#### **MINUTES**

#### **Community Services Scrutiny Panel**

#### 7<sup>th</sup> May 2008

**Present:** Councillors Howarth (in the Chair), Crooks, Lightley, McDonnell, Mavin, Norman,

Walton and Young.

Also Present: Councillors Bell and Kelly.

#### 1. Apologies for Absence

Apologies for Absence were received from Councillors Laverick and D Smith.

#### 2. Minutes

The Minutes of the Meeting held on 8<sup>th</sup> April, 2008, were confirmed as a correct record.

#### 3. Unauthorised Encampments – Feedback on Report

The Chairman advised Members that in view of comments made regarding the recommendations in the Panel's report on Unauthorised Encampments, she had included an additional recommendation:-

5.8 That this report and the report on Gypsy and Traveller Permanent Encampments, approved by Cabinet in September, 2007, together with all recommendations, be brought to the attention of the Unitary Authority with a view to them being endorsed within the context of the County Council's overarching scrutiny of Gypsy and Traveller Provision. In particular we strongly recommend that the permanent site at Adventure Lane, West Rainton, should be included in any programme of refurbishment implemented by the new Authority.

This additional recommendation had been agreeable to the Scrutiny Committee who, subject to the Panel's approval, had referred the report to Cabinet for consideration.

Panel Members considered this recommendation to be acceptable, and the report would therefore be reported to the next meeting of the Cabinet.

#### 4. Decent Homes Standard

The Head of Property Services was in attendance at the Meeting to update Members with progress made towards achieving the Decent Homes Standard.

Copies of an internal audit report from 2005 on the DHS, an audit from 2007 on planned maintenance, performance figures for 2007/2008 and an extract from the Unitary Authority Transition Plan had been circulated in advance of the Meeting for Members' information.

Members were informed that, generally speaking, the Council was on course to meet the Decent Homes Standard by 2010/2011. This year however, there had been a shortfall in funding for planned maintenance as a result of the capital receipts being lower than expected. If this situation occurred in future years, there would be an impact on the amount of works that were able to be carried out, and not all homes would therefore meet the DHS in time.

When the Council had balloted tenants over whether to transfer the housing stock to either a housing association or ALMO, tenants had voted to remain with the City Council. During the

course of this, the Council felt it was able to meet the targets of the DHS while retaining the housing stock itself. In fact, during the ballot of tenants, the 'Durham Standard' had been introduced which set standards in excess of those laid out in the DHS. The Council remained committed to refurbishing properties to the 'Durham Standard'.

Where tenants refused to allow modernisation/improvement works to their homes to be carried out, e.g. rewiring, due to the disturbance and disruption that would be caused, the necessary works would be carried out if the property subsequently became void.

Every effort was made to make an appointment to carry out work. This included telephone and/or house calls. The department had a good record of keeping such appointments once made.

Members expressed their hope that the new Unitary Council would respect tenants' wishes to retain the housing stock within the District, particularly as this provided a direct link between tenants, Councillors and the Council and allowed problems to be rectified more easily. The Council's repairs workforce also had a huge amount of local knowledge which it was considered contributed to the success of the maintenance programme and the repairs service in general.

The Chairman thanked the Head of Property Services for attending the Meeting and indicated that a draft Review Report would be prepared on this topic for consideration at the next Meeting.

Note: Councillor Lightley left the Meeting at 6.10pm

#### 5. Any Other Business

The Chairman advised that the Allocations Policy would be considered at the next Meeting, and that copies of the application form for Council housing would be circulated to Members with the Agenda papers.

The Meeting terminated at 6.15 pm

#### **SCRUTINY COMMITTEE**

#### REPORT OF THE COMMUNITY SERVICES SCRUTINY PANEL

#### REVIEW OF SCRUTINY OF THE DECENT HOMES STANDARD

#### 1. Background

1.1 The Decent Homes Standard (DHS) was originally scrutinised by the Community Services Scrutiny Panel in 2004, and has been reviewed by the Panel on a number of occasions since that time.

#### 2. Actions/Outcomes

- 2.1 The Head of Property Services attended the Panel's Meeting on 7<sup>th</sup> May, 2008, to update Members with progress made towards achieving the Decent Homes Standard, and copies of an internal audit report from 2005, an audit from 2007 on planned maintenance, performance figures for 2007/2008 and an extract from the Unitary Authority Transition Plan were also circulated to Members.
- 2.2 Generally speaking, the Council is on target to meet the Decent Homes Standard by 2010/2011.
- 2.3 This year there has been a shortfall in funding as a result of capital receipts being less than expected. If this continues in future years, there will be an impact on the amount of work which is able to be carried out, and not all homes would meet the DHS in time.
- 2.4 When the Council balloted tenants over whether they wished to transfer the housing stock to either a housing association or arms length management organisation, the tenants had voted to remain with the City Council. During this process, the Council felt itself able to achieve the targets set down by the DHS while retaining the housing stock.
- 2.5 During the stock options process, the 'Durham Standard' had been introduced, which set standards in excess of those required by the DHS. The Council remains committed to refurbishing properties to the 'Durham Standard'.
- 2.6 Where tenants refuse to allow modernisation/improvement works to their homes to be carried out, necessary works are carried out if the property subsequently becomes void.
- 2.7 Every effort is made to make an appointment to carry out works, and Property Services has a good record of keeping such appointments when they are made.
- 2.8 The Council's repairs workforce has a vast amount of local knowledge which contributes to the success of the maintenance programme and repairs service, and it is hoped that the new Unitary Authority will respect tenants' wishes with regard to the future management of their homes, in particular where this wish is to remain with the Council. Retention of the Housing stock by the Council also provides a direct link between the Council, Councillors and tenants and allows problems to be rectified more easily.

#### 3. Recommendations

- 3.1 That the necessary funding be put in place to allow the Council to achieve DHS on target.
- 3.2 That the new Unitary Authority be requested to respect tenants' wish that the Council housing stock be retained in-house.

3.3 That the valuable skills and local knowledge of the repairs workforce be recognised and that the new Unitary Authority be requested to consider this when reviewing the future of the Housing Service at the appropriate time.

Community Services Scrutiny Panel
June 2008

# Agenda Item No. 4 Cuy of Durham

## CITY OF DURHAM QUESTIONING PLAN

#### **PLANNING SHEET**



## **Application for City of Durham**

## Durham Council Housing Register

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You need to complete this form if you would like to be:-

- Considered for City of Durham Council housing.
- Considered for rented housing association accommodation in the City of Durham.
- Considered for a Mutual Exchange.

p	plication No.		
i	Date Stamp		

The Council's Allocation Policy sets out the basis on which it allocates Council housing and makes nominations to Housing Associations. The policy is based on five bands, ranging from Band A "Urgent Housing Need" to Band E "No Priority". Each band contains a set of criteria. Applications are assessed in terms of circumstances and placed in the highest band which their circumstances allow. Within each band applicants are ranked in order of the date their application was accepted into the band.

This form should be completed by the person who needs rehousing or by the 'head of the household' if the application is for a family. Please note that applications which contain more than one adult will generally be deemed to be joint applications and will need to be signed by all adults.

Please complete the application in block capitals and make sure that you sign Section 16 and the back page.

#### SECTION 1 - YOUR DETAILS

//////////////////////////////////////						
Surname						
First name(s)						
Address						
	Postcode					
Are you a current tenant of City	Durham Council? Yes No					
Contact Telephone number(s)	<del></del>					
If you want us to send letters to	different address write it here:-					
N.I. Number	Date of Birth					

	ne law says we must ask the following questions about your nationality. Regrettably if you do not answer them City of Durham Council will NOT consider your application. The Council may ntact the Home Office for further information. Please   box.
	e you subject to immigration control or ve come to live in the U.K. in the last five years?  Yes No
	yes to the above are you/them from a country inside e European Economic Area? Yes No No
	ave you, or an adult you are applying with, een excluded from claiming any state benefits?  Yes No
	hnic Origin hat is the Ethnic Origin of the main Applicant:- Please ✓ one box only
	hite
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	sh
	ny other White background (please specify)
	ixed
	hite and Black Caribbean
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	ny other Black background 🦳 <i>(please specify)</i>
	ther Ethnic Groups
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	you have indicated 'any other' in a category please specify below:-
2	isability person with a disability is someone who has a physical or mental impairment which has a ubstantial and long term adverse effect on their ability to carry out normal day to day activities oes the main applicant consider themselves to have a disability?  Yes No
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Eligibility

## **SECTION 2 - YOUR HOUSEHOLD**

Please give details of everyone who needs housing with you, starting with your spouse, partner or any other adults and then any children.

If a tenant, please give the land	<del></del>
	Yes No
Are they a home owner?	
Do they live with you now?	Vas No N
	Date of Birth
	Date of Birth
Mr/Mrs/Miss/Ms (Please delete	•
Person 3	
Do they visit under an access a (If yes, please enclose confirma responsibility, or contact order)	ation of the arrangement, for example, proof of parental
Where do they live now? - plea	ase state full address
If they live elsewhere, why can	•
If a tenant, please give the land	dlords name and address.
Are they a tenant?	Yes No
Are they a home owner?	
Do they live with you now?	
Relationship to applicant	
N.I. Number	Date of Birth
Previous name(s) if applicable.	
First name(s)	
Surname	
Mr/Mrs/Miss/Ms (Please delete	9)

Where do they live now? - please state full add	ress
Do they visit under an access arrangement? Ye (If yes, please enclose confirmation of the arrangemential), or contact order).	es No No gement, for example, proof of parental
Person 4 Mr/Mrs/Miss/Ms (Please delete)	
Surname	
First name(s)	
Previous name(s) if applicable	
	Date of Birth
Relationship to applicant	
Contact Telephone number(s)	
Do they live with you now? Yes No	
Are they a home owner? Yes No	
Are they a tenant? Yes No	
If a tenant, please give the landlords name and	address.
	_
If they live elsewhere, why can they not live wit	h you now?
Where do they live now? - please state full add	ress
Where do they live now: - please state fall add	1000
Do they visit under an access arrangement? Y (If yes, please enclose confirmation of the arrar responsibility, or contact order).	es
Person 5 Mr/Mrs/Miss/Ms (Please delete)	
Surname	
First name(s)	
Previous name(s) if applicable	
	Date of Birth
Relationship to applicant	
Contact Telephone number(s)	
Do they live with you now? Yes No	
Are they a home owner? Yes No	
Are they a tenant? Yes No	
If a tenant, please give the landlords name and	I address.

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Person 6 Mr/Mrs/Miss/Ms (Please delete)	
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First name(s)	
Previous name(s) if applicable	
N.I. Number Date of Birth	
Relationship to applicant	
Contact Telephone number(s)	100000000000000000000000000000000000000
Do they live with you now? Yes No	
Are they a home owner? Yes No	
Are they a tenant? Yes No	
If a tenant, please give the landlords name and address.	
If they live elsewhere, why can they not live with you now?	
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Person 7 Mr/Mrs/Miss/Ms (Please delete)	
Surname	
First name(s)	
Previous name(s) if applicable	
N.I. Number Date of Birth	
Relationship to applicant	
Contact Telephone number(s)	
Do they live with you now? Yes \( \subseteq \text{No} \( \subseteq \)	

Are they a home owner?	Yes No				
Are they a tenant?	Yes 🔲 No 🗌				
If a tenant, please give the	e landlords name and add	dress.			
If they live elsewhere, why	can they not live with yo	ou now?			
Where do they live now? -	please state full address	6			
SECTION 3 – EX	PECTED CHILD	)			
Are you or any of the peop	ole to be re-housed with	you expecting	a bal	y? Ye	es 🔲 No 🗌
If yes what is the person's					
When is the baby due?					
A copy of the MATB1 certias soon as possible aftervonsidered.	ficate, issued at 20 week vards. Without this proof	s, must be su , this section	ıbmitte of you	ed with r appli	this application, or cation cannot be
Has the MATB1 been sup	plied? Yes No				
SECTION 4 – YO	UR HOUSING I	HISTORY	7		
Starting with the most rece five years. If you are appl need to know where they complete this part of the a	ying with any other adult have lived in the last five	, unless they years. Pleas	have l se note	ived w	ith you, we also
Please list <b>all</b> addresses v your current address. <b>Thi</b>			n the la	ast 5 y	ears. Start with
Address	Name & Address of Landlord	Owner/Tenant/ Living-in	Date from	Date to	Reason for Leaving
			. —		
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Please list **all** addresses where the person named as **joint applicant** has lived in the last 5 years:

Address	Name & Address of Landlord	Owner/Tenant/ Living-in	Date from	Date to	Reason for Leaving
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	s (if not already listed ab				
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ate from		Date to			
Owner/Occupier  Member of Armed fo  Housing Association	rces				
Living with relatives	tenant				
7 (5.20.2.5) (7.20.2.5)					
Living in with friends					
Tied tenant					
Tied tenant Lodger					
Tied tenant Lodger Other					
Tied tenant Lodger Other					
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Tied tenant  Lodger  Other  /hat type of accommoda  House  Flat					
Tied tenant  Lodger  Other  /hat type of accommoda					
Tied tenant Lodger Other House Flat Bungalow	ation do you occupy?				
Tied tenant  Lodger  Other  /hat type of accommoda  House  Flat  Bungalow  Hostel	ation do you occupy?				
Tied tenant Lodger Other House Flat Bungalow Supported Accommod	ation do you occupy?				

B & B   Caravan   Hospital   Prison   Other Please Specify   Number of single bedrooms in current property that you have access to:-   Number of single bedrooms in current property that you have access to:-   What floor is your accommodation on?   Wind floor is your accommodation on?   Wind floor is your accommodation on?   Wind floor is your accommodation and have to leave, what date are you   September of living rooms in current property:-   Is there a lift available?   Yes   No   If you are in tied accommodation and have to leave, what date are you   September of the Armed Forces what date did you   Second floor of the Armed Forces of the Armed Forces?   If you are a member of the Armed Forces discharge date?   If you are a member of the Armed Forces are available to you and/or the people you want to If you are are a member of the Armed Forces are available to you and/or the people you want to If you are are are available to you and/or the people you wan	] B & B	
Hospital    Prison   Other Please Specify   Number of single bedrooms in current property that you have access to:-   Number of double bedrooms in current property that you have access to:-   Number of double bedrooms in current property that you have access to:-   What floor is your accommodation on?		
Prison  Other Please Specify  Number of single bedrooms in current property that you have access to:-  Number of double bedrooms in current property that you have access to:-  What floor is your accommodation on?  Number of living rooms in current property:-  Is there a lift available?  If you are in tied accommodation and have to leave, what date are you expected leave?  If you are currently in hospital, what is your expected date of discharge?  If you are currently in a hostel or supported accommodation, what date are you expected to leave? (pleae provide a copy of your notice/tenancy agreement)  If you are a member of the Armed Forces, what date did you become a member of the Armed Forces?  Is your date of discharge within the next 12 months?  Have you provided confirmation of the Armed Forces discharge date?  Yes No  Have you provided confirmation of the Armed Forces discharge date?  Yes No  Which of the following rooms or facilities are available to you and/or the people you want to the re-housed with?  Kitchen/cooking facilities  Yes No  Stixed inside toilet  Are your toilet and bedroom on different floors?  Yes No  Please provide the information below for each bedroom (include details of all rooms classed bedrooms for rent/council tax purposes)  Size  Occupants  (List all the people who use the room for sleeping, this must include the	] Caravan	
Other Please Specify  Number of single bedrooms in current property that you have access to:-  Number of double bedrooms in current property that you have access to:-  What floor is your accommodation on?  Number of living rooms in current property:-  Is there a lift available?  If you are in tied accommodation and have to leave, what date are you expected leave?  If you are currently in hospital, what is your expected date of discharge?  If you are currently in a hostel or supported accommodation, what date are you expected to leave? (pleae provide a copy of your notice/tenancy agreement)  If you are a member of the Armed Forces, what date did you become a member of the Armed Forces?  Is your date of discharge within the next 12 months?  Have you provided confirmation of the Armed Forces discharge date?  Yes No  (Confirmation of the above must be provided, otherwise this part of your application will not considered).  Which of the following rooms or facilities are available to you and/or the people you want to the re-housed with?  Kitchen/cooking facilities  Bathroom facilities  Yes No  To you or the people to be housed with you share any bedrooms  Yes No  Please provide the information below for each bedroom (include details of all rooms classed bedrooms for rent/council tax purposes)  Size  Occupants  (List all the people who use the room for sleeping, this must include the	] Hospital	
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Have you provided confirmation of the Almed Forces disasting at the Confirmation of the above must be provided, otherwise this part of your application will not considered).  Which of the following rooms or facilities are available to you and/or the people you want to be re-housed with?  Kitchen/cooking facilities  Bathroom facilities  Fixed inside toilet  Are your toilet and bedroom on different floors?  Do you or the people to be housed with you share any bedrooms Yes No with another person who will not be moving with you?  Please provide the information below for each bedroom (include details of all rooms classed bedrooms for rent/council tax purposes)  Size  Occupants  (List all the people who use the room for sleeping, this must include the	s your date of discharge within the next 12 months?	
re-housed with?  Kitchen/cooking facilities  Bathroom facilities  Fixed inside toilet  Are your toilet and bedroom on different floors?  Do you or the people to be housed with you share any bedrooms Yes No with another person who will not be moving with you?  Please provide the information below for each bedroom (include details of all rooms classed bedrooms for rent/council tax purposes)  Size  Occupants  (Single or Double) (List all the people who use the room for sleeping, this must include the	Confirmation of the above must be provided, otherwise this part of your application will no considered).	
Bathroom facilities  Fixed inside toilet  Are your toilet and bedroom on different floors?  Do you or the people to be housed with you share any bedrooms Yes No with another person who will not be moving with you?  Please provide the information below for each bedroom (include details of all rooms classed bedrooms for rent/council tax purposes)  Size  Occupants  (Single or Double)  (List all the people who use the room for sleeping, this must include the		b be
Bathroom facilities  Fixed inside toilet  Are your toilet and bedroom on different floors?  Do you or the people to be housed with you share any bedrooms  with another person who will not be moving with you?  Please provide the information below for each bedroom (include details of all rooms classed bedrooms for rent/council tax purposes)  Size  Occupants  (Single or Double)  (List all the people who use the room for sleeping, this must include the	Kitchen/cooking facilities Yes No	
Are your toilet and bedroom on different floors?  Yes No  No  No  With another person who will not be moving with you?  Please provide the information below for each bedroom (include details of all rooms classed bedrooms for rent/council tax purposes)  Size  Occupants  (Single or Double) (List all the people who use the room for sleeping, this must include the	Voc T No T	
Do you or the people to be housed with you share any bedrooms Yes No No Nith another person who will not be moving with you?  Please provide the information below for each bedroom (include details of all rooms classed bedrooms for rent/council tax purposes)  Size Occupants  (Single or Double) (List all the people who use the room for sleeping, this must include the	Fixed inside toilet Yes No No	
Do you or the people to be housed with you share any bedrooms Yes No with another person who will not be moving with you?  Please provide the information below for each bedroom (include details of all rooms classed bedrooms for rent/council tax purposes)  Size Occupants  (Single or Double) (List all the people who use the room for sleeping, this must include the	Are your toilet and bedroom on different floors?	
(Single or Double) (List all the people who use the room for sleeping, this must include th	Do you or the people to be housed with you share any bedrooms Yes  No  Substitution No  Substitution No  Substitution No  Substitution No  No  No  No  No  No  No  No  No  N	ed as
(Single or Double) (List all the people who use the room for sleeping, this must include the full name and relationship to you, or advise what the room is used for).	Size Occupants	thair
	(Single or Double) (List all the people who use the room for sleeping, this must include to full name and relationship to you, or advise what the room is used for	tneir r).

Please note:- Whilst this information is of a personal nature, it is important we know these details to ensure that your application is placed in the correct band. This information may be 8 verified by a visiting officer.

## SECTION 6 - YOUR REASONS FOR WANTING TO BE RE-HOUSED

	se give the main reason why you want to be re-housed. se √one box only		
	Permanently decanted from another property owned by City of Durham Co	ouncil	
$\overline{\Box}$	Left home country as refugee		
$\overline{\Box}$	Being discharged from prison or from long stay hospital or other institution	<b>ì</b>	
	Leaving tied accommodation		
	End of Assured shorthold tenancy		
	Being legally evicted from current property		
$\overline{\Box}$	Current property being repossessed		
$\Box$	Victim of domestic violence		
	(Non-violent) relationship breakdown with partner		
$\Box$	Asked to leave by family or friends		
	Suffering racial harassment		
	Other problems with neighbours		
	Current property unsuitable because of overcrowding		
	Current property unsuitable because of ill health of disability		
	Current property unsuitable because of poor condition		
	Cannot afford rent or mortgage		
	To move nearer to family/friends/school		
	To move nearer to work		
	To move to accommodation with support		
	To move to independent accommodation		
	Wish to buy a home		
	Current property too large		
	Other please specify		
medi	ou, or a person who you would like to be re-housed with you, have cal needs which mean that your current home is not suitable for you? I have said yes, please complete Section 8.	Yes 🗌 N	lo 🗌
welfa	ou, or a person who would like to be re-housed with you, have social/ are needs which mean that your current home is not suitable for you. In have said yes, please complete Section 9.	Yes 🗍 N	lo 🗌
Medi	cal and Social/Welfare needs are subject to an assessment.		
Are y	ou, or anyone who wants re-housing with you, subject to a civil or criminal ASBO?	Yes 🔲 N	o 🗌
lf yοι	have said yes, please state name and give details/dates.		

### **SECTION 7 - PREVIOUS APPLICATIONS**

Have you previously app			lo 🗌	
If yes, have you recently accommodation which yo		Yes 🔲 N	lo 🗌	
If yes, please give details	s:			
Date	Address			 
Date	Address			 
SECTION 8 - M	EDICAL NEED	s		
About your Current Ho Please ✓ appropriate box		<i>;</i> -		
STAIRS	None Straight Curved			
NO. OF EXTRA STEPS	Top Bottom			
DOORWAYS	Wide Narrow			
PASSAGES	Wide Narrow			
ACCESS	No. of steps No. of steps in path Handrail Grab rails	Front	Back	
BATHROOM	Upstairs Downstairs		<b></b>	
TOILET	Upstairs Downstairs Accessible	Yes	□ No □	
BATH	Yes No			
What is the type of heating	ng in your present hon	ne? <i>Please</i> 、	/ box/es:-	
Gas	•			
Solid fuel				
Electric				
Other (give details)				 

#### Person 1 Name ..... Relationship to applicant Date of birth Please describe your illnesses or disabilities..... Who is the family doctor (please give surgery address and Tel. No.) Have you ever seen an Occupational Therapist? Yes No (If yes please supply name/place of work). Have you contacted anyone else, i.e. Social Worker/Probation Officer/ Health Officer about your housing situation? No Who have you contacted? Are you in receipt of any of the following?:- Please ✓ yes or no. Attendance Allowance - High Yes No - Medium Yes No Yes No - Low Disability Living Allowance - High Yes No - Medium Yes No - Low Yes No Has your current home been adapted in any way to assist your disability? Please √ yes or no. Ramped access Yes No Stairlift Yes No Level access shower Yes No Other (please give details) Do you need a property with any special facilities? Yes If YES please give details. Do you need space for specialist equipment? Yes No If YES is it for:- Please ✓ appropriate box/es. Oxygen Dialysis Mobility scooter/wheelchair Hospital beds Other Are you registered partially sighted? Yes No Are you registered blind? Yes Do you have problems using your bathing facilities? Yes

About the person with medical needs.

Do you have problems getting	to your toilet? Yes [	No 🗌				
If yes, are any of the following Please ✓ appropriate box/es.	facilities required?					
Level/ramped access						
Stairlift						
Level access shower						
Other (please specify)						
Do you use a wheelchair?:-	Yes 🔲 No 🗌					
If yes, how often is the wheeld Please ✓ appropriate box/es.	chair used:-					
All the time						
Occasionally						
Outdoors only						
Do you use a walking aid?	Yes 🔲 No 🗌					
If yes, do you use a:-	Walking Stick(s)?	Indoors				
		Outdoors				
		Both				
	Walking Frame?	Indoors				
		Outdoors				
		Both				
	Elbow Crutches?	Indoors				
		Outdoors				
		Both				
	Other?	Inside				
		Outside				
		Both				
Do you have problems climbi	ng up and down stairs?	Yes 🗌 No 🔲				
If yes, do you have a stairlift?		Yes 🔲 No 🗍				
•						
Person 2						
Name						
Relationship to applicant						
Date of birth						
	Please describe your illnesses or disabilities					
Who is the family doctor (plea	Who is the family doctor (please give surgery address and Tel. No.)					
Have you ever seen an Occu (If yes please supply name/p	pational Therapist? Yes lace of work).	☐ No ☐				
12						

Have you contacted anyone e Health Officer about your house	Yes No					
Who have you contacted?						
Are you in receipt of any of the	e following?:- <i>Please √ yes or no.</i>					
Attendance Allowance	- High Yes 🔲 No 🔲					
	- Medium Yes 🗌 No 🗍					
	- Low Yes 🔲 No 🗀					
Disability Living Allowance	- High Yes 🔲 No 🔲					
	- Medium Yes 🔲 No 🗌					
	- Low Yes 🗌 No 🗌					
Has your current home been a Please ✓ yes or no.	adapted in any way to assist your disability?					
Ramped access	Yes No No					
Stairlift	Yes No No					
Level access shower	Yes 🔲 No 🗌					
Other (please give details)						
Do you need a property with a If YES please give details.	ny special facilities? Yes 🗌 No 🗌					
Do you need space for special If YES is it for:- Please ✓ appr						
Oxygen						
Dialysis						
Mobility scooter/wheelchair						
Hospital beds						
Other						
Are you registered partially sig	hted? Yes No No					
Are you registered blind?	Yes 🔲 No 🗍					
Do you have problems using y	our bathing facilities? Yes 🗌 No 🗌					
Do you have problems getting	Do you have problems getting to your toilet? Yes No					
If yes, are any of the following Please ✓ appropriate box/es.	facilities required?					
Level/ramped access						
Stairlift						
Level access shower						
Other (please specify)						
Do you use a wheelchair?:-	Yes No					
If yes, how often is the wheelche Please ✓ appropriate box/es.	hair used:-					
All the time						
Occasionally						

Outdoors only			
Do you use a walking aid?	Yes 🔲 No 🔲		
If yes, do you use a:-	Walking Stick(s)?	Indoors [	
		Outdoors [	
		Both [	
	Walking Frame?	Indoors [	
		Outdoors [	
		Both [	
	Elbow Crutches?	Indoors [	 
		Outdoors [	
		Both [	<u></u>
	Other?	Inside [	<u> </u>
		Outside [ Both	_]
De ver le eve much la man alimbia	as up and down stairs?	Yes No	I I
Do you have problems climbing If yes, do you have a stairlift?		Yes No	) 
ii yes, do you have a stailiir.			1
Person 3			
Name			
Relationship to applicant			
Date of birth			
Please describe your illnesse			
Who is the family doctor (plea			
,			
Have you ever seen an Occu	•	s No 🗌	
(If yes please supply name/pl	ace or work).		
Have you contacted anyone	else, i.e. Social Worker/Prob	ation Officer/	
Health Officer about your hou			Yes 🗌 No
Who have you contacted?			
Are you in receipt of any of the	ne following?:- <i>Please √ yes</i>	or no.	
Attendance Allowance	- High Yes 🗌 No 🗌		
	- Medium Yes 🗌 No 🗌		
	- Low Yes No		
Disability Living Allowance	- High Yes 🗍 No 📗	]	
	- Medium Yes 🗌 No 🗌		
	- Low Yes 🔲 No 🛭		

Has your current home been adapted in any way to assist your disability? Please ✓ yes or no.						
Ramped access	Yes 🔲 No 🗌					
Stairlift	Yes 🔲 No 🔲					
Level access shower	Yes 🔲 No 🗍					
Other (please give details)						
Do you need a property with a If YES please give details.	ny special facilities?	Yes No No				
Do you need space for special	ist equipment?	Yes No No				
If YES is it for:- Please ✓ appr	opriate box/es.					
Oxygen						
Dialysis						
Mobility scooter/wheelchair						
Hospital beds						
Other						
Are you registered partially sign	hted?	Yes 🗌 No 🗌				
Are you registered blind?		Yes 🗌 No 🗌				
Do you have problems using you	our bathing facilities?	Yes 🗌 No 🗍				
Do you have problems getting	Do you have problems getting to your toilet? Yes No					
If yes, are any of the following Please ✓ appropriate box/es.	facilities required?					
Level/ramped access						
Stairlift						
Level access shower						
Other (please specify)						
Do you use a wheelchair?:-	Yes No No					
If yes, how often is the wheelch Please ✓ appropriate box/es.	nair used:-					
All the time						
Occasionally						
Outdoors only						
Do you use a walking aid?	Yes No No					
If yes, do you use a:-	Walking Stick(s)?	Indoors				
		Outdoors				
		Both				
	Walking Frame?	Indoors				
		Outdoors				
		Both				

Do you have problems climbing	Elbow Crutches?  Other?  g up and down stairs?	Indoors
f yes, do you have a stairlift?  SECTION 9 - SOCI  Do you wish to be re-housed to the please ✓ appropriate box/es.  Receive support □  Give support □  If so, state, who you wish to reand give addresses and state	to:-	support to, how they are known to you build like to be re-housed near them
Are you in danger of losing y Please give details below and	our current home? enclose any documentatio	Yes  No  Son that you may have, i.e. a Notice to Quit:-
Is your home in need of repa	air?	Yes No If yes please give details:
Is the reason you wish to be describe the circumstances	e re-housed based on othe	ner social or welfare needs. If so, please

## **SECTION 10 - FINANCIAL CIRCUMSTANCES**

vvny do you not live there?		
Do you receive Housing or C	council Tax benefits?	Yes 🗌 No
Tenancy Details Please comcurrent accommodation (o	plete this section if you are a lodg ther than a council property).	er or you rent your
· ·	ss and contact telephone number of y	our current landlord.
Address		
	Postco	
Landlords telephone number		
How often is the rent due?		
How much is the rent?		
Are you in arrears with your r	rent? Yes 🗌 No 🗌	
	y of Durham Council may require a re y this, please enclose it with the form rect.	
Has court action ever been to of the following?:-	aken against you or any member of y	our household for an
Rent Arrears	Yes No No	
Nuisance or harassment	Yes No No	
Damage to property	Yes No No	
Any other breach of tenancy	Yes No Please specify	
Homeowner details <b>Please o</b>	nly complete this section if you are	e a homeowner.
	our home worth?	
Approximately how much is v		
•	oximately now much do you owe?	
If you have a mortgage, appr	age payments?	

## SECTION 11 - LOCAL CONNECTION

You need only complete this section if you currently do not live within the boundaries of the City of Durham. Yes No No Do you have a connection with the city? Is that connection Employment If you have employment in the City of Durham, please state job title and give the name and address of your employer. (Provide confirmation from your employer). Name of employer Address of employer..... Postcode ..... Please state name, address and relationship Is that connection Family Is that connection Special Circumstances Please specify Yes | No | Have you previously lived within the boundaries of City of Durham? Please state where and when:-Date to Date from Address SECTION 12 - ANY OTHER INFORMATION Please state below any other information that you may think will be relevant to your housing application:-

### **SECTION 13 - YOUR DESIRED ACCOMMODATION**

Please note that you will usually only be considered for property types and sizes relating to your need, as per the allocations policy.

Wh	nat type of accommodation do you desire?
	Bedsit
	Flat (ground floor)
	Flat (upper floor)
	House
	Bungalow
	Disabled persons bungalow
	Sheltered Bedsit
	Sheltered Flat (ground floor)
	Sheltered Flat (upper floor)
Wh	at size of accommodation do you desire?
	1 bedroom
	2 bedroom
	3 bedroom
	4 bedroom
	5 bedroom
	Would you like sheltered accommodation with an on-site warden (during office hours only?) Please note that applications for sheltered accommodation will be subject to an assessment.
	Would you like accommodation with City Care or Mobile Warden service?
	Would you be interested in renting a Housing Association property?
	Would you be interested in shared ownership/shared equity?
	Would you be interested in low cost home ownership?
	Would you be interested in a mutual exchange?

## SECTION 14 - WHERE DO YOU WANT TO LIVE?

Please ✓ up to a maximum of 10 localities:-	
New Brancepeth	Gilesgate
Meadowfield	Gilesgate Moor
Brandon	Littletown
Langley Moor (Older Persons Accommodation only)	☐ Pittington☐ Sherburn Road
☐ Croxdale	West Rainton
Esh Winning	 Ludworth
Ushaw Moor	Shadforth
Bearpark	Sherburn Hill
☐ Brasside	Sherburn Village
Framwellgate Moor	(including Grand View)
Nevilles Cross (1 house and 6 flats only)	Bowburn (including Park Hill)
Pity Me	Cassop
Witton Gilbert	Coxhoe
Carryille	Kelloe
☐ Claypath	Quarrington Hill
Crossgate	Shincliffe
☐ Elvet	(12 Housing Association bungalow for Older Persons only)
SECTION 15 - AUTHORITY FOIRECEIVE INFORM  In order to comply with the Data Protection Act 19 the City Council cannot disclose details of your agensures that the information that you give the authorise that the information that you give the authorise that the section below.  You may cancel this authorisation at any time in the	e98 once you submit your housing application of the any person other than you. This hority remains confidential.  The second complete the continuity is a second complete that the continuity is a second complete that the continuity is a second complete that the continuity is a second continuity in the continuity in the continuity is a second continuity in the continuity in the continuity is a second continuity in the continuity in the continuity in the continuity is a second continuity in the continuity in the continuity in the continuity is a second continuity in the continuity in the continuity is a second continuity in the continuity in the continuity is a second continuity in the continuity in the continuity is a second continuity in the continuity in the continuity is a second continuity in the continuity in the continuity is a second continuity in the continuity in the continuity is a second continuity in the continuity in the continuity in the continuity is a second continuity in the continuity in the continuity is a second continuity in the continuity in the continuity is a second continuity in the continuity in the continuity is a second continuity in the continuity in the continuity is a second continuity in the continuity in the continuity is a second continuity in the continuity in the continuity is a second continuity in the continuity in the continuity is a second continuity in the continuity in the continuity is a second continuity in the continuity in the continuity is a second continuity in the continuity in the continuity is a second continuity in the continuity in the continuity is a second continuity in the continuity in the continuity in the continuity is a second continuity in the continuity in the continuity is a second continuity in the continuity in the continuity is a second continuity in the continuity in the continuity is a second continuity in the continuity in the continuity is a second continuity in the continuity in the continuity is a second continuity in the continuity in the co
Name of person authorised to receive information  Date of birth of person authorised (for security pu	on my behalf
Date of birth of person authorised (for security positions)	Date
Signed	

## **SECTION 16 - AUTHORISATION FOR A POLICE CHECK**

Do you have any criminal	convictions?				
(other than spent conviction	ons as defined in the	Rehabilitation of Offi	enders Act 1974 –	see	
guidance notes overleaf)					
(please ✓ the appropriate	box) Yes				
	No 🗍				
This forms BALICT is a sinus					
This form MUST be sign Yes or No. Failure to do					
Too of the. I allate to do	tino may result in t		ication being pro	cesseu.	
If yes please give details	of any convictions:-				
Name	Date of Conviction	Court of Conviction	Nature of Offence	Penalty	
Applicant		Latinat American			
Applicant		Joint Applicant			
Data of Dist		(if applicable)			
Date of Birth				***************************************	
Place of Birth					
Current Address					
Authorise	City of	Durham Council			
Nominated Representati	VA		(D)	al Oanitala)	
Hommated Hepresentati	ve		(B)C	ck Capitais)	
Nominated Representati	ve		(	Signature)	
To request/reasing from the	a Dallas Jafawa Haw	at acceptant level of			
To request/receive from th other disposals of charges					
g	, regarding myeen, n	· commoduent marring	approation for no	aonig.	
(Subject to the provisions	of Rehabilitation of C	Offenders Act 1974).			
Signed		Signed			
(Applicant)		(Joint Applicant)		,	
Date		• • • • • • • • • • • • • • • • • • • •			

#### Rehabilitation of Offenders Act 1974

Spent convictions - Under the Rehabilitation of Offenders Act 1974 you are not obliged to disclose any offence resulting in one of the Sentences in the left-hand column below if the corresponding period in the right-hand column has elapsed:-

#### Rehabilitation Periods:

Sentence Imprisonment exceeding 6 months but not exceeding 30 months Imprisonment not exceeding 6 months Fine or any other sentence not listed below	Period 10 Years 7 Years 5 Years
Note: These periods are subject to reduction by half for persons t	ınder 17

## Rehabilitation periods for certain sentences confined to young offenders:

Sentence	Period
<del>-</del> - ·	7 Years
Borstal Training	
S.53 Detention exceeding 6 months but not exceeding 30 months	o rears
S.53 Detention not exceeding 6 months	3 Years
Detention Care Order	3 Years

#### Miscellaneous:

Miscellaricous.	
Sentence	Period
	6 Months
Absolute discharge	4 Veer from

1 Year from the date of Conditional discharge, binding over, Probation conviction or the date on

which the order or requirement ceases which ever is the longer

Remand Home Order, Approved School Order, Attendance Centre Order

1 Year from the date of conviction or when the order ceases to have effe - whichever is the longe

Driving Disqualifications, Endorsements etc.

The date on which the disqualification ceases

## Sentences excluded from Rehabilitation:

Life Imprisonment Preventative Detention Sentence of imprisonment or correction exceeding 30 months

### **Extension of Rehabilitation Periods:**

Generally, where during a rehabilitation period applicable to a conviction a person commits further offence, neither offence can be regarded as spent until both rehabilitation periods ha elapsed.

Note: Professional legal advice should be obtained if you are in any doubt. It is an offence 22 make a false declaration

#### **SECTION 17 - DATA PROTECTION**

#### **Data Protection**

We will use the information you have provided to assess your need for housing. We may also need to contact other agencies for information about you. These could include:- the police, courts, probation, the benefits agency, other Council departments and your past and present landlords.

It is a criminal offence for applicants to knowingly or recklessly give false information; or knowingly withhold information. It can carry a fine of up to £5,000; and in separate civil proceedings can result in the loss of any accommodation allocated as a result of the Council relying on that false information. Information will be held on computer and is covered by the Data Protection Act 1998.

#### **Data Protection Act 1998**

The information you have provided will be held by the Council on computerised and manual files within Housing Services. The data may be disclosed to other departments within the Council or other organisations, but only in order to ensure compliance with relevant legislation or for identification purposes or to prevent or detect fraud or a crime. If you wish to obtain a copy of the information the Council holds about you, you must apply in writing to the Chief Executive, City of Durham Council, 17 Claypath, Durham DH1 1RH. A fee will be payable. City of Durham Council is a registered Data Controller in accordance with the Data Protection Act 1998.

Signing the form indicates that you:-

- declare that all the information contained on the form is correct and complete
- consent to any investigations necessary to check information you have provided and to assess your housing needs
- authorise agencies from whom we request information to disclose information in relation to your application for housing
- agree to us obtaining Council Tax information relating to your application for housing for verification purposes
- understand that any information you have given may be shared with other sections within the Council and other organisations administering public funds for the purpose of preventing and detecting fraud.

#### **Declaration**

This is my/our application for re-housing and I/we understand that legal action under the Housing Act 1996 may be taken against me/us if I/we obtain accommodation as a result of:-

- giving false or misleading information
- knowingly making a false statement
- withholding information the City Council reasonably need to process my/our housing application
- Failing to notify the Council of a change in my/our circumstances which may affect my/our housing application (you must tell City of Durham Council of any changes relating to your housing application as soon as they occur).

Applicant's Signature

Joint Applicant's/s' Signature/s

Date

Has this form been signed by someone other than the applicant? Yes No Signature No Si

Please check you have completed all sections of the form and sign below. We are not able to

process your application unless you sign it. If this application is a joint application, all

Please return the form to:-City of Durham Council, Housing Services, 17 Claypath, Durham, DH1 1RH.

Following acceptance by the Council, applicants will receive an acknowledgement letter stating the band that they have been placed in. Persons who are not accepted will be contacted in writing explaining the reason for the decision and advising them of their right to appeal against the decision.

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#### Housing Allocations Policy - a summary

This document is a summary of the City of Durham Council's Allocations Policy.

It should help you to complete the application form for accommodation and advise you about how your application will be processed and how properties will be allocated to applicants.

The Policy is based on housing need and applicants are placed in bands as below:

Band A Urgent Housing Need
Band B High Housing Need
Band C Medium Housing Need
Band D Low Housing Need
Band E No priority

#### 1. Eligibility

The Council holds a Housing Register of applicants. This register is used to make allocations to housing stock owned by City of Durham Council and provide nominations to rented housing owned by Registered Social Landlords.

Any person over the age of 16 years may apply to be placed on the Housing Register.

Certain applicants may not be allowed access to the housing register due to conditions prescribed in legislation or in City Council Policies.

These include people who:

- are subject to immigration control
- are guilty of unacceptable behaviour serious enough to make them unsuitable to be a tenant.

Examples of serious unacceptable behaviour include anti-social behaviour, domestic violence, racial harassment, intimidation, drug dealing or substantial rent arrears. Persons who are not accepted will be notified in writing explaining the reason for the decision and advising them of their right to appeal.

Some eligible applicants whose behaviour is not serious enough to make them unsuitable to be a tenant may, nevertheless, be guilty of unacceptable behaviour. These applicants will be accepted onto the Housing Register but their application will not be given preference for an offer of accommodation until their behaviour is no longer considered unacceptable. Unacceptable behaviour includes rent arrears or other breaches of tenancy. These applicants will also be advised in writing of this decision.

#### 2. Choices of Area and Accommodation

#### Choice of Area

Applicants may choose up to ten localities from the 33 available throughout the District, listed below.

Bearpark Esh Winning Pittinaton Framwellgate Moor Bowburn Pity Me Gilesgate Quarrington Hill Brandon Brass de Gilesgate Moor Shadforth Carrville Kelloe Sherburn Hill Cassop Langley Moor Sherburn Road Claypath Littletown Sherburn Village Coxhoe Ludworth Shincliffe Crossgate Meadowfield Ushaw Moor Croxdale Nevilles Cross West Rainton Elvet New Brancepeth Witton Gilbert

#### Choice of Accommodation

Applicants may apply for a property type and size of their choice but properties will firstly be allocated only to those applicants who have a need for that type and size e.g. bungalows to those applicants over 60 years of age, properties adapted for people with disabilities to those applicants who have a specific need for the adaptations, properties of 2 or more bedrooms to households who require that number of bedrooms.

#### 3. Processes involved in the Policy

#### Application

Applicants may apply for accommodation by completing an application form which is available from all Cityinfo offices (see below for details) and returning it to one of these offices. From January 2008 applicants may also apply on-line via the City of Durham's Website.

#### Initial assessment of application

On receipt of an application form applicants' circumstances will be assessed and applicants placed on the Housing Register in the highest band for which their circumstances qualify.

Withir each band applicants are ranked in date order according to the date they were assessed as being in this category of need.

#### Acknowledgement

Following acceptance by the Council applicants will receive an acknowledgement letter which states the band the applicant has been placed in.

#### Annual Review of Housing Register

Twelve months after an application is accepted, and every twelve months thereafter, the applicant will be sent an Annual Review Form which must be completed and returned within twenty-eight days in order to remain on the Housing Register. If this form is not returned, the application will be removed from the Housing Register.

#### 4. Categories of people who may be given preference over other applicants

The City Council has to ensure that, when allocating housing, reasonable preference is given to the following groups:

- people who are homeless;
- people owed a re-housing duty by the authority (for example where a demolition order or compulsory purchase order is made):
- people occupying unsanitary or overcrowded housing or else living in unsatisfactory housing conditions;
- people who need to move on medical or welfare grounds (including grounds relating to a disability); and
- people who need to move to a particular locality in the district of the authority, where failure to meet that need would cause hardship (to themselves or to others)

The Allocations Policy also seeks to address particular priorities such as the need to reduce under-occupation of family housing; homelessness prevention and resettlement.

#### 5. Allocation

Applications will be assessed according to need and placed in the appropriate band as outlined above.

Offers of accommodation will be made to the applicant who is ranked the highest in the highest band, who has chosen the locality and is eligible for the type and size of property available.

Applicants will be made a maximum of two offers of accommodation within their chosen locality(s).

Following two refusals of accommodation applications will be cancelled but the applicant may re-apply by completing a new application form.

In the case of Council or RSL tenants, an offer of accommodation will not be made if the applicant has not conducted their tenancy in a satisfactory manner e.g. has rent arrears/sundry debts (including rechargeable repairs) or is in breach of a condition of tenancy.

Also, if the Council or RSL has applied for a Court Hearing or there is a Court Order in force, an offer of accommodation will not be made and the application will be removed from the waiting list.

#### 6. Removal from the Housing Register

Applicants will be removed from the Housing Register if any of the following occur:-

- 1. the applicant requests that they be removed from the Housing Register,
- 2. the applicant accepts an offer of accommodation,
- 3. the applicant refuses two offers of accommodation within their chosen locality(s),
- 4. the applicant ceases to be an eligible person,
- 5. the applicant becomes ineligible for an allocation on the basis of unacceptable behaviour.
- 6. the applicant fails to return their Annual Review Form.

#### 7. Right to information

Applicants have the right to certain general information, i.e.

- (a) information that will enable them to assess how their application is likely to be treated under the scheme and, in particular, whether they are likely to fall within the reasonable preference categories; and
- (b) information about whether accommodation appropriate to their needs is likely to be made available and, if so, how long it is likely to be before such accommodation becomes available.

The Council is prohibited under the Data Protection Act 1998 from divulging to other members of the public that a person is an applicant for social housing, unless they have the applicant's consent and therefore personal information about individual applicants will always be kept confidential.

#### 8. Decisions and the right to a review of a decision

Applicants are entitled to a review if:-

- The Council decides not to treat them as an eligible person and therefore they are not placed on the Housing Register.
- The Council accepts the applicant onto the Housing Register but does not give the applicant any preference for an offer of accommodation until their behaviour is no longer considered unacceptable.
- Their application is cancelled other than at their request.
- They do not agree with the Band which they have been placed in.

The review will be undertaken by an officer who was not involved in making the original decision and who is senior to the officer(s) involved in making the original decision.

#### 9. Mutual Exchanges

Secure tenants have the right to exchange their tenancies. Exchanges can be carried out with other tenants of the City of Durham or other local authorities or Registered Social Landlords (i.e. Housing Associations). This right is subject to the written consent of the landlord(s) but can be refused on certain grounds. If you wish to apply for an exchange you should complete a housing application form.

#### 10. Homelessness

If you are homeless or threatened with homelessness, you should contact Cityinfo at 17 Claypath or telephone 0191 301 8299 to make an appointment with the Homelessness Officer or the Homelessness Prevention Officer.