospital (general)
- Temporary accommodation Student
- accommodation NASS
- accommodation No fixed abode Caravan / houseboat
- Other

Please describe your current home, including number of bedrooms, what floor it is on Ground, 1st, 2nd or above, and if it is a house, flat or other type?

Circumstance

Please select the main reason you are completing this form



- Mortgage repossession
- End of private rented tenancy – assured shorthold tenancy
- End of private rented tenancy – not assured shorthold tenancy
- Eviction from supported housing
- Family no longer willing or able to accommodate
- Friends no longer willing or able to accommodate
- Relationship with partner ended (nonviolent breakdown)
- Domestic abuse
- Racially motivated violence or harassment
- Non-racially motivated / other motivated violence or harassment
- Left institution with no accommodation available
- Left HM Forces
- Required to leave accommodation provided by Home Office as asylum support
- Fire or flood / other emergency
- Property disrepair
- Relocation from outside local area
- Relocation within area
- Moving on medical grounds
- Move to sheltered
- Require a larger property
- Require a smaller property
- Other

Please use this space to detail why you are completing your form:



Do any of following apply to you? Select all that apply

- I am a statutory/non-statutory successor to a social tenancy Referred by Social Services
- Serving in the regular forces
- Have previously served in the regular forces and have left in the last 5 years
- Serving or served in the regular forces and suffering from an injury, illness or disability A care leaver
-
- Spouse or civil partner of someone serving in the regular forces where serving person has died Council has agreed reciprocal agreement with your council
- Application under Right to Move scheme
- Applicant receiving hospital or other treatment on temporary basis None of the above apply to me

Do you have any pets? Please specify if they are a service animal

Support Needs

Please tick all that apply to members of the household

- Care leaver aged 18-20 years
- Care leaver aged 21+ years
- Physical ill health and disability
- History of mental health problems
- Learning disability
- History of rough sleeping At risk of/has experienced sexual abuse/exploitation
- Former asylum seeker
- At risk of/has experienced domestic abuse
- At risk of/has experienced abuse (non-domestic abuse)
- Drug dependency needs
- Alcohol dependency needs
- Served in HM Force

Family Connection to Mid Sussex

Do you or your joint applicant have:



- a parent
- an adult child or
- a brother or sister

Who have been living in the Mid Sussex District for more than 5 years? If yes, please provide the following information:

Name of Relative:
 Relationship to main or joint app:

Address over the past 5 years

Current Address:	Postcode:	
	Start date:	
Previous Address:	Postcode:	
	Start date:	End date
Previous Address:	Postcode:	
	Start date:	End date

Name of Relative:
 Relationship to main or joint app: **Address**
over the past 5 years

Current Address:	Postcode:	
	Start date:	
Previous Address:	Postcode:	
	Start date:	End date
Previous Address:	Postcode:	
	Start date:	End date

Please continue on separate sheet if necessary Finance

What is the current employment status of the Main and Joint Applicant?

Main Applicant's Employer:
 Total Hours per week:



Address:

Joint Applicant's Employer:

Total Hours per week:

Address:

Select all the benefits and amounts currently claimed by your household:

- No benefits claims made / refused to answer
- Universal Credit
- Housing Benefit
- Tax Credits (WTC, CTC)
- Income Support / CA
- Jobseeker's Allowance
-
- Employment and Support Allowance
- Disability Benefits (PIP, DLA, AA, IB, IIDB)
- State Pension and/or Pensioner Credit (PC)
- Bereavement Benefits (BP, WPA, BA, BSP)

What is the gross income of your household (income you receive before tax)? Please include wages, benefit, pension & tax credit

£

Please tell us the combined value of all your household's savings, investments, and dividends? Include the value of all bank accounts belonging to members of the household.

£

Has anyone in your household ever owned a property?

- Yes
- No

Please provide us with full details of any owned, previously owned or disposed of property, including address, date of disposal, and all financial considerations.

Medical and Mobility

Please use this space to identify if any members of the household member have any medical or mobility needs. Please detail all illnesses or disabilities



In what ways does the illness or disability affect their day-to-day activities and their ability to look after themselves?

Please describe in as much detail as possible how the current housing situation impacts upon the household member's health and or disability

Does the current home have any of the following adaptations in place? Select all that apply

- | | |
|--|--|
| <input type="checkbox"/> Automatic door openers | <input type="checkbox"/> Stairlift |
| <input type="checkbox"/> Ceiling track hoist | <input type="checkbox"/> Through-floor lift |
| <input type="checkbox"/> Level-access shower/wetroom | <input type="checkbox"/> Wheelchair-accessible kitchen units |
| <input type="checkbox"/> Outside platform lift | <input type="checkbox"/> Widened doorways |
| <input type="checkbox"/> Over bath shower | <input type="checkbox"/> Other |
| <input type="checkbox"/> Sensory equipment | |

If other, please specify:

General Practitioner (GP/Doctor):



Title: Surname:

Name of surgery:

Address:

Postcode:

Telephone number:

Hospital Consultant:

Title: Surname:

Name of surgery:

Address:

Postcode:

Telephone number:

Psychiatrist / Psychologist / Therapist:

Title: Surname:

Name of surgery:

Address:

Postcode:

Telephone number:

Support worker/ Key worker:

Title: Surname:

Name of surgery:

Address:

Postcode:



Telephone number:

Behaviour

Have you, within the preceding 10 years, obtained or attempted to obtain housing or other housing related services/welfare benefits/public funds, from any public body in the UK, by making a false or misleading statement or withholding information, or encouraging someone else to do so on their behalf?

If yes, please provide details:

Do any household members owe any housing related charges or rent arrears to a Housing Association, private landlord or another Local Authority?

If yes, please provide details:

Name of landlord:

Address:

Amount owed:

Have arrangements been made to pay the arrears off?

Please provide details:

Have you or member of your household been evicted or had legal action taken against you by a housing association or local authority landlord due to breach of tenancy?

If yes, please provide details:



Have you, or any member of your household, been convicted of criminal offence that is currently unspent?

Criminal conviction:

Date of conviction:

Have you or any member of your household, been convicted of any offence or had any legal action taken against you because of abusive or violent behaviour towards the employees of a Local Authority or a Registered Provider (Housing Association)?

Name of household member:

Date of conviction and/or legal action

Details of conviction and/or legal action



Do any household members have a Probation Officer?

Name of Probation Officer

Date of last contact

Address:
:

Telephone Number:

Relationships and Disclosure

Are you or any member of your household related to an employee or councillor of Brighton and Hove City Council, Adur, Worthing, Chichester, or Mid Sussex District Councils, or any local registered provider or housing association?

If yes, please state their name and relationship to you:

Would you like to give authorisation to discuss your housing application with anyone?

Authority to speak can be given to anyone including family, support workers, health workers that you are comfortable with us discussing your housing application. Permission to discuss will be assumed until you request it be withdrawn.

If yes, please state their name, contact details and relationship to you:

Has anyone helped the household to complete this form?



If yes, please state their name, contact details and relationship to you:

Equality Section

the ethnicity of the main applicant, for the joint applicant, 'b' for both:

- | | |
|---|---|
| <input type="checkbox"/> White British | <input type="checkbox"/> Asian or Asian British – Bangladeshi |
| <input type="checkbox"/> White Irish | <input type="checkbox"/> Asian or Asian British – other |
| <input type="checkbox"/> White other | <input type="checkbox"/> Black or Black British – Caribbean |
| <input type="checkbox"/> Mixed White and Black Caribbean | <input type="checkbox"/> Black or Black British – African |
| <input type="checkbox"/> Mixed White and Black African | <input type="checkbox"/> Black or Black British – other |
| <input type="checkbox"/> Mixed White and Asian | <input type="checkbox"/> Gypsy or Traveller |
| <input type="checkbox"/> Mixed other | <input type="checkbox"/> Chinese |
| <input type="checkbox"/> Asian or Asian British - Indian | <input type="checkbox"/> Other |
| <input type="checkbox"/> Asian or Asian British – Pakistani | <input type="checkbox"/> Not stated |

the religion of the main applicant, for the joint applicant, 'b' for both:

- | | |
|---|--|
| <input type="checkbox"/> Buddhist Christian | <input type="checkbox"/> Sikh |
| <input type="checkbox"/> Hindu | <input type="checkbox"/> Other |
| <input type="checkbox"/> Jewish | <input type="checkbox"/> No religion |
| <input type="checkbox"/> Muslim | <input type="checkbox"/> Not Stated |
| <input type="checkbox"/> | <input type="checkbox"/> Prefer Not To Say |

the sexuality of the main applicant, for the joint applicant, 'b' for both:

- | | |
|---------------------------------------|---|
| <input type="checkbox"/> Bisexual | <input type="checkbox"/> Other |
| <input type="checkbox"/> Gay | <input type="checkbox"/> Not Stated |
| <input type="checkbox"/> Heterosexual | <input type="checkbox"/> Prefer Not To Stay |
| <input type="checkbox"/> Lesbian | |



Does the main applicant have a disability? for the joint applicant, 'b' for both

- Yes
- No
- Prefer not to say
- Not Stated

Declaration

Please read the declaration and sign on final page.

I confirm that all the information that I provide to Sussex Homemove (Adur and Worthing Council, Brighton & Hove City Council, Chichester District Council, Mid Sussex District Council and the Homemove Team at Clarion) in connection with my application for housing assistance is accurate and I will notify the Homemove partners processing my application of any change in my or my household's circumstances that might affect my application or the Council's decision. I am aware that it is a criminal offence to withhold information or to provide false information.

I agree to Sussex Homemove obtaining such information as they may reasonably require from third parties in order that my application may be fully considered and that this may include enquiries with a credit reference agency.

I authorise any third party (including the Police, Probation, any landlord, my medical representatives and my mortgage lender) to disclose relevant records or information they hold about me.

I also authorise Homemove and its partners to convey essential and relevant information in relation to my application for housing assistance to the Homemove Team; a Medical Adviser; a prospective Support Provider; any Statutory Agency; any Temporary Accommodation Provider; or any Housing Provider to whom I may be nominated with a view to rehousing.

I understand that my application may be cancelled if I knowingly or recklessly give false or misleading information, or if I withhold information. If I am granted a tenancy because I have knowingly or recklessly given false or misleading information, or because of information I have not given, I understand that my tenancy may be terminated and I may be prosecuted and have to pay a fine of £5,000 under section 171 of the 1996 Housing Act.

I agree that the information given on this form can be used in the decision about any homeless application I may make under part VII of the 1996 Housing Act. I understand that if I knowingly or recklessly make a false statement, withhold information or fail to tell you if my circumstances change, it is an offence and I may be subject to a fine of up to £5000 under section 214 of the 1996 Housing Act.



Data Protection and Lawful Basis

Information will only be used by Sussex Homemove and its employees in accordance with “Data Protection Legislation”

“Data Protection Legislation” means the Data Protection Act 2018, the Privacy and Electronic Communications (EC Directive) Regulations 2003, the Regulation of Investigatory Powers Act 2000, the Investigatory Powers Act 2016, the Telecommunications (Lawful Business Practice) (Interception of Communications) Regulations 2000 and from 31 December 2021 the UK General Data Protection Regulation, and any supplementary legislation or regulations which may come into force.

We will be processing your personal data under Section 8 c of the Data Protection Act 2018, which permits data to be processed in the public interest for a function conferred on a person under an enactment or rule of law. We advise that the Council’s social housing function is established under the Housing Act 1996.

In some cases, we may need to collect, use and share special category (sensitive) information about you in order to prioritise your application to move homes and to nominate you to a housing provider. In these cases, we will do so in accordance with the General Data Protection Act, Article 9(2)(g) and the substantial public interest conditions set out as follows:

- The Data Act 2018, Schedule 1, Part 2 Para 6 [Statutory etc. and Government Purposes] and Schedule 1, Part 2, Para 16 [Support for individuals with a particular disability or medical condition]

Where there is an indication that information you provide as part of your application to Homemove may be fraudulent, the data may be used as part of an investigation under the UK General Data Protection Regulation, Article 9(2)(g) and the Data Protection Act 2018, Schedule 1, Part 2, Para 14 [Prevention of Fraud]

Sussex Homemove will not supply information to any other organisation or individual except to the extent permitted by the Data Protection Legislation and which is required or permitted by law in carrying out any of its proper functions.

We will only ask for personal information that is necessary to enable us to deliver our services in compliance with our legal duties under, including but not limited to, relevant health and safety regulations, Housing Acts 1985, 1988, 1996, and 2004, the Homelessness Act 2002, Landlord and Tenant Act 1985, Commonhold and Leasehold Reform Act 2002, Housing and Planning Act 2016, Homelessness Reduction Act 2017, Children Acts 1989 and 2004, Equality Act 2010, Human Rights Act 1998 and any associated regulations, statutory guidance and codes of guidance.

Why we need it

We use your data to:



- make housing decisions and provide housing services to the residents, landlords and tenants of the borough
- carry out specific functions for which we are responsible for, e.g., administration of Right to Buy applications and provision of adaptations □ enable us to comply with our statutory duties e.g.
- preventing tenancy fraud and illegal subletting
- protecting public funds,
- recovering debt
- preventing or detecting crime/fraud
- law enforcement, criminal prosecutions and court proceedings
- regulation and licensing
- Produce statistics and reports to research and plan new services. Statistics are used in such a way that individuals or families cannot be identified from them.
- monitor, evaluate and review the quality of our services
- comply with government department research and statistical returns
- deliver national government programmes and initiatives
- account for our decisions and investigate complaints
- assess performance and targets
- inform targeted support and homelessness services to adults, young people and families who are most in need and at risk of harm or abuse
- help you to access the correct services
- some of the services we provide are optional: in that case, we will only process your information and provide the service if you have asked us to do so

What we do with it

We may share information about you to third parties where permitted or required by law to do so for all lawful purposes as specified in this notice:

- other teams in the council of application so they can carry out their statutory roles and support our service.
- third party / service delivery partners who deliver these services on our behalf
- multi-agency risk assessment conference (MARAC) that carries out safety planning for highrisk victims of domestic abuse. It brings together the police, independent domestic violence advisers, children's social services, health, social landlords and other relevant agencies.
- emergency services (e.g. treatment centres, hospitals in their function of providing in patient care)
- government departments e.g. Department for Work and Pensions, HM Revenue and Customs, Home Office
- other local housing authorities
- banks or organisations that lend money
- social housing providers
- private rental landlords and/or housing companies
- estate agents and/or property management companies
- credit reference agencies
- police and fraud prevention agencies



- HM Courts and Tribunals System
- solicitors and other advocates
- your lawyer or representative (if you have instructed one)

Staff in each area will only access the personal information that is essential to carry out their work and statutory functions but may share data between the respective teams where this is necessary to provide you with services. All organisations we pass your information to will have an informationsharing agreement with us to ensure they meet the standards of the GDPR and the Data Protection Act 2018, and will be covered by a legal basis allowing them to collect, use and share your personal information.

How long we keep it

We will keep your data for 6 years from the date of a decision or the end of a review process, unless it is an active application. Incomplete applications will be kept for 10 days.

What are your rights?

Sussex Homemove is committed to upholding your rights in respect of your personal data.

The right to be informed

Through the provision of our suite of privacy notices, we will be open and transparent about how and why we use your personal information.

The right of access

You have a right to ask us what personal information we hold about you and to request a copy of your information. This is known as a 'subject access request' (SAR). SARs need to be made in writing (we have a subject access form you can use for this purpose), and we ask that your written request is accompanied by proof of your address and identify. If you are seeking to obtain specific information (e.g. about a particular matter or from a particular time period), it helps if you clarify the details of what you would like to receive in your written request.

If someone is requesting information on your behalf, they will need written confirmation from you to evidence your consent for us to release this and proof of ID (both yours and theirs). In response to SARs, we will provide you with a copy of the information we hold that relates to you and your application.

The right to rectification

You can ask us to rectify your personal data if it is inaccurate or incomplete. Please help us to keep our records accurate by keeping us informed if your details change. The right to rectify may be subject to the presentation of evidence in some circumstances.



The right to erasure

The right to erasure is also known as ‘the right to be forgotten’. In some circumstances, you can ask us to delete or remove personal data where there is no compelling reason for its continued processing. This is not an absolute right, and we will need to consider the circumstances of any such request. Where there remains a lawful basis for processing of the data, we will not be in a position to agree to erasure requests.

The right to restrict processing

In some circumstances you can ask us to restrict processing, for example

- if you disagree with the accuracy of personal data
- if you would like us to restrict processing whilst you seek legal advice.

Contacting us.

If you would like to talk to us about your rights or about how your personal data has been processed please contact the relevant local authority Data Protection Team below:

Mid Sussex District Council

Telephone: 01444 477422

Email: foi@midsussex.gov.uk

If you are not satisfied with our response or believe, we are not processing your personal data in accordance with the law you can complain to the [Information Commissioner’s Office \(ICO\)](#).

Please sign below to agree to the declaration:

Main Applicant

Print Name:

Signature:

Date:



Joint Applicant

Print Name:

Signature:

Date:

Please scan and email this form to mid.sussexhomemove@clarionhg.com or post to:

Mid Sussex Homemove

Oaklands

Oaklands Road

Haywards Heath

RH16 1SS

Homemove can be contacted by telephone on 0300 333 6715 or by email on mid.sussexhomemove@clarionhg.com