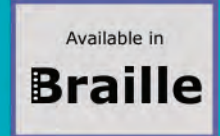
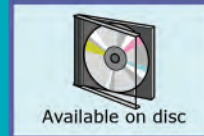




Application for Accommodation with Guidance Notes

Tai Cymdogaeth Cyf.



Registry of Friendly Societies No. 26304R Registered Social Landlord No. J115 Registered with charitable rules



ABOUT YOUR APPLICATION

- **Please complete the application form providing as much information as possible.**
- Your answers will help us to assess your housing needs and to make sure that we have given your application the correct priority.
- All Information will remain confidential.
- Please contact us if you have any queries about what we are asking or if you need any assistance in completing the form.
- We will write to you once your application has been processed and inform you whether or not your application for housing has been accepted. If you have been unsuccessful, this may be because you have insufficient points for the areas you have chosen, or because you are otherwise ineligible.
- Further details are available in our lettings policy.

PROVING YOUR IDENTITY

- **When you apply for housing you will be asked to provide proof of your identity and your circumstances.** We ask you to provide proof of some of the things you declare to us about any adults mentioned in this application.
- **What proof will we need with your application form?**
We require 2 pieces of evidence proving your identity and national insurance number and 1 piece of evidence proving your address.

Proof of Identity Documents

(2 required, at least 1 with a photo – we require sight of original documents)

	Please Tick 2	Office Use Only
Passport (Current and Valid)		
Full Driving Licence (Current and Valid)		
EEC/EEA Identity Card		
Home Office letters regarding immigration status		
Letter from Employer; Payslips or Contract of employment		
Benefit Book (or original letter confirming benefit)		
Birth, Marriage or Divorce Certificate		

Proof of Address Documents

(1 required – we require sight of original documents)

	Please Tick 1	Office Use Only
Bank Statement dated within the last four weeks		
Building Society Pass Book		
Life Assurance or Insurance Policy		
Electricity, Gas or Landline Telephone Bill in your name covering the last 3 months		
Local Authority Council Tax Bill (Current Year)		
Medical Card		
Letter from current landlord		
Current tenancy agreement		
Benefit Book (or original letter confirming benefit)		

SECTION A Personal Details

1 Applicant

APPLICANT

Last Name		Mr/Mrs/Miss/Ms/Other	
First Name(s)			
Known by any other name(s)			
Current Address			
		Postcode	
Telephone No. (home)		Telephone no. (work)	
Mobile phone No.			
Date of Birth		Age	
National Insurance No.			

2 Can we contact you at the above address?

Yes No

If no, you must provide a correspondence address:

--

3 Who else will be living with you if you move? (other adults)

ADULT 1

Last Name		Mr/Mrs/Miss/Ms/Other	
First Name(s)			
Known by any other name(s)			
Current Address			
		Postcode	
Telephone No. (home)		Telephone no. (work)	
Mobile phone No.			
Date of Birth		Age	
National Insurance No.			
Relationship to applicant			

SECTION A Personal Details *(continued)*

ADULT 2

Last Name		Mr/Mrs/Miss/Ms/Other
First Name(s)		
Known by any other name(s)		
Current Address		
		Postcode
Telephone No. (home)		Telephone no. (work)
Mobile phone No.		
Date of Birth		Age
National Insurance No.		
Relationship to applicant		

ADULT 3

Last Name		Mr/Mrs/Miss/Ms/Other
First Name(s)		
Known by any other name(s)		
Current Address		
		Postcode
Telephone No. (home)		Telephone no. (work)
Mobile phone No.		
Date of Birth		Age
National Insurance No.		
Relationship to applicant		

4

Who else will be living with you if you move? (children/ dependants)

CHILD 1

Last Name	Gender M/F
First Name(s)	
Date of Birth	Age
Relationship to applicant	
Living with you	Full time <input type="checkbox"/> Part time <input type="checkbox"/>
Current Address	

SECTION A Personal Details *(continued)*

CHILD 2

Last Name		Gender M/F
First Name(s)		
Date of Birth		Age
Relationship to applicant		
Living with you	Full time <input type="checkbox"/>	Part time <input type="checkbox"/>
Current Address		

CHILD 3

Last Name		Gender M/F
First Name(s)		
Date of Birth		Age
Relationship to applicant		
Living with you	Full time <input type="checkbox"/>	Part time <input type="checkbox"/>
Current Address		

CHILD 4

Last Name		Gender M/F
First Name(s)		
Date of Birth		Age
Relationship to applicant		
Living with you	Full time <input type="checkbox"/>	Part time <input type="checkbox"/>
Current Address		

CHILD 5

Last Name		Gender M/F
First Name(s)		
Date of Birth		Age
Relationship to applicant		
Living with you	Full time <input type="checkbox"/>	Part time <input type="checkbox"/>
Current Address		

5 Is any member of the household pregnant?

Yes

No

If yes, who is pregnant and when is the baby due?

Full Name	Expected date of birth
-----------	------------------------

We require proof of pregnancy.

SECTION B Where You Live Now

Please tell us about where you currently live by completing the following section. It is important that you let us know if anyone in the application has been asked to leave their current home, and on/by what date, by completing the appropriate boxes.

If you are currently homeless, you can still apply to Tai Cymdogaeth. However, it is important that you contact your local council to seek advice and help. They may have a duty to assist you depending on your circumstances.

1 All adults named in this application must complete this section.

ARE YOU A TENANT OF A COUNCIL (please give name of council)	NAME(S)
ARE YOU A TENANT OF A HOUSING ASSOCIATION (please give name and address of landlord)	NAME(S)
ARE YOU A HOME OWNER (please give value of your property and amount of outstanding Mortgage)	NAME(S)
Value of your property £ _____ Outstanding mortgage £ _____ Any mortgage arrears £ _____	
Are you a tenant of Private Landlord	
Are you homeless Have you been accepted by local authority? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Are you living with parents	
Are you sharing with relatives	
Are you in a Hostel	
Are you sharing with friends	
Are you in HM Forces accommodation	
Are you in accommodation provided with a job	
Are you in hospital	
Are you in prison	
Are you in local authority care (including temporary accommodation)	
Other (give details)	

SECTION B Where You Live Now *(continued)*

2 If anyone named in this application is having to leave their current accommodation please give details:

Who has been asked to leave?

Who has asked them to leave?

3 Have you been given any legal or other notice requiring you to leave your current home?

Yes No *If yes, please provide us with a copy*

Date you must leave

4 What type of property do you currently live in?

House Bedsit Floor: _____

Bungalow Flat Floor: _____

Mobile home/caravan Other *(please specify)* _____

5 How many bedrooms does your home/accommodation have?

One Two Three Four Five

6 How many bedrooms do only you and your family use?

One Two Three Four Five

7 Does anyone who should have a bedroom of his or her own have to share?

Yes No *If yes, who does and where do they sleep?*

SECTION B Where You Live Now (continued)

8 How many rooms do you and your family have in your current home/accommodation?

	Number		Number
Living room		Bathroom/shower	
Double bedroom		Inside toilet	
Single bedroom		Kitchen	
Bedsit		Other rooms	

Do you or your family have to share any of these rooms with anyone else?

Yes No If yes, please give details

9 Do you have any pets?

(Please tick ✓)

Yes No If yes, please give details

SECTION C Your Circumstances

In this section, we want you to tell us about any personal circumstances that would improve if you moved. If you can see your circumstances on the list below please tick the appropriate box and provide further details.

1 Is anyone named in this application applying for housing because of any of the following reasons. (*Please name*)

Experiencing or fear of physical / domestic abuse	
Experiencing or fear of sexual / racial harassment	
Harassment	
To move nearer place of employment	
To give support	
To receive support	
Home too small	
Home too large / difficult to manage	
Relationship breakdown	
Need sheltered accommodation (for people over 55)	
Financial difficulties	
To be nearer special school / hospital	
As a result of being forced to live apart	
Leaving local council care	
Others, please state:	

2 Please give us full details of why moving would help improve your current situation

SECTION C Your Circumstances *(continued)*

You need to tell us if you or members of your family are currently receiving support from an agency or organisation. This ensures that we are aware of any support needs that you may have in your new home.

If you think that you would benefit from help or support in setting up your new home, maintaining your tenancy or living in a new community please let us know as we may be able to help you. If you are not sure, we can send you further information or discuss this with you – just tick the ‘unsure’ box.

3 Are you or your family receiving support (for example from Social Services, Support Worker, Community Mental Health Team)? (Please tick ✓)

Yes No If yes, who receives support?

Who provides support?
(Name and Address)

4 Do you feel that you would benefit from support when you move into your new home? (Please tick ✓)

Yes No Unsure - would like more information

SECTION D Your Living Conditions

This section will allow you to tell us about your current living conditions, so we can understand the level of disrepair in your home.

1 Does your current home have problems because it is: Structurally unsound; in a serious state of disrepair; lacking adequate drainage; lacking adequate ventilation or affected by severe dampness? (We require proof, e.g. estimate from builder or Environmental Health.)

Yes No If yes, please give details

(If the property is subject to Council Notice, please provide a copy)

SECTION E Medical Circumstances

Use this section to tell us about any medical condition, which means you need to move to another home. Any information will remain confidential.

We need to know if you have a medical condition, which is caused or made worse by, for example, the location of your home, stairs, poor access for a wheelchair or steps to your home. If your condition is one that is going to worsen over time we need to be aware of the illness so that we do not offer you accommodation that does not fulfil your needs.

We may ask you to provide medical evidence in support of your application.

Please note that any costs in obtaining medical evidence are your responsibility.

1 Does anyone named in this application suffer from a medical condition or illness which can be improved by moving home?

Yes No *If yes, please give details: of your medical condition or illness and supporting letter(s) from a doctor, specialist etc.*

2 Does anyone named in this application have a disability, which would affect your choice of accommodation (for example, level wheelchair access/ level access shower)?

Yes No *If yes, please give details*

3 Does anyone named in this application require a property that is suitable for a wheelchair user?

Yes No *If yes, who needs wheelchair access?*

4 Does anyone named in this application own an electric wheelchair or scooter?

Yes No *If yes, who does*

SECTION F Your Income

Please provide as much information as possible regarding the income of everyone named in this application. Our staff will use this information when considering the housing options available to you. We can offer you Housing and Welfare Benefit advice. Just ask a member of staff, who will be happy to help you.

Income details will remain confidential.

- 1** Please state how much income you receive and how often.
(Everyone named in this application)

SOURCE OF INCOME FROM EMPLOYMENT <small>Name and Address of Employer</small>	£	HOW OFTEN <small>(for example weekly, monthly)</small>	NAME(S)

SOURCE OF INCOME FROM BENEFITS <small>(Income support, Child Benefit, Jobseekers allowance etc.)</small>	£	HOW OFTEN <small>(for example weekly, monthly)</small>	NAME(S)

- 2** Please give details of any savings, stocks, shares, land or property owned by anyone named in this application.

SECTION G Previous Accommodation

We will take up references if you are currently, or have previously been a tenant of a local authority or housing association. We will do this before you are offered a tenancy.
You must complete this section.

1 Has anyone named in this application ever been a Tai Cymdogaeth / Gwalia tenant?

Yes No If yes, please give details:

Name:	Address:
From:	To:

2 Please provide details of any previous addresses for all the adults named in this application for the past seven years, starting with the most recent.
 We may ask you to provide further details.

APPLICANT				
ADDRESS	DATE MOVED IN	DATE MOVED OUT	COUNCIL / PRIVATE LANDLORD/ FRIEND/FAMILY/ HOUSING ASSOCIATION (please name)	REASON FOR LEAVING

ADULT 1, NAME:				

SECTION G Previous Accommodation *(continued)*

ADULT 2, NAME: <input style="width: 95%; height: 20px;" type="text"/>				
ADDRESS	DATE MOVED IN	DATE MOVED OUT	COUNCIL / PRIVATE LANDLORD/ FRIEND/FAMILY/ HOUSING ASSOCIATION (please name)	REASON FOR LEAVING

ADULT 3, NAME: <input style="width: 95%; height: 20px;" type="text"/>				

SECTION H Additional Information

Filling in this section does not mean that you will not be offered a tenancy, but this information needs to be declared.

1 Has anyone included on this application form been subject to any legal action from a council or a housing association?

(For example Notice to Quit, Injunction, ASBO, Possession Proceedings etc.)

Yes No If yes, please give details, including dates and name of landlord:

Name(s)	Date
Landlord	
Details	

2 Have you or anyone included in this application form been convicted of a criminal offence?

Details

3 Does anyone included in this application form owe rent arrears or other debt to a council, housing association or utility company?

Yes No If yes, how much do you owe? £ _____

Name(s)	Date
Organisation	
Details	

SECTION H Additional Information (Continued)

4 Is anyone named in this application form subject to Home Office immigration control?

We require proof.

Yes No If yes, please give details:

Name(s)	Date
Details	

5 Please indicate how you learned about our service:

Friends/Family Other Housing Association

Website Local Council

Newspaper

Other, please specify

6 Are you related to a Grŵp Gwalia board or staff member?

Yes No If yes, please provide details:

Name (s)
Relationship

SECTION I Declaration and Consent to Share

I understand and accept that officers in Tai Cymdogaeth are entitled to make inquiries in relation to my application for housing, and in relation to any tenancy that is granted to me, throughout the period of that tenancy. Inquiries may be made for the purposes of:

- The prevention, detection or prosecution of fraud or crime
- The protection of the welfare of any individual named on the housing application or in the tenancy agreement
- Seeking the payment of debts owed to Grŵp Gwalia
- The pursuit of our legal rights.

I hereby give permission for Tai Cymdogaeth to

- request information from other people and organisations
- provide information to other organisations for those purposes.

I hereby give permission for other people and organisations to provide information to Tai Cymdogaeth for those purposes on request, in respect of my housing application or my tenancy. Examples of such people or organisations include former and current landlords, social services, probation services, the police, benefit agencies, utility companies and credit referencing agencies.

All replies to enquiries will be treated confidentially, provided that you have not attempted to mislead us.

You and all other adults included in the application are required to sign a declaration on the application form, which states that the applicant and all adults will give us correct information and will not withhold relevant information, or mislead us in any way. The applicant must also keep us informed of any changes in your circumstances

I declare that the information given is correct and I understand that false or deliberately misleading information can result in the application being rejected or tenancy, if granted terminated.

SIGNED:

Applicant	Print name	Date
Adult 1	Print name	Date
Adult 2	Print name	Date
Adult 3	Print name	Date

Data Protection Act 1998

The information you provide will be used to assess your housing need and in the selection for offer of accommodation and will subsequently form the basis of your Tenant file.

This information will also be shared with other departments where it is necessary to enable the association to carry out its functions. It may also share this information with other bodies who administer public funds where this is necessary to enable those bodies to exercise their public functions. It will not be disclosed to other persons or organisations for those purposes other than where your consent has been obtained or given in this form.

Under the Data Protection Act you have the right of access to check any personal data in respect of yourself which is held by Grŵp Gwalia and also a right to request the correction of inaccuracies in that personal data held by us.

SECTION J The Accommodation You Would Like

This section provides details of the types of property that we have in different areas. You can choose as many areas as you like, but please try to be realistic about where you want to live.

We work in the following areas

- City and County of Swansea
- Neath Port Talbot
- Powys
- Rhondda Cynon Taff
- Vale of Glamorgan
- Carmarthenshire. *See below for details*

These are shown in more detail in the following pages.

We offer a variety of property types, such as, houses, flats, bungalows and schemes for older people.

We will consider you for a home which is suitable for the size of your household and needs.

As a general guide:

- Each adult/couple will need a separate bedroom
- Children of the same sex can share a bedroom until one reaches 10 years of age
- Children of the opposite sex need a separate bedroom when one is over 7 years of age
- If you have access to children, then we will offer a home based on your particular circumstances
- If you or a member of your household is disabled, or has a mobility problem, we may have properties designed to meet your needs
- Generally, we will not offer tenancies to families with children under 10 years of age in flats above the ground floor.

We have properties which are suitable for those over 55 years of age. These properties offer many additional facilities. For further details, please contact us.



If you wish to live or transfer to any area of Carmarthenshire, you will have to fill out a different application form for the Carmarthenshire Housing Choice Register. For further advice or to obtain an application form, please contact our offices in Llanelli (01554) 770332 or Ammanford (01269) 597762.

You can also obtain a form from Carmarthenshire County Council (01554) 741100.

SECTION J The Accommodation You Would Like (continued)

Find the correct sized property for you and then tick the areas where you would like to live.

If you are offered a flat, please indicate what would be acceptable by ticking ONE of the following boxes:

Ground floor only Any floor
Ground floor or a lift

If you are over 55 do you wish to be considered ONLY for accommodation for older people with scheme manager?

Ⓢ This symbol means that there is over 55s accommodation with scheme manager available in this location.

1 BEDROOM FLATS

For single people and couples

SWANSEA

- Birchgrove
- Blaenymaes
- Brynmill (over 55s only)
- Clase
- Clydach
- Cockett / Fforestfach
- Ⓢ Gorseinon
- Hafod
- Landore
- Llansamlet
- Loughor
- Killay (over 55s only)
- Morrison
- Penlan
- Penplas
- Ⓢ Pontardulais
- Portmead
- Ⓢ Swansea Central
- Swansea High Street
- Swansea Marina / SA1
- Trallwn

NEATH PORT TALBOT

- Aberdulais
- Briton Ferry
- Neath
- Dyffryn Cellwen
- Glynneath
- Jersey Marine
- Pontardawe
- Port Talbot

- Skewen
- Ystalyfera

RHONDDA CYNON TAFF

- Porth

POWYS

- Ystradgynlais

VALE OF GLAMORGAN

- Penarth

2 BEDROOM FLATS

For couples and a child (over 10), a single parent and a child (over 10), two single people or if an extra room is required for a carer.

SWANSEA

- Birchgrove
- Blaenymaes
- Brynmill (over 55s only)
- Clase
- Clydach (over 55s only)
- Cockett / Fforestfach
- Gorseinon (over 55s only)
- Hafod
- Killay (over 55s only)
- Morrison
- Penplas
- Portmead
- Swansea Central
- Swansea High Street
- Swansea Marina / SA1

NEATH PORT TALBOT

- Aberdulais
- Briton Ferry
- Neath
- Pontardawe
- Port Talbot
- Ystalyfera

POWYS

- Rhayader
- Ystradgynlais

VALE OF GLAMORGAN

- Penarth

SECTION J The Accommodation You Would Like (continued)

2 BEDROOM HOUSES

Family units

SWANSEA

Birchgrove	<input type="checkbox"/>
Blaenymaes	<input type="checkbox"/>
Clase	<input type="checkbox"/>
Clydach	<input type="checkbox"/>
Cockett / Fforestfach	<input type="checkbox"/>
Gorseinon / Loughor	<input type="checkbox"/>
Hafod / Landore	<input type="checkbox"/>
Llansamlet	<input type="checkbox"/>
Morrison	<input type="checkbox"/>
Penlan	<input type="checkbox"/>
Penplas	<input type="checkbox"/>
Pontarddulais	<input type="checkbox"/>
Portmead	<input type="checkbox"/>
Port Tennant	<input type="checkbox"/>
Trallwun	<input type="checkbox"/>
Wunarlwydd	<input type="checkbox"/>

NEATH PORT TALBOT

Alltwn	<input type="checkbox"/>
Briton Ferry	<input type="checkbox"/>
Neath	<input type="checkbox"/>
Clyne, Neath Valley	<input type="checkbox"/>
Cwmgors	<input type="checkbox"/>
Lower Brynaman	<input type="checkbox"/>
Pontardawe	<input type="checkbox"/>
Port Talbot	<input type="checkbox"/>
Ystalyfera	<input type="checkbox"/>

RHONDDA CYNON TAFF

Porth	<input type="checkbox"/>
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POWYS

Ystradgynlais	<input type="checkbox"/>
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3 BEDROOM HOUSES

Family units

SWANSEA

Birchgrove	<input type="checkbox"/>
Blaenymaes	<input type="checkbox"/>
Clase	<input type="checkbox"/>
Clydach	<input type="checkbox"/>

Cockett / Fforestfach	<input type="checkbox"/>
Gorseinon / Loughor	<input type="checkbox"/>
Hafod / Landore	<input type="checkbox"/>
Llansamlet	<input type="checkbox"/>
Morrison	<input type="checkbox"/>
Penclawdd	<input type="checkbox"/>
Penlan	<input type="checkbox"/>
Penplas	<input type="checkbox"/>
Pontarddulais	<input type="checkbox"/>
Portmead	<input type="checkbox"/>
Port Tennant / St. Thomas	<input type="checkbox"/>
Trallwun	<input type="checkbox"/>
Wunarlwydd	<input type="checkbox"/>

NEATH PORT TALBOT

Aberdulais	<input type="checkbox"/>
Alltwn	<input type="checkbox"/>
Neath	<input type="checkbox"/>
Clyne, Neath Valley	<input type="checkbox"/>
Crymlyn Burrows	<input type="checkbox"/>
Lower Brynaman	<input type="checkbox"/>
Pontardawe	<input type="checkbox"/>
Ystalyfera	<input type="checkbox"/>

RHONDDA CYNON TAFF

Porth	<input type="checkbox"/>
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POWYS

Rhayader	<input type="checkbox"/>
Ystradgynlais	<input type="checkbox"/>

4 BEDROOM HOUSES

Family units

SWANSEA

Blaenymaes	<input type="checkbox"/>
Clase	<input type="checkbox"/>
Cockett / Fforestfach	<input type="checkbox"/>
Gorseinon	<input type="checkbox"/>
Morrison	<input type="checkbox"/>
Portmead	<input type="checkbox"/>
Trallwn	<input type="checkbox"/>

NEATH PORT TALBOT

Pontardawe	<input type="checkbox"/>
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POWYS

Ystradgynlais	<input type="checkbox"/>
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SECTION J The Accommodation You Would Like *(continued)*

1 BEDROOM BUNGALOWS

For single people and couples

SWANSEA

Pontarddulais (over 55s only)

2 BEDROOM BUNGALOWS

For couples and family units

NEATH PORT TALBOT

Neath

POWYS

Ystradgynlais

SWANSEA

Clase (over 55s only)

Clydach

Gowerton (over 55s only)

Portmead (over 55s only)

EQUALITY MONITORING FORM

We are committed to providing equal opportunities for everyone when providing services. The purpose of this form is to monitor the equality and effectiveness of the way we deliver services and to continually improve our policies and practices. You can help us by completing this form.

We understand that some questions may be of a sensitive nature. If you have any queries about the questions in this form, or if you would like help in completing this form, then please speak to a member of staff.

The information you provide will be treated in strict confidence and used for equality monitoring purposes only. Any information supplied will be held on computer and will be subject to the Data Protection Act 1998. Please note that we may share personal data with other organisations where appropriate.

Please complete the sections below. Where appropriate, please choose one option from each of the sections listed below and then place a tick (✓) in the appropriate box.

1 Language Ability

Language	Level of ability (please ✓ all relevant boxes that apply)		
	Speak	Read	Write
English	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Welsh	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other, please specify which language/s			
prefer not to say	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

2 Preferred method of communication in Welsh, English or specify

What language would you prefer to use when contacting/being contacted by the organisation, please specify

Verbally	In writing	Other, please specify
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The organisation will always attempt to meet your chosen requirements in the first instance. However, from time to time this may not always be possible e.g. when a Welsh speaker is unavailable. We will then offer you the opportunity to continue in English or arrange for a Welsh speaker to contact you at a later date.

3 Religion, Faith, Belief

Please ✓ the relevant box

Bahá'í <input type="checkbox"/>	Christian <input type="checkbox"/>	Jewish <input type="checkbox"/>	Sikh <input type="checkbox"/>	Prefer not to say <input type="checkbox"/>
Buddhist <input type="checkbox"/>	Hindu <input type="checkbox"/>	Muslim <input type="checkbox"/>	No religion <input type="checkbox"/>	Other, please state:

EQUALITY MONITORING FORM *(continued)*

4 Sexual orientation

Please ✓ the relevant box

- Bisexual Gay Lesbian Heterosexual/
Straight Prefer
not to say

5 Ethnicity

Please choose ONE section from **A** to **E**, then ✓ the appropriate box to indicate your background

A White, White British, White Welsh

- Welsh
- English
- Irish
- Scottish
- Any other white background,
please write in

B Mixed, Mixed British, Mixed Welsh

- White and Black Caribbean
- White and Black African
- White and Asian
- Any other Mixed background,
please write in

C Asian, Asian British, Asian Welsh

- Indian
- Pakistani
- Bangladeshi
- Any other Asian background,
please write in

D Black, Black British, Black Welsh

- Caribbean
- African
- Any other Asian background,
please write in

E Chinese, Chinese British, Chinese Welsh, or other ethnic group

- Chinese
- Any other background,
please write in

- Prefer not to say

Thank you for completing this equalities monitoring form.

WHAT NEXT?

We will check the information that you have provided and consider your:

- Housing needs
- Choice of area and type of property
- Support needs



We will take up references with your previous landlord, if you are currently, or have been a tenant of:

- A housing association
- A council



Depending on your circumstances, we may have to assess your application in more detail. We will contact you about this if necessary.



ACCEPTANCE ONTO OUR WAITING LIST



We will reply within 7 working days of receipt of your application telling you that you are now on our waiting list.



We will contact you again when a suitable property becomes available, to arrange a home or office visit. In the meantime, please contact a member of the New Home Team if you have any further questions.



In order for us to provide an efficient service, it is very important that you reply to any correspondence we send you.

Return to: Tai Cymdogaeth
7-13 The Kingsway
Swansea
SA1 5JN

Tel: 01792 488288
Fax: 01792 462732

NOT ELIGIBLE / SUSPENDED



We will reply within 7 working days of receipt of your application to inform you if we cannot accept you onto our waiting list.



This could be for the following reasons:

- You do not have enough points for the area you have chosen
- You are under the age of 16
- You are subject to Immigration Control
- You require an accommodation type and/or area that we cannot fulfil either now or in the near future.

Your application may be suspended from our waiting list. If this occurs we will contact you to explain why.



Each case is looked at individually and you have the right to appeal against our decision. If you do wish to appeal you should make your request to the Chief Executive, Tai Cymdogaeth within 1 month of our reply to you.