

# APPLICATION FORM

## GWYNEDD COMMON HOUSING REGISTER

Once completed please return the form to:

Gwynedd Housing Options  
Gwynedd Council  
Penrallt  
Caernarfon  
Gwynedd  
LL55 1BN

☎ 01286 685100

✉ [housingoptions@gwynedd.llyw.cymru](mailto:housingoptions@gwynedd.llyw.cymru)

### PARTNERIAETH COFRESTR TAI GYFFREDIN GWYNEDD COMMON HOUSING REGISTER PARTNERSHIP



Opsiynau Tai Cyngor Gwynedd sydd yn rheoli'r Gofrestr Tai Gyffredin ar ran Tai Gogledd Cymru, Grŵp Cynefin a Cartrefi Cymunedol Gwynedd. *Gwynedd Council Housing Options manage the Common Housing Register on behalf of North Wales Housing, Grŵp Cynefin and Cartrefi Cymunedol Gwynedd.*

#### OFFICE USE ONLY

Date received:	_____	Date registered:	_____
Name:	_____		
Address:	_____		
HAM reference:	_____	Application reference:	_____
Areas:	_____		
Actions:	_____		

## Use this form to apply for housing in Gwynedd with Cartrefi Cymunedol Gwynedd, Grŵp Cynefin and North Wales Housing.

Please complete all sections and provide as much information as possible. If the application is not completed in full, we will return it to you, and it will take longer for your application to be processed.



Please remember that you need to include additional information / evidence whenever you see this icon. A description of the proof required is listed on page 13. **Please send copies only – do not send original documents.**

If you need further assistance in completing this application form please contact:  
01286 685100, or  
[housingoptions@gwynedd.llyw.cymru](mailto:housingoptions@gwynedd.llyw.cymru)

### 1. ELIGIBILITY

What is your nationality? .....

If you are not a UK National, what is your immigration status?

Right of abode in the UK

EEA National

If none apply, state what is relevant to you: .....

### 2. APPLICANT DETAILS

#### 2.1 Personal Details

	Applicant	Joint Applicant																				
Title	Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms <input type="checkbox"/> Other <input type="checkbox"/> .....	Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms <input type="checkbox"/> Other <input type="checkbox"/> .....																				
First name(s)	.....	.....																				
Surname	.....	.....																				
Date of birth	Day / Month / Year	Day / Month / Year																				
Nat Insurance No	<table border="1" style="display: inline-table; border-collapse: collapse; width: 100%;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>											<table border="1" style="display: inline-table; border-collapse: collapse; width: 100%;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>										
Have you ever been known by another name?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>																				
If 'yes' what is it?	.....	.....																				

#### 2.2 Contact Details

Address	<div style="border: 1px solid black; height: 100px; width: 100%;"></div>	<div style="border: 1px solid black; height: 100px; width: 100%;"></div>
Postcode	.....	.....
Home Tel No	.....	.....
Mobile No	.....	.....
Work Tel No	.....	.....
Email address	.....	.....

### Help



We'll need proof of your nationality, a **copy** of your passport or birth certificate. If you are not from the EEA we'll need a copy of your immigration status from the UK Border Agency.

Please tell us if you currently or previously use another name or alias.



Please provide proof of your current address, for example **copy** of current utility bill, council tax demand, bank statement.

### 3. HOUSEHOLD DETAILS

### Help

**3.1 List below everyone who will be living with you permanently in your new home:**

First name	Surname	Gender (M/F)	Date of birth	Relationship to main applicant	Living with you now?
.....	.....	.....	dd/mm/yy	.....	.....
.....	.....	.....	dd/mm/yy	.....	.....
.....	.....	.....	dd/mm/yy	.....	.....
.....	.....	.....	dd/mm/yy	.....	.....
.....	.....	.....	dd/mm/yy	.....	.....
.....	.....	.....	dd/mm/yy	.....	.....

Include every person who will be living with you in your new home, even if they are not currently living with you.


**3.2 If any of the people named above do not currently live with you, tell us who they are living with and their address:**

.....  
 .....

**3.3 Is anyone named above pregnant?** Yes  No

If 'yes' tell us who and the date the baby is due:

.....

 We'll need confirmation of the pregnancy, either a **copy** of form MATB1 or letter from your GP / Midwife.

**3.4 Does the Applicant or Joint Applicant have a child or children who do not currently live with you but to who you regularly have access to and want accommodation for them to stay from time to time?** Yes  No  If "yes" provide details below:


First name	Surname	Male / Female	Date of birth	Relationship to applicant
.....	.....	.....	dd/mm/yy	.....
.....	.....	.....	dd/mm/yy	.....
.....	.....	.....	dd/mm/yy	.....

Tell us here of any children who currently do not live with you, but you need accommodation for them on a regular basis.

**3.4 How often do they stay with you?**

.....

Give details of how often they stay with you.

 We'll also need a **copy** of any residence / contact order or access arrangements that are in place.

**3.5 Please tick if any of the following are appropriate to you:**

Joint residence order  Contact order  Agreed access arrangements

**3.6 Give details of anyone currently living with you who will not be moving with you:**

First name	Surname	Male / Female	Date of birth	Relationship to applicant
.....	.....	.....	dd/mm/yy	.....
.....	.....	.....	dd/mm/yy	.....
.....	.....	.....	dd/mm/yy	.....

#### 4. PRESENT ACCOMMODATION

4.1 Please ✓ one box which best describes the accommodation you currently live in.

Housing Association tenant	<input type="checkbox"/>	Council tenant	<input type="checkbox"/>
Private tenant	<input type="checkbox"/>	Residential / Nursing home	<input type="checkbox"/>
Hostel	<input type="checkbox"/>	Bed & Breakfast	<input type="checkbox"/>
Homeless (no accomm)	<input type="checkbox"/>	Other temporary	<input type="checkbox"/>
Living with relatives	<input type="checkbox"/>	Living with parents	<input type="checkbox"/>
Own your own home	<input type="checkbox"/>	Living with friends	<input type="checkbox"/>
Caravan / mobile home	<input type="checkbox"/>		
Care leaver / foster home	<input type="checkbox"/>	→ date care ends:	<u>dd / mm / yy</u>
Supported accommodation	<input type="checkbox"/>	→ date accommodation ends:	<u>dd / mm / yy</u>
Armed Forces	<input type="checkbox"/>	→ expected discharge date:	<u>dd / mm / yy</u>
Hospital	<input type="checkbox"/>	→ expected discharge date:	<u>dd / mm / yy</u>
Tied / Service tenancy	<input type="checkbox"/>	→ date accommodation ends:	<u>dd / mm / yy</u>
Prison	<input type="checkbox"/>	→ expected release date:	<u>dd / mm / yy</u>

If none of the above apply, please tell us about your current accommodation:

.....

#### 5. TYPE OF CURRENT DWELLING

5.1 What type of accommodation do you currently live in?

House	<input type="checkbox"/>	Bungalow	<input type="checkbox"/>
Flat	<input type="checkbox"/>	Maisonette	<input type="checkbox"/>
Bedsit	<input type="checkbox"/>	Caravan / mobile home	<input type="checkbox"/>

5.2 Number of bedrooms: 1  2  3  4  5  6

5.3 If you live in a flat, maisonette or bedsit on which floor is it?

Ground floor  First floor  Second floor or higher

5.4 How many bedrooms do you currently use? 1  2  3  4+

5.5 Who sleeps in which bedroom in your current home?

Bedroom 1				Bedroom 2			
Name	Age	M/F	Relation	Name	Age	M/F	Relation
.....	.....	.....	.....	.....	.....	.....	.....
.....	.....	.....	.....	.....	.....	.....	.....
.....	.....	.....	.....	.....	.....	.....	.....
Bedroom 3				Bedroom 4			
Name	Age	M/F	Relation	Name	Age	M/F	Relation
.....	.....	.....	.....	.....	.....	.....	.....
.....	.....	.....	.....	.....	.....	.....	.....
.....	.....	.....	.....	.....	.....	.....	.....

#### Help

If the applicant and joint applicant live apart, provide details in section 21 "Further Information".

## 6. ACCESSIBLE HOMES

**6.1 Is your current accommodation adapted?** Yes  No  If 'yes', please give details:

.....  
.....

**6.2 Do you or a member of your household need accessible accommodation, or accommodation including adaptations due to a medical condition, disability or impairment?** Yes  No  If 'yes', please give details:

Name: ..... Disability / impairment: .....

Details of accommodation / adaptations required: .....

.....  
.....  
.....  
.....

## 7. FACILITIES AND STATE OF REPAIR OF YOUR CURRENT ACCOMMODATION

If your accommodation is lacking in basic modern facilities please give details below. Also if the state of repair of your current accommodation is causing you concern, please give details below. This information may be verified independently.

.....  
.....  
.....  
.....  
.....

## 8. PEOPLE WHO OWN PROPERTY (IN THE UK OR ABROAD)

**8.1 Do you partly own, or own your property outright?** Yes  No

If mortgaged, what is the amount of outstanding mortgage? £ .....

What are your monthly mortgage payments? £ .....

What is the value of the property on the open market? £ .....

Are you in arrears with your mortgage payments? Yes  No

If your current dwelling is unsuitable, have you considered adapting or selling it?

.....  
.....

**8.2 Does any member of your household own, or partly own, any land or property?**

Yes  No  If 'yes' please give details and approximate value: .....

.....

**8.3 Have you previously sold any land or property?**

Yes  No  If 'yes' please give details and the selling price: .....

.....

## Help

Tell us of any adaptations made to your current home.

Adaptations may include ground floor accommodation, wheelchair access, wet room, stairlift, through floor lift, height adjustable kitchen surfaces etc.



We'll require confirmation of your needs from your GP or Occupational Therapist



Please provide photographs of any defects in your current home.



Provide details of your current property. If you are unable to maintain your mortgage payments we'll need confirmation of this from your mortgage lender.

## 9. TENANTS

- 9.1 Are you a **current** tenant of a:
- |                           |                              |                             |
|---------------------------|------------------------------|-----------------------------|
| Housing Association       | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Local Authority / Council | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Private sector landlord   | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

If 'yes' please give the following details:

Tenancy address: .....

Landlord's name and address: .....

Date tenancy commenced: dd / mm / yy Rent: £                      per week / month\*

\* Delete as applicable

9.2 Is the rent higher than Housing Benefit / Local Housing Allowance? Yes  No

9.3 Do you owe a debt? Yes  No  If 'yes', how much? £                     

9.4 Has your landlord started possession proceedings against you? Yes  No

If 'yes' give details: .....

9.5 If you have previously been a tenant of a housing association or council please give details below:

Address	Tenancy Dates		Name of Landlord	Reason for Leaving
	From	To		
.....	<u>dd/mm/yy - dd/mm/yy</u>	.....	.....	
.....	<u>dd/mm/yy - dd/mm/yy</u>	.....	.....	
.....	<u>dd/mm/yy - dd/mm/yy</u>	.....	.....	

9.6 Do you owe a debt on any of the above tenancies? Yes  No

9.7 Has any landlord, Council or Housing Association had any reason to discuss your behaviour as a tenant with you (or a member of your family), e.g. not keeping your property clean and tidy, neighbour disputes etc? Yes  No

If 'Yes' give details: .....

9.8 Has any landlord, Council or Housing Association served a notice requiring possession or notice seeking possession of your home upon you, or a member of the family?

Yes  No

If 'Yes', what were the reasons? .....


9.9 Have you (or a member of your family) received a caution from the Police or been convicted of a criminal offence committed in, or in the locality of, your home (including previous addresses)? Yes  No  If 'Yes', give details: .....

## Help

'Debt' means rent arrears, court costs, service charges or any charges related to the tenancy.

Please provide a **copy** of the notice (Notice to Quit or Notice Seeking Possession)

It is important that you tell us of **all** your previous social housing tenancies, even if you have held more than one tenancy. Continue at section 20 or on a separate piece of paper.

 Please provide copies of the relevant documents, e.g. Notice of Seeking Possession, Possession Order, Injunction Order.

**9. TENANTS (Continued)**

**9.10 Have you (or a member of your family) received a caution from the Police or been convicted of a criminal offence targeted towards people living with you, your landlord (including previous landlords), your landlord’s staff (including previous landlords) or neighbours (including neighbours at previous addresses)?**

Yes  No  If ‘Yes’ give details below:

.....  
.....

**10. PREVIOUS ADDRESSES**

**10.1 Please provide details of all the properties that you have lived at in Gwynedd.**

*Applicant*

*Joint Applicant*

Address: .....

Address: .....

From: dd / mm / yy To: dd / mm / yy

From: dd / mm / yy To: dd / mm / yy

Landlord’s name: .....

Landlord’s name: .....

Reason for leaving: .....

Reason for leaving: .....

Address: .....

Address: .....

From: dd / mm / yy To: dd / mm / yy

From: dd / mm / yy To: dd / mm / yy

Landlord’s name: .....

Landlord’s name: .....

Reason for leaving: .....

Reason for leaving: .....

Address: .....

Address: .....

From: dd / mm / yy To: dd / mm / yy

From: dd / mm / yy To: dd / mm / yy

Landlord’s name: .....

Landlord’s Name: .....

Reason for leaving: .....

Reason for leaving: .....

Address: .....

Address: .....

From: dd / mm / yy To: dd / mm / yy

From: dd / mm / yy To: dd / mm / yy

Landlord’s name: .....

Landlord’s name: .....

Reason for leaving: .....

Reason for leaving: .....

Address: .....

Address: .....

From: dd / mm / yy To: dd / mm / yy

From: dd / mm / yy To: dd / mm / yy

Landlord’s name: .....

Landlord’s name: .....

Reason for leaving: .....


Reason for leaving: .....

**Help**

Please take time and care to answer this question. It is important that you tell us of **all** the addresses that you have lived in Gwynedd.

Please continue on page 12 if you require more space or on a separate piece of paper.

Your answers to this question will determine the level of local connection and community residency that will be given to your application.

 Please note that you may be asked for proof of where you have previously lived.

## 11. ABOUT YOUR FAMILY

**11.1 Do you, or a member of your household, need to move to a particular location in Gwynedd for a specific reason, for example to be closer to a family member to give or receive care or support, or to take up training or employment?** Yes  No

If 'yes', please give details:

.....  
.....  
.....  
.....

## 12. EMPLOYMENT, INCOME AND FINANCE

**12.1 Are you currently in work?** Yes  No

Name of employer	Location of work	Employed since	Employment permanent / temporary / seasonal?
------------------	------------------	----------------	--

.....	.....	.....	.....
.....	.....	.....	.....

**12.2 What is the income for the whole family?**

Income	Per week	Per month
Wages / salary:	£	£
State benefits:	£	£
State pension:	£	£
Occupational pension:	£	£
Other (specify):	£	£
Total household income:	£	£

**12.3 Tell us how much savings and investments you have in total:** £ .....

## 13. MEDICAL DETAILS

**13.1 Is any person included in this application suffering a medical problem or currently receiving treatment from a doctor (GP or hospital) and moving to alternative accommodation would improve their health?** Yes  No

If 'yes' please provide details below:

**1. Name of patient:** .....


Description of illness and treatment: .....

.....  
.....


Doctor's name: ..... Doctor's Tel No: .....

### Help

If you want to move to give or receive care / support, tell us who will be the provider or recipient, their address and their relationship to you.

 Please provide a copy of a recent payslip or letter from your employer confirming your salary.


State benefits include housing / council tax benefit; child benefit; tax credits; personal independence payments; employment support allowance and so on.

 Send us a copy of your benefit entitlement letters.


We may need a copy of your bank account(s).


Savings include bank, building society, post office accounts; shares, bonds etc.

Please tell us of any medical conditions which would benefit from a move to alternative accommodation.

 You will need to provide a letter from your Family Doctor or Medical Consultant stating how moving to alternative accommodation will benefit your medical condition / health.



13. MEDICAL DETAILS (Continued)	Help																																				
<p><b>2. Name of patient:</b> _____</p> <p>Description of illness and treatment: _____</p> <p>_____</p> <p>_____</p> <p>Doctor's name: _____ Doctor's Tel No: _____</p>	<p>If you want to include more than 2 family members please continue on Page 12 or a separate piece of paper.</p>																																				
14. SUPPORT NEEDS																																					
<p><b>14.1 Do you or a member of the household receive any support in your current accommodation?</b> Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Which of the following professional workers currently work with you? (✓ all that apply)</p> <table border="0"> <tr> <td>Health Visitor</td><td><input type="checkbox"/></td> <td>Support Worker</td><td><input type="checkbox"/></td> <td>Social Worker</td><td><input type="checkbox"/></td> </tr> <tr> <td>District Nurse</td><td><input type="checkbox"/></td> <td>Warden</td><td><input type="checkbox"/></td> <td>CPN</td><td><input type="checkbox"/></td> </tr> <tr> <td>Psychologist</td><td><input type="checkbox"/></td> <td>Other</td><td><input type="checkbox"/></td> <td>(Please specify below)</td><td></td> </tr> </table> <p>_____</p> <p>Contact details: _____</p>	Health Visitor	<input type="checkbox"/>	Support Worker	<input type="checkbox"/>	Social Worker	<input type="checkbox"/>	District Nurse	<input type="checkbox"/>	Warden	<input type="checkbox"/>	CPN	<input type="checkbox"/>	Psychologist	<input type="checkbox"/>	Other	<input type="checkbox"/>	(Please specify below)		<p> Please provide contact details of your support worker and a letter from them detailing the service you receive.</p>																		
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15. EXTRA CARE SCHEMES	Help
<p>Applicants aged 55 or over may request consideration for extra care schemes operating in their area of choice.</p> <p>Would you like more information on extra care schemes? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>If 'yes', please note your reason:</p> <p>Want to live independently but need care or support <input type="checkbox"/></p> <p>In residential care but want more independence <input type="checkbox"/></p> <p>May need care or support in the future <input type="checkbox"/></p> <p>On-site services e.g. café, shop, hairdressers <input type="checkbox"/></p>	<p>Extra Care Schemes are for people who want an independent and secure lifestyle, backed up by care and support which is flexible and tailored to your needs. Currently there are extra care schemes in Bala and Bangor and planned for Porthmadog.</p>
16. SOCIAL FACTORS	
<p><b>16.1 Are any of the following relevant to your application? Please ✓ 'yes' or 'no'.</b></p> <p>Suffering from harassment, racial incidents or anti social behaviour Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Victim of domestic or other violence Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Victim of sexual abuse Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Applying for or are currently fostering or adopting children Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Relationship breakdown in the past 2 years Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Family living apart due to lack of space Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>More than one family sharing accommodation Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Family with child(ren) in accommodation without a garden Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Family with child(ren) under 12 living below or above ground level Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Aged 55 or over and needing ground floor accommodation because of a disability or illness Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Need to move closer to a place of work because there is no suitable public transport / do not own a vehicle / distance to work too great Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Need to move within school catchment area because there is no suitable public transport / do not own a vehicle / distance to school too great Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Ready to move on from supported housing Yes <input type="checkbox"/> No <input type="checkbox"/></p>	<p> If you ✓ 'yes' to any one of these you'll need to provide evidence of what you're telling us.</p>
<p><b>16.2 Will any pets be rehoused with you?</b> Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>If 'yes', please tell us what kind and how many.</p> <p>.....</p> <p>.....</p>	

## 17. WHERE DO YOU WANT TO LIVE?

**17.1 Tell us where you want to live.** You can choose **up to 5 locations** from this page by numbering your choices. Begin with '1' for your first choice, '2' for your second choice and so on up to a maximum of 5. **Do not tick boxes.** Only choose areas in which you want to live as refusing an offer of accommodation in one of the locations of your choice may lead to your application receiving less priority.

<b>BANGOR AREA</b>							
	Bangor - Glyder	<input type="checkbox"/>	Bethesda	<input type="checkbox"/>	Penrhosgarnedd	<input type="checkbox"/>	
Aber	<input type="checkbox"/>	Bangor - Hendre	<input type="checkbox"/>	Caerhun / Glasinfryn	<input type="checkbox"/>	Rachub	<input type="checkbox"/>
Bangor - Deiniol	<input type="checkbox"/>	Bangor - Hirael	<input type="checkbox"/>	Gerlan	<input type="checkbox"/>	Talybont	<input type="checkbox"/>
Bangor - Dewi	<input type="checkbox"/>	Bangor - Marchog	<input type="checkbox"/>	Llanllechid	<input type="checkbox"/>	Treborth	<input type="checkbox"/>
Bangor - Garth	<input type="checkbox"/>	Bangor - Menai	<input type="checkbox"/>	Mynydd Llandygai	<input type="checkbox"/>	Tregarth	<input type="checkbox"/>
<b>CAERNARFON AREA</b>							
	Caernarfon - Seiont	<input type="checkbox"/>	Llanllyfni	<input type="checkbox"/>	Rhostryfan	<input type="checkbox"/>	
Bethel	<input type="checkbox"/>	Carmel	<input type="checkbox"/>	Llanrug	<input type="checkbox"/>	Rhyd Ddu	<input type="checkbox"/>
Bontnewydd	<input type="checkbox"/>	Cwm Y Glo	<input type="checkbox"/>	Nantlle	<input type="checkbox"/>	Saron	<input type="checkbox"/>
Brynrefail	<input type="checkbox"/>	Deiniolen/Clwt Y Bont	<input type="checkbox"/>	Nebo	<input type="checkbox"/>	Talysarn	<input type="checkbox"/>
Caeathro	<input type="checkbox"/>	Dinorwig	<input type="checkbox"/>	Penisarwaun	<input type="checkbox"/>	Waunfawr	<input type="checkbox"/>
Caernarfon - Cadnant	<input type="checkbox"/>	Groeslon	<input type="checkbox"/>	Penygroes	<input type="checkbox"/>	Y Felinheli	<input type="checkbox"/>
Caernarfon - Menai	<input type="checkbox"/>	Llanberis/Nant Peris	<input type="checkbox"/>	Rhiwlas	<input type="checkbox"/>	Y Fron	<input type="checkbox"/>
Caernarfon - Peblig	<input type="checkbox"/>	Llandwrog	<input type="checkbox"/>	Rhosgadfan	<input type="checkbox"/>		
<b>DWYFOR AREA</b>							
	Chwilog / Afonwen	<input type="checkbox"/>	Llithfaen	<input type="checkbox"/>	Porthmadog	<input type="checkbox"/>	
Aberdaron	<input type="checkbox"/>	Dinas	<input type="checkbox"/>	Morfa Nefyn	<input type="checkbox"/>	Prenteg	<input type="checkbox"/>
Abererch	<input type="checkbox"/>	Ederm	<input type="checkbox"/>	Mynytho	<input type="checkbox"/>	Pwllheli	<input type="checkbox"/>
Abersoch	<input type="checkbox"/>	Garndolbenmaen	<input type="checkbox"/>	Nefyn	<input type="checkbox"/>	Rhiw	<input type="checkbox"/>
Beddgelert / Nantmor	<input type="checkbox"/>	Gyrn Goch	<input type="checkbox"/>	Pencaenewydd	<input type="checkbox"/>	Rhoslan	<input type="checkbox"/>
Botwnnog	<input type="checkbox"/>	Llanaelhaearn	<input type="checkbox"/>	Penmorfa	<input type="checkbox"/>	Rhydyclafdy	<input type="checkbox"/>
Bryncir / Pantglas	<input type="checkbox"/>	Llanbedrog	<input type="checkbox"/>	Penrhos (Bron Y Berth)	<input type="checkbox"/>	Sarn	<input type="checkbox"/>
Bryncroes	<input type="checkbox"/>	Llangybi	<input type="checkbox"/>	Penrhos (Village)	<input type="checkbox"/>	Trefor	<input type="checkbox"/>
Capel Uchaf	<input type="checkbox"/>	Llaniestyn	<input type="checkbox"/>	Pentreuchaf	<input type="checkbox"/>	Tremadog	<input type="checkbox"/>
Clynnog	<input type="checkbox"/>	Llannor	<input type="checkbox"/>	Pistyll	<input type="checkbox"/>	Tudweiliog	<input type="checkbox"/>
Criccieth	<input type="checkbox"/>	Llanystumdwy	<input type="checkbox"/>	Pontllyfni	<input type="checkbox"/>	Y Ffôr	<input type="checkbox"/>
<b>MEIRIONNYDD AREA</b>							
	Dinas Mawyddwy	<input type="checkbox"/>	Llandderfel	<input type="checkbox"/>	Parc	<input type="checkbox"/>	
Aberangell	<input type="checkbox"/>	Dolgellau	<input type="checkbox"/>	Llanegryn	<input type="checkbox"/>	Pennal	<input type="checkbox"/>
Aberdyfi	<input type="checkbox"/>	Dyffryn Ardudwy	<input type="checkbox"/>	Llanelltyd	<input type="checkbox"/>	Penrhyndeudraeth	<input type="checkbox"/>
Abergynolwyn	<input type="checkbox"/>	Fairbourne	<input type="checkbox"/>	Llanfachreth	<input type="checkbox"/>	Rhoslefain	<input type="checkbox"/>
Aberllefenni	<input type="checkbox"/>	Friog	<input type="checkbox"/>	Llanfair	<input type="checkbox"/>	Rhyduchaf	<input type="checkbox"/>
Abermaw / Barmouth	<input type="checkbox"/>	Ffestiniog	<input type="checkbox"/>	Llanfor	<input type="checkbox"/>	Rhydymain	<input type="checkbox"/>
Arthog	<input type="checkbox"/>	Ganllwyd	<input type="checkbox"/>	Llanfrothen	<input type="checkbox"/>	Sarnau	<input type="checkbox"/>
Bala	<input type="checkbox"/>	Gellilydan	<input type="checkbox"/>	Llangywer	<input type="checkbox"/>	Talsarnau / Soar	<input type="checkbox"/>
Blaenau Ffestiniog	<input type="checkbox"/>	Glanrafon	<input type="checkbox"/>	Llanuwchllyn	<input type="checkbox"/>	Tanygrisiau	<input type="checkbox"/>
Bontddu	<input type="checkbox"/>	Harlech	<input type="checkbox"/>	Llwyngwriil	<input type="checkbox"/>	Trawsfynydd	<input type="checkbox"/>
Brithdir	<input type="checkbox"/>	Llanbedr	<input type="checkbox"/>	Maentwrog	<input type="checkbox"/>	Tywyn	<input type="checkbox"/>
Bryncrug	<input type="checkbox"/>	Llandecwyn	<input type="checkbox"/>	Minffordd	<input type="checkbox"/>	Ynys	<input type="checkbox"/>
Corris	<input type="checkbox"/>						

**REMEMBER, CHOOSE UP TO 5 LOCATIONS FROM THE LIST ABOVE BY MARKING THEM 1, 2, 3, 4 AND 5. DO NOT TICK BOXES.**

17. WHERE DO YOU WANT TO LIVE? (Continued)		<b>Help</b>												
<p><b>17.2 Are there any specific locations or streets that you do not wish to be considered for (even if they are within areas you have chosen in the previous question)? If 'yes', list them and tell us why you do not want to live there.</b></p> <p>.....</p> <p>.....</p> <p>.....</p> <p><b>17.3 Are there areas not listed that you would be interested in the future? If 'yes' what areas?</b></p> <p>.....</p>			<p>Tell us of <b>any</b> locations you cannot be considered for and the reasons why.</p>											
18. YOUR PREFERENCES														
<p><b>18.1 What type of housing do you want to be considered for?</b></p> <p>House <input type="checkbox"/> Flat <input type="checkbox"/> Bungalow <input type="checkbox"/> Maisonette <input type="checkbox"/> (✓all that apply)</p> <p><b>18.2 Number of bedrooms required?</b> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4+ <input type="checkbox"/> (✓all that apply)</p> <p><b>18.3 Which floor level accommodation do you require?</b></p> <p>Ground <input type="checkbox"/> First <input type="checkbox"/> Second <input type="checkbox"/> Third <input type="checkbox"/> (✓all that apply)</p> <p><b>18.4 Do you require any of the following?</b> (✓all that apply)</p> <p>Warden assisted / Sheltered housing <input type="checkbox"/></p> <p>Property designated for older people <input type="checkbox"/> (over 55 or over 60 depending on location)</p> <p>Property with emergency alarm service <input type="checkbox"/></p> <p><b>18.5 If you are a current council or housing association tenant, would you be interested in a mutual exchange (house swap) with another tenant?</b> Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p><b>18.6 Would you be interested in information about other means of affordable housing?</b> Yes <input type="checkbox"/> No <input type="checkbox"/></p>		<p>Only choose the property type, number of bedrooms and floor level that you need. If you refuse an offer of accommodation based on these choices then you may receive less priority.</p> <p>Sheltered housing has a resident or regular visiting Warden.</p> <p>Properties for older people are usually available for people aged 55 or over (60 in some locations) and / or people with a disability.</p>												
19. RELATIONS														
<p><b>19.1 Please tell us if you are:</b></p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 30%; vertical-align: top;">Related to an employee of:</td> <td style="width: 40%; vertical-align: top;">Gwynedd Council Cartrefi Cymunedol Gwynedd Grŵp Cynefin North Wales Housing</td> <td style="width: 30%; vertical-align: top;">Yes <input type="checkbox"/> No <input type="checkbox"/></td> </tr> <tr> <td style="vertical-align: top;">Related to:</td> <td style="vertical-align: top;">Gwynedd Council Councillor</td> <td style="vertical-align: top;">Yes <input type="checkbox"/> No <input type="checkbox"/></td> </tr> <tr> <td style="vertical-align: top;">Related to a Board Member of:</td> <td style="vertical-align: top;">Cartrefi Cymunedol Gwynedd Grŵp Cynefin North Wales Housing</td> <td style="vertical-align: top;">Yes <input type="checkbox"/> No <input type="checkbox"/></td> </tr> <tr> <td style="vertical-align: top;">Currently employed by:</td> <td style="vertical-align: top;">Gwynedd Council Cartrefi Cymunedol Gwynedd Grŵp Cynefin North Wales Housing</td> <td style="vertical-align: top;">Yes <input type="checkbox"/> No <input type="checkbox"/></td> </tr> </table>		Related to an employee of:	Gwynedd Council Cartrefi Cymunedol Gwynedd Grŵp Cynefin North Wales Housing	Yes <input type="checkbox"/> No <input type="checkbox"/>	Related to:	Gwynedd Council Councillor	Yes <input type="checkbox"/> No <input type="checkbox"/>	Related to a Board Member of:	Cartrefi Cymunedol Gwynedd Grŵp Cynefin North Wales Housing	Yes <input type="checkbox"/> No <input type="checkbox"/>	Currently employed by:	Gwynedd Council Cartrefi Cymunedol Gwynedd Grŵp Cynefin North Wales Housing	Yes <input type="checkbox"/> No <input type="checkbox"/>	<p>If you tick 'yes' to any of these questions, we may be in touch to ask for more details.</p>
Related to an employee of:	Gwynedd Council Cartrefi Cymunedol Gwynedd Grŵp Cynefin North Wales Housing	Yes <input type="checkbox"/> No <input type="checkbox"/>												
Related to:	Gwynedd Council Councillor	Yes <input type="checkbox"/> No <input type="checkbox"/>												
Related to a Board Member of:	Cartrefi Cymunedol Gwynedd Grŵp Cynefin North Wales Housing	Yes <input type="checkbox"/> No <input type="checkbox"/>												
Currently employed by:	Gwynedd Council Cartrefi Cymunedol Gwynedd Grŵp Cynefin North Wales Housing	Yes <input type="checkbox"/> No <input type="checkbox"/>												



## 22. CHECKLIST



You will be required to provide copies of certain documents before your application can be registered.

### Section 1: In **all cases** we will need:

*(If, however, you are a current tenant of Cartrefi Cymunedol Gwynedd, Grŵp Cynefin or North Wales Housing you will not need to provide any documents from Section 1, go straight to Section 2)*

- |                       |   |                          |
|-----------------------|---|--------------------------|
| Your identity:        | A copy of Birth Certificate <b>or</b> Passport <b>or</b> Driving License for both main and joint applicants | <input type="checkbox"/> |
|                       | If you are not from the EEA a copy of your immigration status from the UK Border Agency                     | <input type="checkbox"/> |
| Your current address: | Copy of Council Tax bill <b>or</b> copy of utility bill <b>or</b> copy of bank statement                    | <input type="checkbox"/> |

### Section 2: We will also need the following **only if they are applicable to you**:

- |  |  |                          |
|--|--|--------------------------|
| <i>If you have children:</i>   | Copy of proof of Child Benefit <b>or</b> Child Tax Credit  | <input type="checkbox"/> |
| <i>If you are pregnant:</i>  | Copy of MATB1 Form <b>or</b> letter from doctor or midwife   | <input type="checkbox"/> |
| <i>If you have arranged child access:</i>  | Letter or confirmation from resident parent <b>or</b> copy of residence order <b>or</b> copy of contact order (as applicable)  | <input type="checkbox"/> |
| <i>If you are in receipt of Housing Benefit or Local Housing Allowance:</i>                                  | Copy of your Housing Benefit <b>or</b> Local Housing Allowance entitlement letter (from Gwynedd Council or relevant authority) | <input type="checkbox"/> |
| <i>If you own property:</i>  | Copy of mortgage statement <b>or</b> solicitor's letter <b>or</b> copy of title deeds (as applicable)                          | <input type="checkbox"/> |
| <i>If you are in employment:</i>   | Copy of wage slip <b>or</b> copy of P60 <b>or</b> letter from employer <b>or</b> copy of bank statement showing wages          | <input type="checkbox"/> |
| <i>If you receive any state benefits:</i>  | Copy of benefit entitlement letters from DWP <b>or</b> copy of bank statement showing income from benefits                     | <input type="checkbox"/> |
| <i>If you have any savings:</i>  | Copy of bank statement / copy of building society statement / copy of shareholder certificates (as applicable)                 | <input type="checkbox"/> |
| <i>If you need to move because of medical issues:</i>  | Letter from GP or Specialist (as applicable)   | <input type="checkbox"/> |
| <i>If you need to move because of welfare issues:</i>  | Letter from support worker / Social Worker / Occupational Therapist (as applicable)  | <input type="checkbox"/> |
| <i>If you need supported housing:</i>  | Letter from support worker / Community Psychiatric Nurse / Social Worker (as applicable)                                       | <input type="checkbox"/> |
| <i>If you need to move because of social factors:</i>  | Police Incident Number / Child Custody Letter / Letter from support worker   | <input type="checkbox"/> |
| <b>In all cases</b> the Applicant and Joint Applicant to both sign and date the declaration on the next page |  | <input type="checkbox"/> |

**PLEASE NOTE THAT IF YOU DO NOT PROVIDE THE NECESSARY INFORMATION TO SUPPORT YOUR APPLICATION THEN THE APPLICATION MAY BE DELAYED OR NOT PROCESSED AT ALL**

PLEASE READ THIS PAGE CAREFULLY AND SIGN AT THE BOTTOM OF THE PAGE

### 23. IMPORTANT INFORMATION – DATA PROTECTION

By signing this form you consent to:

- Gwynedd Housing Options using your personal information (as provided by you in this application form and any additional information which you may provide as part of this application) for all purposes in connection with your application for housing and for administration of your tenancy if you are successful.
- Gwynedd Housing Options may disclose this information for these purposes to service providers and agencies who co-operate with them. The information provided in this application will be held on a computerised database.
- Gwynedd Housing Options processing your sensitive personal information for these purposes. Sensitive personal information can include health, ethnic origin or criminal record. You have a right to ask for a copy of information held about you, for which we may charge a small fee.

### 24. DECLARATION AND SIGNATURES

I/We (the applicant/joint applicant) declare that:

- Gwynedd Housing Options may make the necessary enquiries in connection with any information given by me/us in order to verify it. I/We give permission for information to be disclosed to Gwynedd Housing Options by my current or previous landlords, mortgage lenders, support agencies, statutory bodies (such as Police and Social Services) and any other relevant professional body or individual.
- The information given on this form is true and I/We acknowledge Gwynedd Housing Options' right to verify all the information given.
- I/We accept that failure to keep Gwynedd Housing Options informed of any changes in my/our housing application circumstances may affect my/our position on the housing register or result in my/our application being cancelled. I/we must notify the Gwynedd Housing Options of any changes.
- I/we accept that should false or misleading information be provided as part of this application then the application will receive reduced priority in the form of penalty points. Furthermore should a tenancy be granted on the basis of false or misleading information then the Housing Association will take legal action to end the tenancy. **Please note that in accordance with the Housing Act 1996 it is an offence for anyone to knowingly give false information or to withhold relevant information if reasonably required to do so, on any matter regarding the allocation of housing.**

**PLEASE NOTE : If you are making a joint application, then both of you need to sign.**

Applicant's Signature: \_\_\_\_\_ Date: dd / mm / yy \_\_\_\_\_

Joint Applicant's Signature: \_\_\_\_\_ Date: dd / mm / yy \_\_\_\_\_

**If you are completing this form on behalf of the applicant or joint applicant, please give details below.**

Name: \_\_\_\_\_ Signature: \_\_\_\_\_

Relationship to Applicant/Joint Applicant: \_\_\_\_\_

Contact Details: \_\_\_\_\_

Reason for completing on their behalf: \_\_\_\_\_