



Housing Register Application Form



creating communities to be proud of

Housing Register Application Form



creating communities to be proud of

	Page
About Us:	1
Section 1: You and Your Household	2
Section 2: Your Eligibility	4
Section 3: Your Circumstances	5
Section 4: Your Needs	7
Section 5: Your Finances	8
Section 6: Your Neighbourhoods	9
Section 7: Important Information	9
Section 8: Declaration	10
Section 9: L&H Homes Housing Request	11
Section 10: Monitoring Our Services	12
Section 11: Communicating With You	13

Please complete all sections of this form to allow us to process your application correctly.

We will acknowledge receipt of your application and, if you are eligible for registration, we will give you a registration number. Keep a careful note of this number and use it on all occasions when you contact Shoreline Housing Partnership concerning your application.

Any change in your circumstances or those of any other person included on your application may affect your chances of being rehoused, so you should inform the Shoreline Housing Partnership Customer Service Centre as soon as you can when changes occur.

You may have up to four applicants in a joint tenancy. Please complete an additional housing register form to include any further applicants. If you would like to discuss your housing situation with a Housing Advisor, telephone **0845 849 2000** to make an appointment.

WARNING: Please note that it is an offence to provide false information. Providing false information on this form may lead to the application being withdrawn and, where necessary, legal action.

About Us

Our Values

Customer Focus.....Listening, caring and putting our customers first
Performance.....Reliable, credible and providing value for money
Innovation.....Actions that embrace positive change
Leadership.....Committed and accountable
Adapt & Grow.....Planning for a secure future
Diversity & Equality.....Openness, honesty and respect

Our Vision

“Providing good quality homes and opportunities in communities that people choose to live in.”

Our Mission

- To be the housing provider of first choice
- To be a trusted employer
- To be a valued partner

Section 1: You and Your Household

First Applicant	Second (Joint) Applicant
Title	Title
First name	First name
Surname	Surname
Other names known by	Other names known by
Date of birth	Date of birth
Current address	Current address
Postcode	Postcode
Correspondence address	Correspondence address
Postcode	Postcode
Home phone	Home phone
Mobile phone	Mobile phone
Work phone	Work phone
E-mail address	E-mail address
National Insurance Number	National Insurance Number

What is the relationship of the first applicant to the joint applicant?

Please provide us with full information about other people within your current home (including children).

First Applicant

Name	Date of birth	Relationship	Will this person be moving with you?

Second (Joint) Applicant

Name	Date of birth	Relationship	Will this person be moving with you?

If anybody listed as a household resident is NOT moving with you, please list and advise what alternative means of housing they will use.

First Applicant: _____

Second (Joint) Applicant: _____

First Applicant

If you wish to be re-housed with children that are not living with you on a full-time basis, please provide us with full information about those children.

Name	Address	Date of birth	Relationship
1.			
2.			
3.			

If you wish to have these children considered for a bedroom as part of your re-housing request, please provide a copy of the solicitor's letter, court order or access agreement with this form.

Do you have any pets? Yes No

If **Yes**, please give details _____

Are you ready to be re-housed within the next six (6) months? Yes No

Second (Joint) Applicant

If you wish to be re-housed with children that are not living with you on a full-time basis, please provide us with full information about those children.

Name	Address	Date of birth	Relationship
1.			
2.			
3.			

If you wish to have these children considered for a bedroom as part of your re-housing request, please provide a copy of the solicitor's letter, court order or access agreement with this form.

Do you have any pets? Yes No

If **Yes**, please give details _____

Are you ready to be re-housed within the next six (6) months? Yes No

Section 2: Your Eligibility

First Applicant	Second (Joint) Applicant
<p>2.1 Have you ever been evicted from a property on the grounds of your behaviour? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>If Yes, please provide dates and details</p> <p>_____</p> <p>_____</p>	<p>2.1 Have you ever been evicted from a property on the grounds of your behaviour? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>If Yes, please provide dates and details</p> <p>_____</p> <p>_____</p>
<p>2.2 Has anyone in your household ever been imprisoned or convicted of a criminal offence? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>If Yes, please provide dates and details</p> <p>_____</p> <p>_____</p>	<p>2.2 Has anyone in your household ever been imprisoned or convicted of a criminal offence? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>If Yes, please provide dates and details</p> <p>_____</p> <p>_____</p>
<p>2.3 Have you or anyone in your household ever had action taken for breach of tenancy, such as a Notice of Seeking Possession, Notice to Quit, injunction, or Anti-social Behaviour Order? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>If Yes, please provide dates and details</p> <p>_____</p> <p>_____</p>	<p>2.3 Have you or anyone in your household ever had action taken for breach of tenancy, such as a Notice of Seeking Possession, Notice to Quit, injunction, or Anti-social Behaviour Order? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>If Yes, please provide dates and details</p> <p>_____</p> <p>_____</p>
<p>2.4a Are you on or have you ever been on the sex offenders register? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>2.4b Is anyone in your household on or has anyone in your household ever been on the sex offenders register? Yes <input type="checkbox"/> No <input type="checkbox"/></p>	<p>2.4a Are you on or have you ever been on the sex offenders register? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>2.4b Is anyone in your household on or has anyone in your household ever been on the sex offenders register? Yes <input type="checkbox"/> No <input type="checkbox"/></p>
<p>Please note that answering YES to any of the above questions will not automatically exclude you from being registered. Shoreline Housing Partnership will consider each applicant's circumstances individually. We reserve the right to defer a registration to a later date.</p>	<p>Please note that answering YES to any of the above questions will not automatically exclude you from being registered. Shoreline Housing Partnership will consider each applicant's circumstances individually. We reserve the right to defer a registration to a later date.</p>

IMMIGRATION - If you are subject to immigration control we may not be able to accept your housing application.

First Applicant	Second (Joint) Applicant
2.5 Are you subject to immigration control? Yes <input type="checkbox"/> No <input type="checkbox"/>	2.5 Are you subject to immigration control? Yes <input type="checkbox"/> No <input type="checkbox"/>
<p>If YES, you will need to provide us with a copy of your status papers. We will only be able to accept your application if:</p> <ul style="list-style-type: none"> • You have refugee status • You have been granted exceptional leave to remain and are not subject to a "no recourse to public funds" condition, or • You have been granted indefinite leave to remain, not subject to any limitation or condition, unless you have obtained leave of the basis of a sponsorship undertaking and have been resident in the UK for less than 5 years (unless your sponsor has died). <p>If you have further questions, please contact us at 0845 849 2000.</p>	

Section 3: Your Circumstances

First Applicant			
<p>3.1 Please state the reason you are leaving your current accommodation.</p> <hr/> <hr/>			
<p>3.2 Please provide details of your present and past accommodation over the past 5 years (continue on a separate sheet if necessary). Applicants are required to provide landlord references before Shoreline will allocate a property.</p>			
First Applicant: Accommodation History			
Dates	Address	Landlord	Reason for leaving

3.3 Have you ever been 'under notice' for any reason? Yes No

If **YES**, please give dates and details

Second (Joint) Applicant

3.1 Please state the reason you are leaving your current accommodation.

3.2 Please provide details of your present and past accommodation over the past 5 years (continue on a separate sheet if necessary). Applicants are required to provide landlord references before Shoreline will allocate a property.

Second (Joint) Applicant: Accommodation History

Dates	Address	Landlord	Reason for leaving

3.3 Have you ever been 'under notice' for any reason? Yes No

If **YES**, please give dates and details

First Applicant

Second (Joint) Applicant

3.4 Tick the box that best describes your current housing situation:

- Tenant of private landlord

- Tenant of local authority

- Tenant of housing association
If a tenant, please state: Any rent arrears?

Hospital / nursing home
If leaving a hospital or nursing home, please provide your discharge date: _____

Homeless / No fixed abode

Refuge / Hostel / Safe House

Living with family and friends

Armed Forces accommodation
If leaving the Armed Forces, please provide your discharge date: _____

Leaving Social Services care
If leaving Social Services care, please provide your leaving date:

3.4 Tick the box that best describes your current housing situation:

- Tenant of private landlord

- Tenant of local authority

- Tenant of housing association
If a tenant, please state: Any rent arrears?

Hospital / nursing home
If leaving a hospital or nursing home, please provide your discharge date: _____

Homeless / No fixed abode

Refuge / Hostel / Safe House

Living with family and friends

Armed Forces accommodation
If leaving the Armed Forces, please provide your discharge date: _____

Leaving Social Services care
If leaving Social Services care, please provide your leaving date:

First Applicant	Second (Joint) Applicant
<input type="checkbox"/> Tied tenant If a tied tenant, please provide your separation date: _____	<input type="checkbox"/> Tied tenant If a tied tenant, please provide your separation date: _____
<input type="checkbox"/> Owner Occupier	<input type="checkbox"/> Owner Occupier
<input type="checkbox"/> Released from prison If released from prison, please provide your release date: _____	<input type="checkbox"/> Released from prison If released from prison, please provide your release date: _____
<p>If you indicate that you are homeless, you will be referred to the Homeless Section of North East Lincolnshire Council for assistance.</p>	

Section 4: Your Needs

Please answer the following questions:	First Applicant	Second (Joint) Applicant
4.1 Does anyone in your household have medical problems which make managing in your present home difficult?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
4.2 Does anyone in your household have social or other hardship needs which make managing in your present home difficult?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
4.3 Does anyone in your household have care or support needs which make managing in your present home difficult?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
4.4 Do you wish to be considered for a support dwelling, such as a group dwelling, bungalow or peripatetic or warden dwelling?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>

If you answered **YES** to any of the questions above, please complete the Medical and Special Housing Needs Questionnaire.

Please complete the questionnaire only if you or a member of your household suffers from any medical, social, welfare or hardship condition or disability made worse by your current living accommodation or which makes your home more difficult to live in. The Housing Advisor will assess the information you provide and recommend whether or not additional priority should be awarded to your application on medical, social, welfare or hardship grounds.

Please note: We may need to verify your medical information with your GP or through an independent medical assessment specialist.

First Applicant	Second (Joint) Applicant
4.5 What floor level is the entrance to your home? _____	4.5 What floor level is the entrance to your home? _____
4.6 Do you have: Access to a kitchen Yes <input type="checkbox"/> No <input type="checkbox"/> Access to a bathroom Yes <input type="checkbox"/> No <input type="checkbox"/> Access to a lift Yes <input type="checkbox"/> No <input type="checkbox"/>	4.6 Do you have: Access to a kitchen Yes <input type="checkbox"/> No <input type="checkbox"/> Access to a bathroom Yes <input type="checkbox"/> No <input type="checkbox"/> Access to a lift Yes <input type="checkbox"/> No <input type="checkbox"/>
4.7 How many bedrooms do you currently have? (circle one choice) 1 2 3 4 5 More than 5	4.7 How many bedrooms do you currently have? (circle one choice) 1 2 3 4 5 More than 5
4.8 Do you share a kitchen or bathroom with any people NOT on your application and NOT immediate family? Yes <input type="checkbox"/> No <input type="checkbox"/>	4.8 Do you share a kitchen or bathroom with any people NOT on your application and NOT immediate family? Yes <input type="checkbox"/> No <input type="checkbox"/>
4.9 Do you have any close relatives that live in North East Lincolnshire? Yes <input type="checkbox"/> No <input type="checkbox"/>	4.9 Do you have any close relatives that live in North East Lincolnshire? Yes <input type="checkbox"/> No <input type="checkbox"/>
If YES , please state: Name _____ Relationship _____	If YES , please state: Name _____ Relationship _____

First Applicant	Second (Joint) Applicant
<p>4.10 Is anyone in your household pregnant? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>If YES, please attach a copy of the medical certificate to this form.</p> <p>Shoreline cannot assign preference without a medical certificate.</p>	<p>4.10 Is anyone in your household pregnant? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>If YES, please attach a copy of the medical certificate to this form.</p> <p>Shoreline cannot assign preference without a medical certificate.</p>

Section 5: Your Finances

First Applicant	Second (Joint) Applicant
<p>5.1 Are you employed? Yes <input type="checkbox"/> No <input type="checkbox"/> If YES: Name of employer: _____</p> <p>Address: _____ _____</p> <p>Post code: _____</p>	<p>5.1 Are you employed? Yes <input type="checkbox"/> No <input type="checkbox"/> If YES: Name of employer: _____</p> <p>Address: _____ _____</p> <p>Post code: _____</p>
<p>Income</p> <p>5.2 How much do you take home each week? £ _____</p> <p>5.3 How do you earn this income? (please tick)</p> <p><input type="checkbox"/> Full time work (more than 24 hours per week)</p> <p><input type="checkbox"/> Part time work (less than 24 hours per week)</p> <p><input type="checkbox"/> Pension</p> <p><input type="checkbox"/> Government Training / New Deal</p> <p><input type="checkbox"/> Long Term Sick / Disabled</p> <p><input type="checkbox"/> Income support</p> <p><input type="checkbox"/> Job seekers allowance</p> <p><input type="checkbox"/> Family tax credit</p> <p><input type="checkbox"/> Child Benefit</p> <p><input type="checkbox"/> Other income</p>	<p>Income</p> <p>5.2 How much do you take home each week? £ _____</p> <p>5.3 How do you earn this income? (please tick)</p> <p><input type="checkbox"/> Full time work (more than 24 hours per week)</p> <p><input type="checkbox"/> Part time work (less than 24 hours per week)</p> <p><input type="checkbox"/> Pension</p> <p><input type="checkbox"/> Government Training / New Deal</p> <p><input type="checkbox"/> Long Term Sick / Disabled</p> <p><input type="checkbox"/> Income support</p> <p><input type="checkbox"/> Job seekers allowance</p> <p><input type="checkbox"/> Family tax credit</p> <p><input type="checkbox"/> Child Benefit</p> <p><input type="checkbox"/> Other income</p>

Section 6: Your Neighbourhoods

Use the map on page 14 of this application to help you decide where you would like to live.

Tick the boxes below to indicate your preference in that area.

You may tick as many or as few boxes as you like, however, you have a greater likelihood of receiving a more suitable offer when more neighbourhood boxes are ticked. Please keep in mind that houses are allocated according to a person's need and the date of their application, and not by the location selected on their application.

If you have questions about any of these neighbourhoods, please contact our Customer Service Centre at 0845 849 2000, option 2.

- A.....Immingham
- B.....Villages
- C.....Willows
- D.....East Marsh
- E.....High Rise Flats
- F.....Humber
- G.....South Villages
- H.....Grange/Crowland
- I.....Bradley Park
- J.....Nunsthorpe
- K.....Cleethorpes East
- M.....Cleethorpes South
- N.....Freshney Green
- O.....West Marsh
- P.....West Villages

Other Housing Options

Tick the boxes to indicate your interest in other types of housing.

- Shared Ownership
- Private Rented
- Mutual Exchange

Are you interested in low demand property?

Yes No

Section 7: Important Information

Data Protection Act 1998

The personal information supplied in this form will only be used in accordance with the Data Protection Act 1998.

This information will be processed lawfully, fairly and for the purpose(s) it was intended. Shoreline Housing Partnership may share this information with other Councils, Housing Associations, other social landlords, other government agencies and other bodies administering public funds for the prevention and detection of fraud.

All the information you give us on this form will be placed on the Shoreline Housing Partnership computers. The information will be used to assess your housing need and to place you in the appropriate band on the Housing Register. The information will be used to assess your suitability to be a tenant of the authority under the Housing Act 1996 as amended by the Homelessness Act 2002. It may be seen by North East Lincolnshire Council, Housing Associations and other social landlords who could help us rehouse you. Information concerning your current housing circumstances, housing need and preferences for housing will be held in a secure area of the Shoreline Housing Partnership mainframe. This information will not be available to the general public but may be seen by you, at our offices, using a secure pin number.

Section 8: Declaration

I/we certify that the information given in this form is correct to the best of my/our knowledge.

I/we understand that a false statement made knowingly or recklessly may result in the loss of any tenancy that may have been granted to me/us by Shoreline Housing Partnership or another Housing Association

I/we undertake to notify Shoreline Housing Partnership of any change in my/our circumstances as declared in this application.

I/we authorise the Shoreline Housing Partnership to make such enquiries as are reasonably necessary to confirm any details given.

I/we authorise any landlord named within this registration form to provide information about the conduct of my/our tenancy at my/our previous address(s).

To be completed by Main Applicant

Are you related to any staff or Board members of Shoreline Housing Partnership, or any other Housing Association to which your application may be referred?

Yes No

If **YES**, please state:

Name _____ Organisation _____

Relationship _____

To be completed by Second (Joint) Applicant (if applicable)

Are you related to any staff or Board members of Shoreline Housing Partnership, or any other Housing Association to which your application may be referred?

Yes No

If **YES**, please state:

Name _____ Organisation _____

Relationship _____

SIGNATURES REQUIRED

Main Applicant

Signed _____ Date _____

Second (Joint) Applicant (if applicable)

Signed _____ Date _____

Warning for Applicants to Shoreline Housing Partnership

Please note that when making an application for housing it is an offence if you knowingly or recklessly give false information, withhold information or if you fail to tell us of any changes in your circumstances which might affect your right to rehousing.

Section 9: L&H Homes Housing Request

If you wish to be considered for a property with L&H Homes, please read and sign the declaration below.

I/We understand that Shoreline Housing Partnership will provide L&H Homes with copies of my original housing application form.

I/We authorise L&H Homes to make any enquiries necessary about this application including local authorities, housing associations, other landlords, police and probation.

I/We authorise L&H Homes to contact a credit reference agency to check for housing-related debt such as rent arrears or repairs. If this credit referencing links my/our name to other addresses, I/we also agree to these addresses being checked.

I/We will tell Shoreline Housing Partnership in writing about any changes in circumstances including the number of people in my/our household.

All the information given on the form is a full statement of my/our circumstances and all the details are true and complete.

I/We understand that completing this application form does not guarantee me/us an offer of housing.

L&H Homes is forbidden by law to grant benefits to its employees, committee members or their close relatives. Please give details if you are an employee or member of L&H Homes or a relative of either:

WARNING

If you make a false statement or do not give certain information and you are re-housed, you could be prosecuted. If you gain a tenancy under false pretences, you may lose your home.

The information you have given on this form will be recorded and processed by computer.

The information is protected by the Data Protection Act 1998.

Main Applicant

Signed _____

Date _____

Second (Joint) Applicant (if applicable)

Signed _____

Date _____

Thank you for completing this form on behalf of L&H Homes.

Section 10: Monitoring Our Services

The information on this page will be used for monitoring purposes only. Shoreline Housing Partnership is committed to providing housing and employment regardless of sex, sexual orientation, marital status, responsibilities for dependants, race, colour, nationality, ethnic origin, religious or political beliefs, age or disability.

Applicant(s) name _____

Address _____

Telephone number _____

Please tick the appropriate box in each category below:

First Applicant	Second (Joint) Applicant
<p>10.1 Are you? Male <input type="checkbox"/> Female <input type="checkbox"/></p> <p>10.2 Do you have a disability? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>10.3 Your age: 16-17 <input type="checkbox"/> 18-20 <input type="checkbox"/> 21-25 <input type="checkbox"/> 26-35 <input type="checkbox"/> 36-59 <input type="checkbox"/> 60+ <input type="checkbox"/></p> <p>A White <input type="checkbox"/> British <input type="checkbox"/> Irish <input type="checkbox"/> Any other white background, please write in _____</p>	<p>10.1 Are you? Male <input type="checkbox"/> Female <input type="checkbox"/></p> <p>10.2 Do you have a disability? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>10.3 Your age: 16-17 <input type="checkbox"/> 18-20 <input type="checkbox"/> 21-25 <input type="checkbox"/> 26-35 <input type="checkbox"/> 36-59 <input type="checkbox"/> 60+ <input type="checkbox"/></p> <p>A White <input type="checkbox"/> British <input type="checkbox"/> Irish <input type="checkbox"/> Any other white background, please write in _____</p>

First Applicant	Second (Joint) Applicant
<p>B Mixed</p> <p><input type="checkbox"/> White and Black Caribbean</p> <p><input type="checkbox"/> White and Black African</p> <p><input type="checkbox"/> White and Asian</p> <p><input type="checkbox"/> Any other mixed background, please write in</p> <p>_____</p> <p>C Asian or Asian British</p> <p><input type="checkbox"/> Indian</p> <p><input type="checkbox"/> Pakistani</p> <p><input type="checkbox"/> Bangladeshi</p> <p><input type="checkbox"/> Any other Asian background, please write in</p> <p>_____</p> <p>D Black or Black British</p> <p><input type="checkbox"/> Caribbean</p> <p><input type="checkbox"/> African</p> <p><input type="checkbox"/> Any other Black background, please write in</p> <p>_____</p> <p>E Chinese or other ethnic group</p> <p><input type="checkbox"/> Chinese</p> <p><input type="checkbox"/> Any other please write in</p> <p>_____</p> <p>Tick this box if you do not wish to complete this part of the form <input type="checkbox"/></p>	<p>B Mixed</p> <p><input type="checkbox"/> White and Black Caribbean</p> <p><input type="checkbox"/> White and Black African</p> <p><input type="checkbox"/> White and Asian</p> <p><input type="checkbox"/> Any other mixed background, please write in</p> <p>_____</p> <p>C Asian or Asian British</p> <p><input type="checkbox"/> Indian</p> <p><input type="checkbox"/> Pakistani</p> <p><input type="checkbox"/> Bangladeshi</p> <p><input type="checkbox"/> Any other Asian background, please write in</p> <p>_____</p> <p>D Black or Black British</p> <p><input type="checkbox"/> Caribbean</p> <p><input type="checkbox"/> African</p> <p><input type="checkbox"/> Any other Black background, please write in</p> <p>_____</p> <p>E Chinese or other ethnic group</p> <p><input type="checkbox"/> Chinese</p> <p><input type="checkbox"/> Any other please write in</p> <p>_____</p> <p>Tick this box if you do not wish to complete this part of the form <input type="checkbox"/></p>

Section 11: Communicating With You

This information will be used by us to try wherever possible to provide you with information and advice in the format you prefer.

11.1 If we need to speak to you face to face do you need an interpreter? Yes No

If **YES** – please tell us the language you require _____ or

Do you require a British Sign Language interpreter? Yes No

11.2 If we need to write to you, or give you information, would you like this in the language you have told us about above? Yes No

If **NO** – please tell us the language you require

11.3 Would you like information to be provided in a different format? Yes No

If YES – please tick ✓

Braille	<input type="checkbox"/>
Tape	<input type="checkbox"/>
Large print	<input type="checkbox"/>
Other (please specify)	

11.4 Please tell us if you have any other support or communication requirements

Shoreline Housing Partnership is committed to continually improving our services and in order to do this we do keep information about you and your family on our computerised and paper-based systems. We use this information in order to monitor our services and to identify where we need to improve our services. We want to make sure that our services are accessible and free from any barriers or discrimination on the grounds of gender, race, colour, ethnic or national origin or age. Information that you give to us is treated in confidence and in accordance with the Data Protection Act 1998.

I understand that the information given will be used to monitor and improve the services provided by Shoreline Housing Partnership

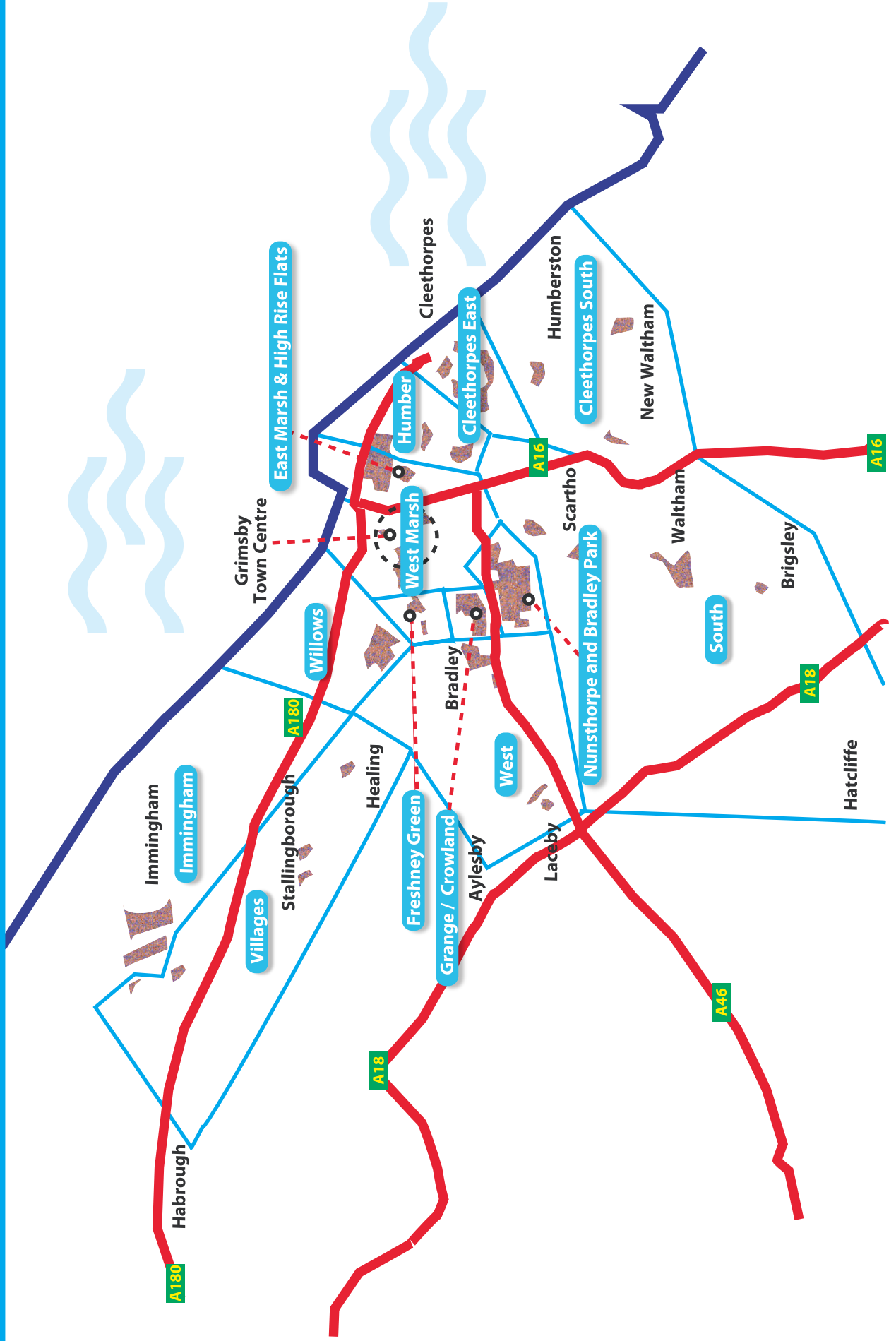
Signed (applicant) _____
OR

I have explained to the customer that the information given will be used to monitor and improve our services and the customer has given consent for this.

Signed (Shoreline officer if form completed on applicants behalf)

Shoreline Housing Partnership will make every effort to provide you with the information and assistance you require in your preferred language or format.

Shoreline Neighbourhoods



If you would like to discuss your housing situation with a Housing Advisor, telephone 0845 849 2000 and press option 2 to make an appointment.

Please return this form to:

Customer Service Centre
 Shoreline Housing Partnership
 11-13 Osborne Street
 Grimsby
 North East Lincolnshire
 DN31 1EY

For Office Use Only	
WLRN	Applicant Surname
Date of Application	
UPRN	
Main Applicant Number (PIN)	
Band Assigned	
Date of Acknowledgement Letter	
Type of 2nd Letter	
Date of 2nd Letter	
Processed by (User ID)	



Registered in England and Wales: Number 4997871
 Registered Charity Number: 1107876
 Housing Registration Number: L4442

November 2009