

## BLAENAU GWENT COMMON HOUSING REGISTER APPLICATION

(Confidential)

Blaenau Gwent County Borough Council is administering a common housing register working in partnership with local providers of affordable rented accommodation. Following completion and acceptance of this application you will be considered for accommodation across Blaenau Gwent.

The housing providers taking part are Blaenau Gwent County Borough Council, Linc Cymru, Melin Homes and United Welsh Housing Association.

Data Protection Act 1998: The information you provide to us will be stored electronically and used to assess your housing status, and will form a part of your housing records with us. We will also share this information with other housing providers and bodies in particular to prevent and detect fraud. Please note we may also use external organisations for current and previous address history searches only. All housing organisations will be registered; however, applicants will only be able to apply for housing following essential checks and verifications. (Please refer to guidance notes or internet/web link).

**Please note acceptance onto the common housing register does not guarantee you a tenancy or access to any other opportunities.**

**Please refer to the guidance notes when completing this application form and ensure all questions are answered as failure to do so may result in the processing of your application being delayed.**

Please note the partnership panel will consider housing applications in relation to the housing act specifically around the applicant being an acceptable tenant to the partnership. This may result in a temporary suspension of the application.

# 1 (A) COMMUNICATION

If you have difficulty reading and writing,  
Please indicate below:

	Applicant	
	1	2
I have difficulty with reading		
I have difficulty with writing		

Apart from by letter how would you like us to  
contact you about housing matters?  
Please tick

	Applicant	
	1	2
Telephone		
Mobile Phone		
Email		
Home Visit		

If you use British Sign language (BSL)  
please indicate below:

	Applicant	
	1	2
I use British Sign Language		

If you would prefer information from us to  
be in any of the formats below, please tell  
us. Tick the boxes that apply.

	Applicant	
	1	2
Large Print		
Other		

If you have difficulty filling in this form please contact the Common Housing Register  
Team on

**01495 354600**

If you have any difficulty understanding English, please contact The Common Housing  
Register Team.

If you have been referred to us by any agency, e.g. Social Services, Citizens Advice, etc,  
please give details below:

## (B) SUPPORTING DOCUMENTS

Please ensure you submit all relevant supporting documents with your application form. If you do not we will be unable to process your application.

To tackle and prevent fraud, we need to establish the identity of who is applying to us for housing. To ensure we administer your application as quickly as possible please provide copies of at least one document from List A and one document from List B as proof of identity as the prime/joint applicant.

You will also need to provide one document (copy) from List A for every other household member on your application.

List A	List B
Birth Certificate	Utility Bill
Passport	Bank Statement
Photo card driving licence	Welfare benefit entitlement letter
Medical card	Housing benefit entitlement letter
Immigration Council	Child Benefit Entitlement Letter

Please list all the documents you have submitted with your application form in the space provided.


### **Please note:-**

- Copies of documents will be sufficient as we will not return them.
- For quality assurance we may occasionally request that original documents be provided. These will be returned.

## Q2 (A) PERSONAL DETAILS

Title: Mr  Mrs  Miss  Ms  Other (please specify) \_\_\_\_\_

Sex: Male  Female

First name/s: \_\_\_\_\_ Surname: \_\_\_\_\_

Address: \_\_\_\_\_

Postcode: \_\_\_\_\_ Date of birth:        /        /

Phone number: \_\_\_\_\_ Mobile: \_\_\_\_\_

Email: \_\_\_\_\_ N.I. number: \_\_\_\_\_

### Marital Status:

Married  Single  Living together  Separated  Divorced

Civil Partnership  Widowed

### Preferred language of communication:

English  Welsh  Urdu  Punjabi  Somali  Turkish  Gujarati

Chinese  Arabic  Polish  Other (please specify) \_\_\_\_\_

## (B) Joint Applicant Details (if applicable)

Title: Mr  Mrs  Miss  Ms  Other

Sex: Male  Female

First name/s: \_\_\_\_\_ Surname: \_\_\_\_\_

Address: \_\_\_\_\_

Postcode: \_\_\_\_\_ Date of birth:        /        /

Phone number: \_\_\_\_\_ Mobile: \_\_\_\_\_

Email: \_\_\_\_\_ N.I. number: \_\_\_\_\_

### Marital Status:

Married  Single  Living together  Separated  Divorced

Civil Partnership  Widowed

### Preferred language of communication:

English  Welsh  Urdu  Punjabi  Somali  Turkish  Gujarati

Chinese  Arabic  Polish  Other (please specify) \_\_\_\_\_

**(C) PREVIOUS APPLICATIONS**

**If you or your partner has previously applied for housing, please tell us here:**

The name you applied in:	
Address you applied from:	
When did you apply?	
Who did you apply to?	

**3. PEOPLE TO BE REHOUSED WITH YOU** (if no other person/s please tick here )

SURNAME	FORENAME	SEX	DATE OF BIRTH	RELATIONSHIP TO APPLICANT	RECEIVING CHILD BENEFIT
		M/F			
		M/F			
		M/F			
		M/F			
		M/F			
		M/F			

If anyone listed above is not living with you now, please say who and give current address:

Name of Person	Address of Property

**Please provide proof of Child Benefit by either providing a copy of the child benefit letter or bank statement.**

**Are you or is anyone on your form expecting a baby?** Y  N

If yes, when is the baby due?

.....  
.....

**Please provide proof of pregnancy (See guidance notes)**

## Overnight Access

If you have access to any children please indicate below and the amount of access per week

SURNAME	FORENAME	SEX	DATE OF BIRTH	RELATIONSHIP	AMOUNT OF ACCESS
		M / F			
		M / F			
		M / F			
		M / F			
		M / F			

Please list everyone living with you now but will not be moving

SURNAME	FORENAME	SEX	DATE OF BIRTH	RELATIONSHIP
		M / F		
		M / F		
		M / F		
		M / F		
		M / F		
		M / F		

## 4. ABOUT THE HOME YOU LIVE IN NOW (Tick one box only)

- |   |                          |                               |                          |
|---|--------------------------|-------------------------------|--------------------------|
| LINC CYMRU TENANT<br><input type="checkbox"/> | <input type="checkbox"/> | BLAENAU GWENT COUNCIL TENANT  |                          |
| UNITED WELSH TENANT                           | <input type="checkbox"/> | MELIN HOMES TENANT            | <input type="checkbox"/> |
| LIVING WITH RELATIVES                         | <input type="checkbox"/> | LIVING WITH PARENTS           | <input type="checkbox"/> |
| LIVING WITH FRIENDS                           | <input type="checkbox"/> | AN OWNER OCCUPIER             | <input type="checkbox"/> |
| TENANT OF OTHER LOCAL AUTHORITY               | <input type="checkbox"/> | PRIVATE RENTING               | <input type="checkbox"/> |
| LIVING IN A CARAVAN                           | <input type="checkbox"/> | PLACED BY HOMELESSNESS TEAM   | <input type="checkbox"/> |
| TIED ACCOMMODATION                            | <input type="checkbox"/> | IN A BED AND BREAKFAST        | <input type="checkbox"/> |
| IN THE H.M. FORCES                            | <input type="checkbox"/> | H.M. PRISON                   | <input type="checkbox"/> |
| SUPPORTED HOUSING                             | <input type="checkbox"/> | OTHER (provide details below) | <input type="checkbox"/> |
- .....

If you have ticked either tied accommodation/H.M.Prison/H.M.Forces please state the date from which you will require accommodation.

Day \_\_\_\_\_ Month \_\_\_\_\_  
 Year \_\_\_\_\_

Reason \_\_\_\_\_

Have you received formal notification to leave your property? Y  N

**If yes, please provide a copy of the Section 21 notice**

Do you or anyone included in question 2a, 2b and/or 3 own a property or has owned any other property? Y  N

**If yes, please state details below:**

Name of Person	Address of Property

What will happen to this property if you are offered accommodation?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Have you received a repossession order for the property? Y  N

**If yes, please provide a copy of the order**

What type of accommodation do you currently live in? (Tick one box only)

HOUSE	
FLAT - GROUND FLOOR	
FLAT – FIRST FLOOR	
FLAT - ABOVE FIRST FLOOR	
BED-SIT OR ROOMS	
BUNGALOW	
CARAVAN/MOBILE HOME	
SHELTERED HOUSING	
RESIDENTIAL HOME	
OTHER (PLEASE SPECIFY BELOW)	

How many bedrooms are there in your present Accommodation?

How many bedrooms are currently used by you, and those moving with you?

Please tell us who sleeps in each bedroom

Bedroom 1 \_\_\_\_\_

Single  Double

Bedroom 2 \_\_\_\_\_

Single  Double

Bedroom 3 \_\_\_\_\_

Single  Double

Bedroom 4 \_\_\_\_\_

Single  Double

Do you share a bedroom with another adult (over 16) who is not your partner?

Y  N

Do you share a bedroom with your child?

Y  N

Do you have use of the following in your accommodation? Do not state sharing if you are living with **parents** or **parents in law/s**.

LIVING ROOM	YES		NO		SHARING	
KITCHEN	YES		NO		SHARING	
BATHROOM	YES		NO		SHARING	
INSIDE W.C.	YES		NO		SHARING	

Does your present accommodation have the following?

PIPED WATER	YES		NO	
HOT WATER SUPPLY	YES		NO	
BATH OR SHOWER	YES		NO	
WASH HAND BASIN	YES		NO	
COOKING FACILITIES	YES		NO	
ELECTRICITY	YES		NO	
FIXED HEATING APPLIANCE	YES		NO	

**If you have ticked no to any of the above please explain further:**

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Has your property been assessed for a Category 1 Hazard by the Council's Environmental Health Officer?

Y  N

**If yes, please give details below:**

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## 5. ABOUT YOURSELF

Have you come to live in the UK in the past 5 years?

**If you answer yes to this question, you may be contacted to provide further information.**

Are you a British National? Y  N

If no, what is your nationality?

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Are you subject to immigration control? Y  N

**If yes, please give details below:**

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**We ask for proof of your immigration status in order to assess whether you are eligible for housing, please send photocopies of your passport or any papers you have from the Home Office to the address on the front of the form.**

Are you suffering from harassment? Y  N

**If yes, please complete the social factors assessment form on page 22.**

Is a move required to due to bereavement? Y  N

**If yes, please complete the social factors assessment form on page 22.**

Is a move required to be closer to employment? Y  N

**If yes, please give name and address of employer below:**

Name (Organisation)	Address

Do you work for or are you related to anyone who works for any of the partner organisations or is a Board member and/or Blaenau Gwent Councillor? Y  N

**If yes, please give details below:**

Name	Organisation	Position	Contact Details

Are you homeless or threatened with homelessness? Y  N   
*(Please see guidance notes to help you answer this question)*

**If yes, please give details below:**

Have you or anyone on your application form previously accessed the Homelessness Prevention Fund? Y  N

**If yes, please give details**

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## (B) HEALTH AND SUPPORT

Do you have permanent Medical Circumstances/Disabilities etc. that are affected by your present housing and would be resolved by more suitable housing? Y  N

**If yes, please answer the following Health and Support questions.  
If no, please go to section 6.**

Do you wish to move to provide/receive support to family/friends? Y  N

**If yes, please complete the social factors assessment form on page 22**

Do you need to move because you need special disabled adaptations and your current property is unsuitable for adaptation? Y  N

Do you or any person to be moved with you, currently receive support from any social, health or support agencies? Y  N

**If yes, please give details below:**

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**If you have answered yes to the above questions please complete and sign the medical authorisation form on pages 23 and 24 and supply medical evidence. Also, provide details of your medication and the name and address of your GP / Consultant, so that we may obtain information from them if necessary.**

## 6. YOUR HOUSING NEED

Please indicate the type of property you require. You may tick more than one box.

Ground Floor Flat	
First Floor Flat	
Second Floor Flat or Higher	
House	
Bungalow (Council age 60+) (HA age 55+)	
Sheltered Accommodation (with Scheme Manager) (Council age 60+) (HA age 55+)	

**Tenants of the Partnership landlords only:**

Are you interested in a mutual exchange? Y  N

**If yes, you will need to register with a scheme called Homeswapper.**

Homeswapper is the largest housing exchange service in the UK and provides an extended mutual exchange service for tenants – Free of charge.

To register with Homeswapper or to obtain more information, please visit [www.homeswapper.co.uk](http://www.homeswapper.co.uk) or alternatively you can call (01495) 354600.

## 7. GENERAL INFORMATION

Have you ever held a tenancy with any of the following?

	Yes	No
BLAENAU GWENT COUNTY BOROUGH COUNCIL		
LINC CYMRU		
MELIN HOMES		
UNITED WELSH HOUSING ASSOCIATION		
TAI CALON COMMUNITY HOUSING		
OTHER LOCAL AUTHORITY OR HOUSING ASSOCIATION		

**If yes, to any of the above, please give the name of the local authority/ housing association and address of the property concerned (including dates) below:**

ADDRESS	DATE FROM	DATE TO	LANDLORD

Have you (or anyone else you expect to be living with you) got any rent, mortgage or housing benefit arrears which have not been cleared?

Y  N

If yes, is there a repayment plan in place?

Y  N

**Please give details below:**

.....

Please give details below of all previous addresses for the last 5 years:

ADDRESS	DATE FROM	DATE TO	TENURE eg. living with parents

Do you, or anyone included in your application, own any pets? Y  N

**If so, please state how many and what type of pet/s**

.....  
....

**Are you interested in receiving information on the following?**

Low Cost Home Ownership  Care and Repair  Mortgage Rescue

***(Please see guidance notes for more information to help you answer this question)***

## B) CRIMINAL CONVICTIONS

Have you or anyone included in your application been convicted of a criminal Offence? Do not include spent convictions under the Rehabilitation of Offenders? Act 1974 Y  N

Have you or anyone included in your application been subject to any action for anti-social behaviour or civil injunction for anti-social behaviour? (including criminal damage against a property) Y  N

If you answered yes to the above questions, you will be sent an additional form to complete.

**The information you provide will be treated as confidential.**

The Blaenau Gwent Common Housing Register Partnership keeps confidential records of the

**8. ETHNICITY MONITORING** (It is not compulsory to complete the following section)

provided on an equal basis to all. Please help us by taking the time to complete this section. Please tick one of the boxes below which best describes the main applicant's ethnic origin (if you do not identify with any of the categories listed, please use one of the "other" categories).

**Section 1**

What is your ethnic origin? Please tick one box for each person.

	Applicant		Other household members							
	1	2	1	2	3	4	5	6	7	
<b>White or White British</b>										
White British										
White Irish										
Other White Background										
<b>Dual Heritage or Mixed Race</b>										
White and Black Caribbean										
White and Black African										
White and Asian										
Other mixed Background										
<b>Asian or Asian British</b>										
Indian										
Pakistani										
Bangaleshi										
Other Asian										
<b>Black or Black British</b>										
Caribbean										
African										
Other Black										
<b>Chinese or Chinese British</b>										
Chinese or Chinese British										
<b>Gypsy/Traveller</b>										
<b>Other Ethnic Group (please state):</b>										

**How would you describe your sexual orientation?** (Please tick one box only)

Hetrosexual  Bisexual  Gay  Lesbian  Bisexual  Other  Prefer not to say

## 9. DISABILITY

The Disability Discrimination Act 1995 (DDA) defines disability as a 'physical or mental impairment which has a substantial and long term adverse effect on a person's ability to carry out normal day-to-day activities'.

Do you consider any member of your household to have a disability that has an adverse effect on your/their day to day activities?

- Yes – Registered disabled person
- Yes – Non-registered disabled person
- No – No known disability

If you answered yes, please tick all the boxes that apply for each person.

	Applicant		Other household members							
	1	2	1	2	3	4	5	6	7	
<b>Wheelchair User</b>										
<b>Mobility Impairment</b>										
<b>Sight / visual impairment</b>										
<b>Hearing impairment</b>										
<b>Learning impairment</b>										
<b>Health related long term illness</b>										
<b>Mental / Emotional Distress (mental health issues)</b>										
<b>Other (please tick and state below)</b>										

Do you or any other person that lives with you have any disability related needs that you would like us to be aware of if we need to visit you at home or when you call into our offices? If yes, please give details below:

## 10. Additional Information

**Please tick the following areas where you wish to be re-housed**

<b>ABERTILLERY</b>	<b>Brynithel</b>	<b>Six Bells Cont-d</b>	<b>Ffosmaen</b>
<b>Aberbeeg</b>	Brynhyfryd Terrace (T)	Bridge Street (L)	Banna Bungalows (T)
Cwrt Brachty (L)	Hafodarthen Estate (T)	Bryngwyn Road (L)	Beacon View (T)
<b>Abertillery Town Centre</b>	Mt Pleasant Court (T)	Griffin Street (L)	Beaumont Close (T) (L)
Adam Street (L)	Mt Pleasant Estate (T)	High Street (L)	Brooklyn House (T)
Alma Street (L)	Penrhiw Estate (T)	Jubilee Road (L)	Brynhyfryd Avenue (T) (L)
Ashfield Road (L)	<b>Cwmillery</b>	Kimberley Road (L)	Cae Glas (T)
Bishop Street (L)	Brookside Row (T)	Lancaster Street (L)	Chapel Road (T)
Blythe Street (L)	Cefn Crescent (T)	Lancaster Villas (L)	Cwmcraehen Bungalows (T)
Bon Marche House (U)	East Side (T)	Marlborough Road (L)	Dale View (T) (L) (U)
Bridge Street (L)	Fairview (L)	Richmond Road (L)	Ffosmaen Road (T)
Castle Street (L)	Fountain Court (T)	Upper Arrail Street (L)	Garn Road Flats (T)
Carlyle Street (L)	Gwastod Terrace (T)	Upper Griffin Street (L)	Gwent Terrace (T)
Chapel Street (L)	Hillcrest View (T)	Victoria Road (L)	Limestone Road East (T)
Clynmawr Street (L)	Palace Row (T)	<b>Swffryd</b>	Milfraen Avenue (T)
Crown Street (L)	Penybont (L)	Aneurin Avenue (T)	Prince Street Flats (T)
Cwrt Alexandra (L)	Roberts Row (T)	Baillie Smith Avenue (T)	School Avenue (T)
Darren Road (L)	Valley View (T)	Bronawelon Terrace (T)	Twynderyn Flats (T)
Duke Street (L)	West Bank (T)	Gordon Avenue (T)	Ty Heulwen (L)
Evelyn Street (L)	Whitehorse Court (T)	Hector Avenue (T)	Vincent Avenue (T)
Edward Street (L)	<b>Llanhilleth</b>	Kier Hardie Terrace (T)	<b>Westside/South</b>
Gaen Street (L)	Caefelin Street (U)	Lewis Close (T)	Abertillery Road (L)
George Street (L)	Hafodarthen Road (U)	Lewis Street (U)	Abertillery Road Bungalows (T)
Gladstone Street (L)	Meadow Street (U)	Lloyd Avenue (T)	Bennett Street Bungalows (T)
Glandwr Street (L)	Nant-y-Cwm (M)	Rectory Road (U)	Bournville Road (L)
Glan Ebbw Terrace (L)	Partridge Road (U)	Walters Avenue (T)	Brynteg Road (L)
Grey Street (L)	Railway Street (U)	<b>BLAINA/NANTYGLO</b>	Caer Odyn (L)
King Street (L)	<b>Roseheyworth</b>	<b>Coed Cae</b>	Coronation Street (L)
Morgan Street (L)	Arael View (T)	Attlee Road (T)	Dan-Y-Bryn (T)
Newall Street (L)	Attlee Avenue (T)	Carlín Road (T)	East Pentwyn (T)
Norman Street (L)	Blaenau Gwent Rows (T)	The Crescent (T)	East Pentwyn Bungalows (T)
Oak Street (L)	Brace Avenue (T)	Heol ap Gethin (T)	Edmunds Close (T)
Oxford Street (L)	Chapel Street (T)	Pant View (T)	Glan Ebbw (T)
Park View (L)	Florence Close (T)	The Rise (T)	Gladstone Street (L)
Penybont Road (L)	George Barker Avenue (T)	Verwey Road (T)	Henwaen Street Bungalows (T)
Portland Street (L)	George Dagger Avenue (T)	The Walk (T)	East View (T)
Powell Street (L)	Lansbury Bungalows (T)	<b>Cwmcelyn</b>	Lancaster Street (T) (L)
Preston Street (L)	Lawrence Avenue (T)	Bryncelyn (T)	Maeshafod (T)
Princess Street (L)	Morley Road (T)	Brynheulog Street (T)	Mostyn Thomas Close (T)
Queen Street (L)	Roseheyworth Road (T)	Cwmcelyn Newydd (T)	Mount Pleasant (T)
Rhiw Parc Road (L)	Smith Road (T)	Cwmcelyn Road (T) (L)	Parry Jones Close (T)
Rhiw Parc Mews (L)	Ty Bryn Court (M)	Glanystroth (T)	Queen Street (L)
Roseberry Street (L)	<b>Six Bells</b>	High Street (T)	Part Street (L)
Somerset Street (L)	Alexandra Road (L)	Lower Ten Houses (T)	Railway Terrace (T) (L)
Tillery Street (L)	Arrail Street (L)	Surgery Road Bungalows (T)	River Row (T)
Upper Royal Lane (L)	Ashtree Cottages (L)	Troed-y-Bryn (T)	
Victoria Street (L)		Waengron Street (T)	
Vivian Street (L)		Waengron Bungalows (T)	
York Street (L)			

<b>Westside/South Cont-d</b>		<b>Gurnos Estate</b>		<b>Briery Hill Cont-d</b>		<b>Garnlydan Cont-d</b>	
Southlands (T)		Fitzroy Street (T)		Zion Place (T)		Llangynidr Road (T)	
Victoria Street (L)		Gurnos Estate (T) (L)				Prince Philip Avenue (T)	
Zephaniah Way (T)		Harcourt Road (T)				Queensway (T)	
		Hillcrest (T)		<b>Cwm</b>			
<b>Winchestown</b>		Hill Crescent (T)		Canning Street (T)		<b>Glyncloed</b>	
Brynawelon (T)		Hill Street (T)		Carne Street (U)		Badminton Grove (T)	
Plas-y-Waun (L)		Pleasant View (T)		Cendl Terrace (T)		Bevan Crescent (T)	
Roundhouse Close (T) (L)				Cools Close (T)		Bryn Ebbw (T)	
School View (M)		<b>Twyncynghordy</b>		Crosscombe Terrace (T)		Bryn Glas (T)	
Waen Ebbw Bungalows (T)		Henderson Road (T)		Curre Street (T) (U)		Cae Melyn (T)	
Waun Fawr (T)		Lansbury Road (T)		Cwm Craig Bungalows (T)		Cambridge Gardens (T)	
Waunheulog (T)		Mortons Farm (T)		Elm Street (U)		Cherry Close (T)	
Wesley Buildings (T)		Osbourne Road (T)		Emlyn Road (T)		Cwm Hir (T)	
		Park Crescent (T)		King Street (U)		Emlyn Avenue (T) (L) (U)	
<b>BRYNMAWR</b>		Park View (T)		Marine Street (U)		Glanffrwyd Avenue (T)	
		Tudor Crescent (T)		River Row (T)		Glanffrwyd Terrace (T)	
<b>Bryn Farm</b>		Twyncynghordy Place (T)		School Terrace (U)		Heol Ael-y-Bryn (T)	
Heol Derw (T)		Warwick Road (T)		Stanfield Street (U)		Heol Pen-y-Cae (T)	
Heol Onen (T)		Western Avenue (T)		William Street (T)		Lilian Grove (T)	
Heol Helig (T)		Windsor Road (T)				Panteg (T)	
		<b>EBBW VALE</b>				Pen-y-Dre (T)	
<b>Brynmawr Town Centre</b>				<b>Ebbw Vale Town Centre</b>		Pen-y-Lan (T)	
Bailey Street (L)		<b>Beaufort</b>		Alexandra Street (U)		Pen-y-Lan Bungalows (T)	
Boundary Street (T)		Awelfryn Close (T)		Beechwood Lodge (U)		Rhiw Wen (T)	
Cosy Place (T)		Bangor Road (T)		Clos Gwaith Dur (M)		Tir-y-Berth (T)	
Gladstone Street (T)		Bryn Awelon (L)		Eureka Place (U)			
Glamorgan Street (T)		Bryn Coch (T) (L)		Harcourt Street (U)		<b>Gwaun Helyg</b>	
Greenland Road Bungalows (T)		Canterbury Road (U)		Heol Cae Ffwrnais (M)		Andrews Court (T)	
Hatter Street (T)		Cwrt Rhyd, Needhams Row (U)		Mount Pleasant Road (U)		Annes Court (T)	
Hafod View Close (U)		Frost Road (T) (M)		The Nook (U)		Blaen Wern (T)	
Heddfan Street (T)		Heol Gwyn Lliw (U)		Plantation Row (L)		Charles Court (T)	
King Street (T)		Heol Siloam (M)		Wall Street (U)		Edwards Court (T)	
London House (U)		The Hill (T)		Western Terrace (U)		Elizabeth Way (T) (L) (U)	
Noddfa (T)		Lansbury Terrace (T)				Gwaun Helyg Road (T)	
Orchard Street (T)		Pant-y-Glan (T)		<b>Garnlydan</b>		Llwyn Celyn (T)	
Queen Street (T)		Pant-y-Mynydd (T)		Attlee Close (T)		Llys Onen (T)	
Somerset Street (T)		South Bank (T)		Beechfield Close (T)		Pen-y-Parc (L)	
Sunnybank Court (U)		South Street Bungalows (T)		Carmel Close (T)		Plas-y-Wen (T)	
Trafalgar Close (T)		Swan Crescent (T)		Carno Close (T)		Trederwen (T)	
Trafalgar House (U)				Commonwealth Road (T)			
		<b>Briery Hill</b>		Cynan Close (T)		<b>Hilltop</b>	
<b>Gurnos Estate</b>		Bethesda Place (T)		Fernbrook Close (T)		Bron-y-De (T)	
Aneurin Crescent (T)		Drysiog Street (U)		Gantre Close (T)		Bryn Deri (T)	
Birch Grove (T)		Farmfield Road (T)		Gorsedd Close (T)		Brynteg Terrace (T)	
Bronhafod (T)		High Street (U)		Heathfield Close (T)		Bryn-y-Gwynt (T)	
Brynawel (T)		Redwood Place (T)		Keir Hardie Close (T)		Council Street (T)	
Cemetery Road (T)		Roderick Place (T)		Lansdown Close (T)		Darby Crescent (T)	
		Saron Place (T) (L)					





If yes, please give details below:

Name	Signed	Contact	Relationship	Date

## 12. Next Steps

### 1. Check the form

Make sure you have completed all the questions as fully as possible and have included all the necessary supporting information and then send your form and all supporting information to the address below;

Blaenau Gwent County Borough Council  
Common Housing Register Team  
Housing Division  
Anvil Court  
Church Street  
Abertillery  
NP13 1DB

### 2. Registration

Your application will be registered and providing all the relevant information has been supplied it will be classified as 'live' and placed on the common housing register.

### 3. Assessment prior to an offer of accommodation

When you reach the top of the waiting list, you will be contacted in writing or by telephone to arrange an appointment with a member of the housing department to verify the details of your application and to ensure that your circumstances have not changed.

***This appointment must take place prior to an offer of accommodation***

### 4. Change of Circumstances

If you change your address you must complete an update application form.

If there are any other changes in circumstances in regards to your housing application, you should notify the common housing register team by completing a change of circumstances form which is available from Anvil Court, Abertillery.

Alternatively, the form can be downloaded from the Blaenau Gwent website [www.blaenau-gwent.co.uk](http://www.blaenau-gwent.co.uk)

***Any change in circumstances that are not reported could affect any offer of accommodation***

To be completed by the Common Housing Register Team only	
Application Number	
Date Received	

## Social Factors Assessment Form

Please complete this form if you think that there are social housing factors, which should be taken into account as part of your application for housing.

The information will be treated in confidence. It will only be used to assess what help the council can give you with housing.

It may help your application if you can provide evidence of your current circumstances, e.g. proof of any harassment etc.

Name of Person applying for accommodation	
Address from which Housing Application was made	
Common Housing Register Reference No. (if known)	
Do you require an urgent move? If so why is this	
Please provide contact details and any supporting documentation from any organization supporting your need to move urgently	
Are you suffering harassment at your current address? If yes, please provide details	
Please provide contact details and supporting documentation from any organisations confirming the harassment you are suffering	
Do you need to move to another area in order to give or receive support? If so, please provide details including the name and address of the person giving /receiving the support.	

I confirm that the information I have provided on this form is currently correct

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

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

Date: \_\_\_\_\_

## Medical Authorisation Form

(Please complete this form as accurately as possible)

### Medical Assessment Form

Please complete this form if you think that your health or the health of someone you live with is affected by your home.

If you have completed the medical question on page 10 of the application form, you may be awarded additional points or an earlier registration date. It may also help your application if you provide evidence of your current circumstances, e.g. proof of disability or medical condition.

The information will be treated in confidence. It will only be used to assess what help the Council can give you with housing.

**Please note:** You should sign this form enabling us to obtain information from your GP if required. You do not need a doctor's certificate and we may not always contact a GP or Consultant.

Name of person applying for accommodation	
Address from which Housing Application was made	
Common Housing Register Reference No. (if known)	
Name of person whose health or disability is affected by your home	
Details of medical condition or disability	
Please describe how your current home affects your health or disability	
Do you need to use a wheelchair outside inside	YES / NO YES / NO
Do you have any problems with walking?	YES / NO
Can you use stairs?	YES / NO

If you have a physical disability, would any repairs or adaptations to your home make it suitable for you to stay there? Please provide details	
Please provide the name of your Doctor if you are providing a Medical Support Letter	

Is Medical Support Letter attached	YES / NO
Is Medical Support Letter to follow	YES / NO
If you are receiving support from a social worker please provide the name of the social worker or team	
Please provide the name of any other Support Services who are willing to support your application on medical grounds	
Is Support Letter attached	YES / NO
Is Support Letter to follow	YES / NO

I confirm that the information I have provided on this form is correct and accurate as at the date I completed the form.

I hereby authorise the Common Housing Register Partnership to obtain information regarding my medical condition from my GP/Consultant.

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

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

Date: \_\_\_\_\_