



# Alderney Housing Association

## Housing Application & Eligibility Form

For office use			
Ref:			
Property:			
Date:			
Returned:			
Reviewed:			
Rented	PO	Review	

### For Rented Social Housing, Partial Ownership, Transfer & Tenancy Review

Before completing the application form, please check to see if you meet the criteria as set out in the separate Allocations and Eligibility Policy document.

Please complete all appropriate sections of the form clearly using block capitals. We have included a checklist near the end to assist you in making sure you have included all the information we require.

If you need help completing this form or require further information please contact Alderney Housing Association (AHA) on 824870 or ahaenquiries@gha.gg. If you would prefer, you may also seek advice and/or assistance from a professional working with you.

<b>1) About You</b> APPLICANT 1 / TENANT 1	<b>About Joint Applicant</b> APPLICANT 2 / TENANT 2 (if applicable)
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Mr  Mrs  Ms  Miss  Other

Civil Status: civil partnered  married   
single  divorced  widowed

Surname   
First Name(s)   
Other Names   
Address

Postcode

Date of Birth:

Home Tel:   
Mobile Tel:   
Work Tel:

Email:

Social Security Number:

Residential eligibility\*: YES  NO

Mr  Mrs  Ms  Miss  Other

Civil Status: civil partnered  married   
single  divorced  widowed

Surname   
First Name(s)   
Other Names   
Address

Postcode

Date of Birth:

Home Tel:   
Mobile Tel:   
Work Tel:

Email:

Social Security Number:

Residential eligibility\*: YES  NO

Relationship to Applicant 1 :

\*To be eligible you must have been resident in Alderney for the last five years or have lived in Alderney for 15 years consecutively at any time. Time away from the island for education or service in the armed forces will be counted as "residence"

**Evidence may be required**

If you have any pending court dates (other than motoring), please state the nature and date:

## 2) About Your Household

Please provide details of anyone who lives with you permanently or occasionally.  
It may include people who regularly stay overnight at the property, even if only once a week.

Full Name	Date of Birth	Social Security Number	Relationship to you	Employment or Education status
		GY		
		GY		
		GY		
		GY		

If any child is expected, please give approximated date of birth:

If any of the people named above are about to leave full-time education, please provide details including dates:

If any of the people named above **do not** live with you permanently, please provide details and the arrangements:

**If this relates to shared custody we will require evidence.** (e.g. Court Order or letter from other parent)

## 3) Pets

Do you have any pets you will be seeking permission to keep?

YES  NO

If YES, you will need to complete a **Pet Application Form**, available on request.

## 4) Health and Support

Does anyone have any health needs that should be considered as part of your application?

e.g. physical, mental health or other support needs.

YES  NO

If YES, you will need to complete a **Health Needs Assessment Questionnaire**, available on request.

Does anyone in your household have any involvement with other professionals such as social workers, support workers, clinical professionals?

YES  NO

If YES, please provide details.

## 5) Household Income

This section covers income from employment, pensions, benefits, interest, maintenance payments or any other income. If your salary changes a lot, put 'variable' in the **NET\* Pay** £  box overleaf.

**Please send us wage slips covering the last two months and your most recent end of year wage slip.**

Please state if this includes any overtime that isn't part of your standard contract, so we can exclude from our assessment (we may need to ask for further documentation if required)

If you need help or if you have any questions please contact AHA on 824870 or [ahaenquiries@gha.gg](mailto:ahaenquiries@gha.gg)

**5.1 Are you EMPLOYED?** You will need to provide proof of all your earnings

**Applicant/Tenant 1** YES  No

If YES, please provide details of all employment:

**Applicant/Tenant 1**

<b>Main Job Title</b>			
Employer			
Address			
Postcode			
Telephone:			
Email:			
Date employment started			
	Amount	Weekly	Monthly
<b>NET* Pay</b> £	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>
Overtime or bonus payments	£ <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Applicant/Tenant 2** YES  No

If YES, please provide details of all employment:

**Applicant/Tenant 2**

<b>Main Job Title</b>			
Employer			
Address			
Postcode			
Telephone:			
Email:			
Date employment started			
	Amount	Weekly	Monthly
<b>NET* Pay</b> £	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>
Overtime or bonus payments	£ <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Applicant/Tenant 1**

<b>2nd Job Title</b>			
Employer			
Address			
Postcode			
Telephone:			
Email:			
Date employment started			
	Amount	Weekly	Monthly
<b>NET* Pay</b> £	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>
Overtime or bonus payments	£ <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Applicant/Tenant 2**

<b>2nd Job Title</b>			
Employer			
Address			
Postcode			
Telephone:			
Email:			
Date employment started			
	Amount	Weekly	Monthly
<b>NET* Pay</b> £	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>
Overtime or bonus payments	£ <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>

**You must enclose copies of your last two months wage slips and your end of year wage slip.**

Any other jobs should be detailed in the **Additional Information section** at the end of this form.

**\*Note:** NET income is usually detailed at the bottom of your payslip after deductions. This is your gross income less income tax; social insurance contribution; childcare costs, court-ordered maintenance payments paid out; payments to registered trade unions; and any money paid into a pension fund.

**5.2 Do you receive PENSIONS?** You will need to provide proof of your pensions

**Applicant/Tenant 1** YES  No

If YES, please provide details of all pensions:

<b>Applicant/Tenant 1</b>	<b>Weekly or Monthly</b>	
Guernsey OAP	£ <input type="text"/>	£ <input type="text"/>
UK Pensions	£ <input type="text"/>	£ <input type="text"/>
Private Pension	£ <input type="text"/>	£ <input type="text"/>
Employer's Pension	£ <input type="text"/>	£ <input type="text"/>
Other _____	£ <input type="text"/>	£ <input type="text"/>

**Applicant/Tenant 2** YES  No

If YES, please provide details of all pensions:

<b>Applicant/Tenant 2</b>	<b>Weekly or Monthly</b>	
Guernsey OAP	£ <input type="text"/>	£ <input type="text"/>
UK Pensions	£ <input type="text"/>	£ <input type="text"/>
Private Pension	£ <input type="text"/>	£ <input type="text"/>
Employer's Pension	£ <input type="text"/>	£ <input type="text"/>
Other _____	£ <input type="text"/>	£ <input type="text"/>

Any **other pensions** should be detailed in the **Additional Information** section at the end of this form.

**5.3 Do you receive BENEFITS?** You will need to provide proof of your benefits

**Applicant/Tenant 1** YES  No

If YES, please provide details of all benefits:

<b>Applicant/Tenant 1</b>	<b>Weekly</b>
Family Allowance	£ <input type="text"/>
Income Support	£ <input type="text"/>
Unemployment Benefit	£ <input type="text"/>
Sickness/Incapacity Benefit	£ <input type="text"/>
Disability Benefit/Carers Allowance	£ <input type="text"/>
Other _____	£ <input type="text"/>

**Applicant/Tenant 2** YES  No

If YES, please provide details of all benefits:

<b>Applicant/Tenant 2</b>	<b>Weekly</b>
Family Allowance	£ <input type="text"/>
Income Support	£ <input type="text"/>
Unemployment Benefit	£ <input type="text"/>
Sickness/Incapacity Benefit	£ <input type="text"/>
Disability Benefit/Carers Allowance	£ <input type="text"/>
Other _____	£ <input type="text"/>

Any **other benefits** should be detailed in the **Additional Information** section at the end of this form.

**5.4 Do you have any OTHER INCOME?** You will need to provide proof of any other income

**Applicant/Tenant 1** YES  No

If YES, please provide details of all other income:

<b>Applicant/Tenant 1</b>	<b>Monthly</b>	<b>Annually</b>
Bank interest/dividends	£ <input type="text"/>	£ <input type="text"/>
	<b>Weekly</b>	<b>Monthly</b>
Maintenance Payments	£ <input type="text"/>	£ <input type="text"/>
Other _____	£ <input type="text"/>	£ <input type="text"/>

**Applicant/Tenant 2** YES  No

If YES, please provide details of all other income:

<b>Applicant/Tenant 2</b>	<b>Monthly</b>	<b>Annually</b>
Bank interest/dividends	£ <input type="text"/>	£ <input type="text"/>
	<b>Weekly</b>	<b>Monthly</b>
Maintenance Payments	£ <input type="text"/>	£ <input type="text"/>
Other _____	£ <input type="text"/>	£ <input type="text"/>

Any **other income** should be detailed in the **Additional Information** section at the end of this form.

## 6) Savings and Investments

This relates to everyone in the household. For example money held in **any** bank accounts, premium bonds, retirement annuity trust (RATs), funds, stocks and shares whether accessible or not.

Do you and/or applicant/tenant2 and/or dependent children have any **SAVINGS OR INVESTMENTS**?

All such savings, investments and interest must be declared and proof provided. YES  NO

Total amount of savings £

Total value of investments £

Detail name of beneficiary and the source:

## 7) Property and Land

Does anyone in the household own, part-own or are in the process of buying, **PROPERTY OR LAND**

anywhere in the world? If YES, please provide details of all property or land. YES  NO

Name of person

Approximate value of property or land £

Address of property or land:

Any **other properties or land** you own, part-own or are in the process of buying should be detailed in the **Additional Information** section at the end of this form.

## 8) Maintenance Payments (paid out)

Does anyone have a court order to **PAY MAINTENANCE** to a person who does not form part of your

household? If YES, please provide a copy of the order and evidence of payments. YES  NO

Name of person who **pays** the maintenance  Amount £

Name of person who **receives** the maintenance  Frequency

## 9) Child Care Expenses

Does anyone in the household **PAY FOR CHILD CARE** whilst you are at work?

If YES, please provide details and evidence of payments. YES  NO

Name(s) of child(ren) looked after:  Hours/week

Name of childminder/ organisation:  Cost/week £

Address and contact details:

Telephone:

Email:

Postcode:

Is the child-minder registered with HSC ?

YES  NO

# 10) New Applicants Only

## 10.1 CURRENT HOUSING CIRCUMSTANCES

Private Tenant

Temporary Let

HM Forces

Other:

Sub-Tenant

Lodging House

No fixed abode

Job Tied tenant

Bed & Breakfast

Relatives/friends

Do you live with anyone not included on this application? YES  NO

If YES, how many adults?  and children?

## 10.2 LANDLORD DETAILS IN PREVIOUS TWO YEARS

Name   
Address   
  
  
Postcode   
Telephone:   
Email:

Name   
Address   
  
  
Postcode   
Telephone:   
Email:

Rent £  Amount Weekly  Monthly  or

Rent £  Amount Weekly  Monthly  or

Are you in arrears? YES  No

If YES, by how much? £

If you are in arrears or subject to any tenancy breach, please provide details:

Has your landlord issued you with a Notice to Quit? YES  NO  If YES, please provide proof.

## 10.3 CURRENT PROPERTY

House  Bungalow  Flat  Bedsit  Hostel  Other

Which floor are you on?

Is there a lift? YES  NO

How many bedrooms are there?  Does the property have problems with access? YES  NO

Does the property suffer from significant disrepair? YES  NO  If YES, please provide details:

Do Environmental Health know? YES  NO  Has a closure notice been issued? YES  NO

## 11) Additional Information

Please provide any further information which you wish to be taken into account by AHA


## 12) Checklist (to be completed by the applicant/tenant)

PROOF

Please tick the box to confirm the information you have enclosed ✓

- Shared Custody - Court Order or letter confirming contact arrangements
- All wage slips for the last two months (i.e. eight slips if paid weekly, two if paid monthly)
- End of year payslip for Applicant/Tenant 1 and/or Applicant/Tenant 2
- Confirmation of any other income received by Applicant/Tenant 1 and/or Applicant/Tenant 2
- Confirmation of all pensions received showing who this is paid by and the amount received
- Confirmation of all benefits received showing who this is paid by and the amount received
- Confirmation of all savings and investments including those held by dependent children
- Bank statements from all bank accounts for the last 3 months and any dependent children
- Confirmation of all maintenance payments
- Notice to Quit/Eviction documentation
- Confirmation of paid child care
- Signed and dated the form as required

## 13) Data Protection

Alderney Housing Association (AHA) process personal data in order to carry out the functions of AHA that relate to the provision of accommodation. Information collected will depend on your business with us, but will be no more than is required for that purpose. We may obtain information about you from others for any of our purposes if the law allows us to do so. Any personal information you give to us will be processed in accordance with the Data Protection (Bailiwick of Guernsey) Law, 2017. For more information on how your personal data will be processed, who will receive your personal data, and your rights under the Law please see the relevant privacy notice and fair processing notice at [www.aha.org.gg](http://www.aha.org.gg)

If you need help or if you have any questions please contact AHA on 824870 or [ahaenquiries@gha.gg](mailto:ahaenquiries@gha.gg)

# 14) Declaration & Consent

**Read the declaration carefully before signing and dating accordingly. The application form must be signed by the applicant, or in the case of a joint application, by both parties.**

I/We consent to the AHA processing, sharing and storing the information provided through this application process in accordance with the Data Protection (Bailiwick of Guernsey) Law, 2017 and AHA's fair processing notice.

I/We declare that the information given in this application is true, complete and accurate.

I/We undertake to notify you within seven days, and in writing of any change in my/our circumstances that may affect this application.

I/We give consent for you to contact the States of Alderney and any person or professional named in this application to discuss and share information related to any part of my/our application.

I/We understand that I/we must provide all the information requested in this form.

I/we acknowledge the rights and responsibilities of AHA with regard to my/our Tenancy Agreement or Licence to Occupy, and the Allocations and Eligibility Policy.

I/We give consent for you to contact my/our employer(s) and/or Social Security to confirm my/our earnings/income (including overtime and bonuses) and benefits.

I/We understand that if I/we deliberately or recklessly give false information to AHA or withhold information from AHA in connection with this application then:

- it may result in a cancellation of all or part of any benefits payable you can remove my/our name(s) from the waiting list indefinitely
- you can terminate any tenancy granted as a result of this application and repossess my/our home: and
- I/we may be liable for prosecution. A custodial sentence/fine may be imposed

I/We understand that incomplete forms will be returned and if I/we fail to provide AHA with the required information and my/our application will not be processed.

	<b>Applicant 1/Tenant 1</b>	<b>Applicant 2/Tenant 2 (if applicable)</b>
<b>Signature</b>	<input type="text"/>	<input type="text"/>
<b>Print Name</b>	<input type="text"/>	<input type="text"/>
<b>Date</b>	<input type="text"/>	<input type="text"/>

**Please let AHA know if correspondence is to be sent to a different postal or email address.**

**MAKE SURE THAT EVERY SECTION THAT IS APPLICABLE HAS BEEN COMPLETED.**  
**RETURN THE FORM TO:** Alderney Housing Association, 5 Martyn House, QE II Street, Alderney, GY9 3TB  
**Email to:** [ahaenquiries@gha.gg](mailto:ahaenquiries@gha.gg)

**For Office Use Only:**

• All relevant sections of form completed and signed with supporting evidence provided

• Health Needs Questionnaire (if required)  • Pets Application Form (if required)

Checked by:  Date:

**If you need help or if you have any questions please contact AHA on 824870 or [ahaenquiries@aha.org.gg](mailto:ahaenquiries@aha.org.gg)**