

Enterprise House Application Form

Please complete all sections in block capitals using black ink and return by post to
Housing & Community Association, Enterprise House, Hawksworth, Kings Head Hill, Chingford, E4 7NB
Tel: 020 8524 0318 Email: info@housingca.org.uk

A About you	Joint Applicant (if applicable)
Surname	Surname
Title	Title
First name/s	First name/s
Address	Address
Postcode	Postcode
Status: <input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Widowed	Status: <input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Widowed
<input type="checkbox"/> Other (please state) <input type="text"/>	<input type="checkbox"/> Other (please state) <input type="text"/>
Date of birth: <input type="text"/>	Date of birth: <input type="text"/>
Telephone number <input type="text"/>	Telephone number <input type="text"/>
Is this your permanent address? <input type="checkbox"/> Yes <input type="checkbox"/> No	Is this your permanent address? <input type="checkbox"/> Yes <input type="checkbox"/> No
Are you in receipt of a state pension? <input type="checkbox"/> Yes <input type="checkbox"/> No	Are you in receipt of a state pension? <input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have regular use of a motor vehicle? <input type="checkbox"/> Yes <input type="checkbox"/> No	Do you have regular use of a motor vehicle? <input type="checkbox"/> Yes <input type="checkbox"/> No
Do you use a mobility scooter? <input type="checkbox"/> Yes <input type="checkbox"/> No	Do you use a mobility scooter? <input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have any special living requirements <input type="checkbox"/> Yes <input type="checkbox"/> No	Do you have any special living requirements <input type="checkbox"/> Yes <input type="checkbox"/> No
If 'yes' please tell us what these are	If 'yes' please tell us what these are

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C Present accommodation

Describe your present accommodation
(e.g. house, flat, etc)

Is your present accommodation?

Owned Rented Leased

If you are a homeowner, what is the approximate value of your property?

Do you own a second home in UK or abroad?

D Reasons for needing accommodation

Why are you applying for accommodation?
(Please tick the boxes that apply)

Do you anticipate using the following facilities at Enterprise House?

Restaurant	<input type="checkbox"/> Regularly	<input type="checkbox"/> Occasionally
Bar	<input type="checkbox"/> Regularly	<input type="checkbox"/> Occasionally
Laundrette	<input type="checkbox"/> Regularly	<input type="checkbox"/> Occasionally
Shop	<input type="checkbox"/> Regularly	<input type="checkbox"/> Occasionally

Would you be prepared to be involved with the following events arranged by:

Social Committee	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Bar Committee	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Garden Committee	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Residents' Committee	<input type="checkbox"/> YES	<input type="checkbox"/> NO

Is there any other information you wish to give us concerning your application?

E Financial requirements

Please note that you will be required to invest a sum of money in the Association's Loan Stock and this assists in keeping rents below market values. The amount for a one-bedroom flat is £7,500 and for a studio flat £5,000. In cases of financial hardship, consideration may be given to a reduced Loan Stock amount. However, this will increase the monthly rent payable.

Are you able to meet this requirement YES NO

If no, please explain

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F Do you have any special needs

	Applicant A	Applicant B
Vision	<input type="checkbox"/> YES	<input type="checkbox"/> YES
Hearing	<input type="checkbox"/> YES	<input type="checkbox"/> YES
Allergies	<input type="checkbox"/> YES	<input type="checkbox"/> YES
Incontinence	<input type="checkbox"/> YES	<input type="checkbox"/> YES
Breathing difficulties	<input type="checkbox"/> YES	<input type="checkbox"/> YES
Epilepsy	<input type="checkbox"/> YES	<input type="checkbox"/> YES
Arthritis	<input type="checkbox"/> YES	<input type="checkbox"/> YES
Diabetes	<input type="checkbox"/> YES	<input type="checkbox"/> YES
Heart Conditions	<input type="checkbox"/> YES	<input type="checkbox"/> YES
Mobility	<input type="checkbox"/> YES	<input type="checkbox"/> YES
Others	<input type="checkbox"/> YES	<input type="checkbox"/> YES

– please give details

A Doctor or Specialist's letter in support of your application will be required in the assessment of your application following successful interview.

G How did you hear about Housing & Community Association?

DECLARATION

I/we declare that the facts stated in this application are true to the best of my/our knowledge.

I/we understand that in the event of any details being found to be untrue or inaccurate or if I/we have neglected to notify Housing & Community Association of any changes in circumstances, I/we may lose any tenancy offered to me.

I/we understand that no guarantee is given or implied that accommodation can or will be offered at any time.

Signed (*Applicant*):

Signed (*Joint applicant*):

Date:

H Consent form

Please complete the General Data Protection Regulation Consent Form and return with this Application. Please note that we are unable to process your application without this consent.

I confirm that I have enclosed the completed consent form
(please tick box once you have checked that the required consent form is enclosed)

General Data Protection Regulation

Consent Form

By signing this consent form, I agree to The Housing and Community Association (HCA) using the personal information supplied in the Application Form to access my eligibility for housing with the HCA.

I freely give consent to the processing of the personal information contained in the Application Form.

I also acknowledge receipt of the Privacy Notice which I confirm that I have read and understood.

I confirm that prior to signing this Consent Form I was informed of my right to withdraw my consent at any time.

Signed

Date