



# Cardiff Housing Application

Please read the enclosed guidance notes before completing this form. It is important that you answer the questions in full so that an accurate assessment of your housing needs can be made. If you have any difficulty with the questions, please contact Housing Enquiries on (029) 2053 7111 or contact your local Housing Office.

Name

Address

Post Code

Ref No

If you have a physical disability and require adapted accommodation more suitable to your needs, such as wheelchair access, please complete this form and tick the box on the right, we will then send you additional information regarding the Cardiff Accessible Homes Project.

If you have any queries regarding this project, please telephone: (029) 2046 8408 or e-mail them at CAH@ccha.org.uk

Tick

If you are over 50 years of age and interested in properties specifically designed for older people, please tick this box.

Tick

**If you are interested in purchasing your own home as part of a low-cost home ownership scheme, please tick this box**  
We may write to you for further information.

Tick

If you are a Council or Housing Association tenant, and interested in registering for a mutual exchange, please tick this box

Tick

**If you rent your accommodation from a housing association or a Council, please write the name of your landlord below:**

**If you need this form in another format, please do not fill it in, instead contact the Rehousing Unit telephone number at the top of this page.**

Office Use

# Equality Monitoring Form - Main Applicant

The Housing Register keeps confidential records of the racial/ethnic origins, disability, religion/belief, sexual orientation and age of all applicants and joint applicants/partners. This is to ensure, through monitoring, that housing is provided on an equal basis to all. Please help us by taking the time to complete this section.

If you do not wish to complete this section, please go to page 6. Your application for housing will not be affected if you do not complete the equality questions.

Do you consider yourself to be Welsh?      YES      NO  
           

## White

British       Irish       White European  
 Other White (please specify):

## Black or Black British

Somali African       African       Caribbean  
 Other Black (please specify):

## Asian or Asian British

Indian       Pakistani       Bangladeshi  
 Asian African       Sri Lankan  
 Other Asian (please specify):

## Mixed Race / Dual Heritage

White & Black Caribbean       White & Black African       White & Asian  
 White & Chinese  
 Other Mixed Race (please specify):

## Other Ethnicity

British Chinese       Chinese       Vietnamese  
 Japanese       Arab       Korean  
 Yemeni       Gypsy Traveller

Don't Know / Not Sure      TICK

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

Heterosexual       Bisexual       Gay Man  
 Lesbian / Gay Woman       None       Other (please specify):

# Equality Monitoring Form - Main Applicant

**How would you describe your religion/belief?** (Please tick one box only)

- |                                    |                                     |  |
|------------------------------------|-------------------------------------|--|
| <input type="checkbox"/> Christian | <input type="checkbox"/> Hindu      | <input type="checkbox"/> Muslim                  |
| <input type="checkbox"/> Buddhist  | <input type="checkbox"/> Jewish     | <input type="checkbox"/> Sikh                    |
| <input type="checkbox"/> None      | <input type="checkbox"/> Don't know | <input type="checkbox"/> Other (please specify): |

## Disability

The Council works to the Social Model of Disability which holds that it is the way that society responds to a person's impairment that creates the disability, and not the impairment itself. The Model calls for the removal of the barriers (including attitudes, policies, environments and systems) that prevent participation and inclusion in everyday life. Identifying as a disabled person does not only apply to people who use wheelchairs but also includes people with other impairments such as those with hearing or sight impairments, those who have mental health issues or learning disabilities, or those who are living with long-term health conditions such as depression, diabetes, multiple sclerosis, HIV or cancer.

**Do you consider yourself to have a disability according to the terms given in the DDA?**

(Please tick one box only)

- |  |  |
|--|--|
| <input type="checkbox"/> Yes - I am a registered disabled person | <input type="checkbox"/> Yes - I am a non-registered disabled person |
| <input type="checkbox"/> No - I have no known disability         |  |

**If you answered yes, please indicate the type/s of impairment which apply to you by ticking the relevant box below:**

- |  |  |                                 |
|--|--|---------------------------------|
| <input type="checkbox"/> Mobility                                  | <input type="checkbox"/> Learning Difficulty     | <input type="checkbox"/> Visual |
| <input type="checkbox"/> Hearing                                   | <input type="checkbox"/> Mental Health Condition |                                 |
| <input type="checkbox"/> Long standing illness or health condition | <input type="checkbox"/> Other (please specify): |                                 |

## Language Skills

Please tell us the language you speak at home and your level of ability to read, write or speak that language and any other languages listed below:

|                                    | Speak                    | Read                     | Write                    |
|------------------------------------|--------------------------|--------------------------|--------------------------|
| English                            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Welsh                              | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| First Language (please state)..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Other Language (please state)..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

## Equality Monitoring Form - Joint Applicant / Partner

The Housing Register keeps confidential records of the racial/ethnic origins, disability, religion/belief, sexual orientation and age of all applicants and joint applicants/partners. This is to ensure, through monitoring, that housing is provided on an equal basis to all. Please help us by taking the time to complete this section.

If you do not wish to complete this section, please go to page 6. Your application for housing will not be affected if you do not complete the equality questions.

Do you consider yourself to be Welsh?      **YES**      **NO**  
           

### White

British       Irish       White European  
 Other White (please specify):

### Black or Black British

Somali African       African       Caribbean  
 Other Black (please specify):

### Asian or Asian British

Indian       Pakistani       Bangladeshi  
 Asian African       Sri Lankan  
 Other Asian (please specify):

### Mixed Race / Dual Heritage

White & Black Caribbean       White & Black African       White & Asian  
 White & Chinese  
 Other Mixed Race (please specify):

### Other Ethnicity

British Chinese       Chinese       Vietnamese  
 Japanese       Arab       Korean  
 Yemeni       Gypsy Traveller

**Don't Know / Not Sure**      **TICK**

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

Heterosexual       Bisexual       Gay Man  
 Lesbian / Gay Woman       None       Other (please specify):

# Equality Monitoring Form - Joint Applicant / Partner

**How would you describe your religion/belief?** (Please tick one box only)

- |                                    |                                     |  |
|------------------------------------|-------------------------------------|--|
| <input type="checkbox"/> Christian | <input type="checkbox"/> Hindu      | <input type="checkbox"/> Muslim                  |
| <input type="checkbox"/> Buddhist  | <input type="checkbox"/> Jewish     | <input type="checkbox"/> Sikh                    |
| <input type="checkbox"/> None      | <input type="checkbox"/> Don't know | <input type="checkbox"/> Other (please specify): |

## Disability

The Council works to the Social Model of Disability which holds that it is the way that society responds to a person's impairment that creates the disability, and not the impairment itself. The Model calls for the removal of the barriers (including attitudes, policies, environments and systems) that prevent participation and inclusion in everyday life. Identifying as a disabled person does not only apply to people who use wheelchairs but also includes people with other impairments such as those with hearing or sight impairments, those who have mental health issues or learning disabilities, or those who are living with long-term health conditions such as depression, diabetes, multiple sclerosis, HIV or cancer.

**Do you consider yourself to have a disability according to the terms given in the DDA?**

(Please tick one box only)

- |  |  |
|--|--|
| <input type="checkbox"/> Yes - I am a registered disabled person | <input type="checkbox"/> Yes - I am a non-registered disabled person |
| <input type="checkbox"/> No - I have no known disability         |  |

**If you answered yes, please indicate the type/s of impairment which apply to you by ticking the relevant box below:**

- |  |  |                                 |
|--|--|---------------------------------|
| <input type="checkbox"/> Mobility                                  | <input type="checkbox"/> Learning Difficulty     | <input type="checkbox"/> Visual |
| <input type="checkbox"/> Hearing                                   | <input type="checkbox"/> Mental Health Condition |                                 |
| <input type="checkbox"/> Long standing illness or health condition | <input type="checkbox"/> Other (please specify): |                                 |

## Language Skills

Please tell us the language you speak at home and your level of ability to read, write or speak that language and any other languages listed below:

|                                    | Speak                    | Read                     | Write                    |
|------------------------------------|--------------------------|--------------------------|--------------------------|
| English                            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Welsh                              | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| First Language (please state)..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Other Language (please state)..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

# SECTION 1 - Personal Details

PLEASE WRITE IN BLOCK CAPITALS THROUGHOUT THE FORM

1.

**You**

|         |                       |
|---------|-----------------------|
| Title*: | Surname/Family Name*: |
|---------|-----------------------|

|                 |
|-----------------|
| First Name(s)*: |
|-----------------|

|                 |                 |
|-----------------|-----------------|
| Date of Birth*: | Male / Female*: |
|-----------------|-----------------|

|                             |
|-----------------------------|
| National Insurance Number*: |
|-----------------------------|

|                 |
|-----------------|
| Marital Status: |
|-----------------|

|                   |
|-------------------|
| Current Address*: |
|-------------------|

|   |
|---|
| Contact Telephone Numbers*:<br>(Including Mobile) |
|---|

|                                 |
|---------------------------------|
| E-mail Address (if applicable): |
|---------------------------------|

**Joint Applicant / Your Partner**

|         |                       |
|---------|-----------------------|
| Title*: | Surname/Family Name*: |
|---------|-----------------------|

|                 |
|-----------------|
| First Name(s)*: |
|-----------------|

|                 |                 |
|-----------------|-----------------|
| Date of Birth*: | Male / Female*: |
|-----------------|-----------------|

|                             |
|-----------------------------|
| National Insurance Number*: |
|-----------------------------|

|                 |
|-----------------|
| Marital Status: |
|-----------------|

|                   |
|-------------------|
| Current Address*: |
|-------------------|

|   |
|---|
| Contact Telephone Numbers*:<br>(Including Mobile) |
|---|

|                                 |
|---------------------------------|
| E-mail Address (if applicable): |
|---------------------------------|

\* N.B. Without this information, your application cannot be processed and you will not be admitted to the waiting list.

2. Will your joint applicant / partner be a joint tenant with you? YES  NO

3. Are you or is anyone on your form expecting a baby? YES  NO

|  |
|--|
| If "Yes", please state who is pregnant and the expected delivery date: |
|--|

## SECTION 2 - People Moving With You

4. Please give details below of anyone moving with you:

### Person 1

|        |                |
|--------|----------------|
| Title: | First Name(s): |
|--------|----------------|

|          |
|----------|
| Surname: |
|----------|

|                |                |
|----------------|----------------|
| Male / Female: | Date of Birth: |
|----------------|----------------|

|  |
|--|
| Relationship to you (e.g son, daughter): |
|--|

Are they living with you now?      **YES**      **NO**  
     

### Person 2

|        |                |
|--------|----------------|
| Title: | First Name(s): |
|--------|----------------|

|          |
|----------|
| Surname: |
|----------|

|                |                |
|----------------|----------------|
| Male / Female: | Date of Birth: |
|----------------|----------------|

|  |
|--|
| Relationship to you (e.g son, daughter): |
|--|

Are they living with you now?      **YES**      **NO**  
     

### Person 3

|        |                |
|--------|----------------|
| Title: | First Name(s): |
|--------|----------------|

|          |
|----------|
| Surname: |
|----------|

|                |                |
|----------------|----------------|
| Male / Female: | Date of Birth: |
|----------------|----------------|

|  |
|--|
| Relationship to you (e.g son, daughter): |
|--|

Are they living with you now?      **YES**      **NO**  
     

### Person 4

|        |                |
|--------|----------------|
| Title: | First Name(s): |
|--------|----------------|

|          |
|----------|
| Surname: |
|----------|

|                |                |
|----------------|----------------|
| Male / Female: | Date of Birth: |
|----------------|----------------|

|  |
|--|
| Relationship to you (e.g son, daughter): |
|--|

Are they living with you now?      **YES**      **NO**  
     

If more people are to be included in your application, please continue on a separate sheet of paper or use the space provided on page 11 to give their details.



8. How is your illness / health made worse by your current accommodation?

9. How would re-housing improve your situation?

**If you have answered these questions, please complete and sign the medical authorisation form overleaf, giving details of your medication and the name and address of your GP / Consultant, so that we may obtain information from them if necessary or refer to a third party for advice.**

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## SECTION 4 - Medical Authorisation Form

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If you have completed the medical question in the previous section, you may be awarded additional points or an earlier registration date.

**Please note:** You do not need to contact the GP directly, but 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.

Please give the individual's name and GP details below:

Name of applicant with medical problem:

Medication Taken:

GP / Consultants name and Address:

I authorise the Medical Advisor to obtain information regarding my medical history from my GP/Consultant.

Signed:

Date:

Please give the individual's name and details of the problem below:

Name of applicant with medical problem:

Medication Taken:

GP / Consultants name and Address:

I authorise the Medical Advisor to obtain information regarding my medical history from my GP/Consultant.

Signed:

Date:

### SECTION 5 - Current Circumstances

10. Do you have a child / children not included in your application with whom you regularly have contact? If so, please give details below.

*Note:* Verification of access arrangements will be required.

| Name: | Date of Birth: | Male/<br>Female: | Relationship to you: |
|-------|----------------|------------------|----------------------|
|       |                |                  |                      |
|       |                |                  |                      |
|       |                |                  |                      |

| Name: | Date of Birth: | Male/<br>Female: | Relationship to you: |
|-------|----------------|------------------|----------------------|
|       |                |                  |                      |
|       |                |                  |                      |
|       |                |                  |                      |
|       |                |                  |                      |
|       |                |                  |                      |

11. Please use the space below to tell us of any other details about your current housing situation or requirements.

12. Have you ever lived in/been in any of the following? Please tick:

- |   |                                      |   |
|---|--------------------------------------|---|
| <input type="checkbox"/> Care/Foster Home | <input type="checkbox"/> Prison      | <input type="checkbox"/> Armed Forces         |
| <input type="checkbox"/> Residential Home | <input type="checkbox"/> Refuge      | <input type="checkbox"/> Bail House           |
| <input type="checkbox"/> Homeless Hostel  | <input type="checkbox"/> Slept Rough | <input type="checkbox"/> Other, please state: |

13. Do you receive any support from social services, the health authority or other agencies? YES  NO

If you answered **yes**, please provide further information such as name, address and telephone number of support provider, social worker, CPN etc in the space provided below. Please also tell us what support you are receiving and what other support you would like.

14. Do you, or anyone included in your application, own any pets? YES  NO

If "Yes", please state how many and the type of pet(s):

## SECTION 6 - Property Information

15. What type of property do you live in now? (please tick relevant box)

- |   |  |
|---|--|
| <input type="checkbox"/> Sole occupier of a house         | <input type="checkbox"/> Mobile Home (Caravan)   |
| <input type="checkbox"/> Room(s) in a shared house        | <input type="checkbox"/> Hostel                  |
| <input type="checkbox"/> Bungalow                         | <input type="checkbox"/> Bed & Breakfast Hotel   |
| <input type="checkbox"/> Bedsit / Studio Flat             | <input type="checkbox"/> Hospital                |
| <input type="checkbox"/> Flat                             | <input type="checkbox"/> Care / Residential Home |
| <input type="checkbox"/> Flat in a Multi-Storey Block     | <input type="checkbox"/> Prison                  |
| <input type="checkbox"/> Maisonette                       | <input type="checkbox"/> Other                   |
| <input type="checkbox"/> Living with Friends or Relatives |  |

16. Who owns this property?

17. If you rent your property, who is your landlord?

18. When did you move into your current property?

19. Are you homeless or threatened with homelessness? YES  NO   
(please use guidance notes to help you answer this question)

If "Yes", please give details:

20. If you live in a flat or maisonette, what floor is it on? e.g. ground / first

21. Is there a working lift in the block YES  NO

22. How many bedrooms are in this property?

22a. How many bedrooms in the property are available for the sole use of you and the people included in your application?

## SECTION 7 - Tenancy Choice

23. Housing Association's in Cardiff give the Council the opportunity to nominate applicants for accommodation which they have available for letting. This could give you a greater chance of being housed.

Please state your preference below:

Either Council or Housing Association tenancy

Council tenancy only

Housing Association tenancy only

*Please state preferred Housing Association, if any:*

## SECTION 8 - Employment Details

24. Some of the partner housing association's offer properties in specific areas to persons who are working in or otherwise contributing to the local community. If you would like to be considered for this type of lettings scheme, please tick the box and answer the following questions:

Tick

25. Are you or your partner in full-time employment?

YES

NO

If yes, please give details below:

### Your Employment Details

Occupation:

Employer's Name and Address:

Annual Income:

### Your Partner's Employment Details

Occupation:

Employer's Name and Address:

Annual Income:

26. Do you or your partner help in a voluntary capacity, any organisation or group in Cardiff? YES  NO

If "Yes", please give details below:

### SECTION 9 - General Information

27. If you have previously applied for housing with Cardiff Council or any of the partner housing associations, please tell us here:

Name you applied in:

Address you applied from:

When did you apply?

Who did you apply to?

28. **IMPORTANT** Have you been a tenant of a Council or Housing Association within the last 5 years? YES  NO

29. Please tell us where else you have lived in the past 5 years, apart from your present accommodation (continue on a separate sheet of paper if necessary).

| Landlord Name and Address: | Address of Tenancy | Date In & Out | Were you the Tenant? |
|----------------------------|--------------------|---------------|----------------------|
|                            |                    |               |                      |

30. Are you, or is anyone on your application form:

- |   |                                 |                                |
|---|---------------------------------|--------------------------------|
| Currently or previously employed by the Council or a Housing Association in Cardiff | YES<br><input type="checkbox"/> | NO<br><input type="checkbox"/> |
| Related to an officer of the Council or an elected Councillor                       | YES<br><input type="checkbox"/> | NO<br><input type="checkbox"/> |
| Related to a current or previous board member of a Housing Association              | YES<br><input type="checkbox"/> | NO<br><input type="checkbox"/> |

If "Yes", please give details:

- |   |                                 |                                |
|---|---------------------------------|--------------------------------|
| 31. Have you come to live in the UK in the past 5 years?                        | YES<br><input type="checkbox"/> | NO<br><input type="checkbox"/> |
| 32. Have you or anyone on your application form made an application for asylum? | YES<br><input type="checkbox"/> | NO<br><input type="checkbox"/> |

If you answered "Yes" to either question 31 or 32, you may be contacted to provide further information

33. What is your Nationality and your partner's Nationality?

You:

Your Partner:

- |  |                                 |                                |
|--|---------------------------------|--------------------------------|
| 34. 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. | YES<br><input type="checkbox"/> | NO<br><input type="checkbox"/> |
|--|---------------------------------|--------------------------------|

If you answer yes to this question, you will be sent an additional form to complete. **The information you provide will be treated as confidential.**

- |  |                                 |                                |
|--|---------------------------------|--------------------------------|
| 35. Do you or anyone included in your application own or part-own a property, including the one you live in now? Include any property that is being purchased with a mortgage. | YES<br><input type="checkbox"/> | NO<br><input type="checkbox"/> |
|--|---------------------------------|--------------------------------|

If you answer yes to this question, we may contact you for further details.

## SECTION 10 - Where You Want to Live



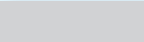
Please tell us where you would like to live, but remember that very few properties become available to let in some areas of the city.

Use the table on the next page to make your choices.

- Look at the column that suits your household needs.  
If you are a **single person or couple** (and do not need retirement accommodation) use the **'Bedsit and 1 Bed'** column.  
**If you have children** (aged under 18) moving with you, use the **'2 Bed'** or **'3/4 Bed'** column, depending on your family size.  
Use the **'Adult Properties'** column if everybody in your household is an adult (18 years or over) e.g if you are a single parent with adult sons/daughters moving with you.  
Use the **'Retirement'** column if you need accommodation reserved for people aged 50+, 55+ or 60+.

- Find the areas where you want to live.

The different shadings are a guide to the waiting time for properties in each area.

 = Long Wait       = Medium Wait       = Shortest Wait

- Think about whether you are likely to be housed in your area of choice (**if it is an area with the darkest shading it is VERY UNLIKELY**). Please note that **VERY FEW 4 bed properties become available in any area of the city**.
- Tick as many areas where you are willing to be rehoused as possible

Please tell us where you would **most** like to live:

Choose **1 area only**.

You will be given 100 extra points for that area.



## Your Areas of Choice

The numbers are a guide to how many properties are let in each area in a year. Tick as many areas as possible.

| Area                        | Bedsit & 1 Bed | ✓ | 2 Bed | ✓ | 3/4 Bed or more | ✓ | Adult Property* | ✓ | Retirement    | ✓ |
|-----------------------------|----------------|---|-------|---|-----------------|---|-----------------|---|---------------|---|
| Adamsdown                   | 33             |   | 9     |   | 8               |   | 0               |   | 2             |   |
| Caerau                      | 53             |   | 27    |   | 23              |   | 1               |   | 16            |   |
| Canton                      | 23             |   | 6     |   | 2               |   | 0               |   | 10            |   |
| Cathays                     | 7              |   | 7     |   | 1               |   | 1               |   | 1             |   |
| Creigiau                    | 1              |   | 1     |   | No Properties   |   | No Properties   |   | No Properties |   |
| Ely East                    | 33             |   | 26    |   | 29              |   | 0               |   | 4             |   |
| Ely West                    | 8              |   | 57    |   | 20              |   | No Properties   |   | 19            |   |
| Fairwater & St Fagans       | 26             |   | 9     |   | 10              |   | 0               |   | 15            |   |
| Gabalfa                     | 3              |   | 6     |   | 5               |   | 11              |   | 4             |   |
| Grangetown                  | 33             |   | 12    |   | 7               |   | 1               |   | 18            |   |
| Gwaelod y Garth             | 3              |   | 2     |   | 1               |   | No Properties   |   | No Properties |   |
| Heath & Birchgrove          | 3              |   | 1     |   | 1               |   | No Properties   |   | 0             |   |
| Lisvane                     | No Properties  |   | 0     |   | 0               |   | No Properties   |   | No Properties |   |
| Llandaff & Llandaff North   | 5              |   | 8     |   | 11              |   | No Properties   |   | 3             |   |
| Llanedeyrn & Cyncoed        | 26             |   | 16    |   | 9               |   | 6               |   | 4             |   |
| Lower Llanrumney            | 6              |   | 17    |   | 11              |   | 0               |   | 3             |   |
| Llanishen & Thornhill       | 15             |   | 18    |   | 8               |   | 5               |   | 22            |   |
| Leckwith                    | 2              |   | 7     |   | 1               |   | No Properties   |   | No Properties |   |
| Maindy                      | 0              |   | 0     |   | 0               |   | 0               |   | 3             |   |
| Morganstown & Radyr         | 0              |   | 3     |   | 0               |   | No Properties   |   | 0             |   |
| Mynachdy                    | 0              |   | 0     |   | 1               |   | No Properties   |   | No Properties |   |
| North Butetown              | 19             |   | 2     |   | 1               |   | 6               |   | 4             |   |
| Pentrych                    | 0              |   | 1     |   | 0               |   | No Properties   |   | 7             |   |
| Pentrebane                  | 26             |   | 19    |   | 5               |   | 13              |   | No Properties |   |
| Pentwyn & Pontprennau       | 19             |   | 20    |   | 16              |   | 2               |   | 1             |   |
| Plasnewydd                  | 8              |   | 1     |   | 2               |   | No Properties   |   | 0             |   |
| Rhiwbina                    | 0              |   | 2     |   | 0               |   | No Properties   |   | 0             |   |
| Riverside                   | 32             |   | 9     |   | 4               |   | 0               |   | 0             |   |
| Roath & Penylan             | 36             |   | 10    |   | 3               |   | 0               |   | 5             |   |
| Rumney                      | 4              |   | 13    |   | 21              |   | 2               |   | 11            |   |
| South Butetown              | 17             |   | 2     |   | 1               |   | 0               |   | 0             |   |
| Splott                      | 29             |   | 15    |   | 9               |   | No Properties   |   | 4             |   |
| St Mellons & Old St Mellons | 50             |   | 63    |   | 43              |   | 3               |   | 7             |   |
| Tongwynlais                 | 2              |   | 3     |   | 0               |   | 0               |   | 2             |   |
| Trowbridge                  | 30             |   | 17    |   | 14              |   | 0               |   | 7             |   |
| Tremorfa & Pengam Green     | 24             |   | 22    |   | 16              |   | 2               |   | 9             |   |
| Upper Llanrumney            | 9              |   | 10    |   | 19              |   | 9               |   | 18            |   |
| Whitchurch                  | 24             |   | 4     |   | 4               |   | 8               |   | 8             |   |

= Long Wait
  = Medium Wait
  = Shortest Wait

\* This column is a guide to the availability of Council Properties only

## Applicants' Declaration

Please check that the answers and information that you have given are correct to the best of your knowledge. Now please read and sign the statement below. Before signing this form, you are reminded of the implications of making a false declaration.

- a) It is the responsibility of the applicant to inform their Housing Office of any change in their circumstances which may affect their Housing Application
- b) **Anyone who knowingly signs a false declaration or knowingly withholds information may be guilty of an offence and might be prosecuted if there is evidence of an intention to obtain a tenancy by deception.**
- c) If a tenancy has been granted based on a false declaration, possession proceedings and/or prosecution may be brought.
- d) I/we understand that any information given by me/us relating to the rehousing application, or given with my/our consent by others, will be placed on the Cardiff Housing Register. I/we understand that any landlord, who takes part in the register, either now or in the future, may see it.
- e) I/we give permission for you to contact individuals or agencies referred to by me/us on this form in order to seek additional information about specific housing needs.
- f) I/We hereby authorise the National Probation Service or any relevant Social Landlord to disclose all or any of my personal details, whether held on computer under the requirements of the Data Protection Act 1988 or contained in manual records, to relevant organisations in support of my application for housing. I am aware that this will involve the disclosure of personal confidential information, which is held on computer and in manual files.

**If this is a joint application, both parties must sign the form**

|        | <b>Applicant</b>     |        | <b>Joint Applicant</b> |
|--------|----------------------|--------|------------------------|
| Signed | <input type="text"/> | Signed | <input type="text"/>   |
| Date   | <input type="text"/> | Date   | <input type="text"/>   |

The information you provide will be recorded on a computer system and is covered by the provisions of the Data Protection Act. You are entitled to see the information you have provided. If you wish to do so, please contact the office that holds your application.

**IMPORTANT:** Cardiff Council and Registered Social Landlord's have a duty to protect the public funds they administer and may use the information you have provided to obtain housing with this authority or its associated housing providers for the prevention and detection of fraud. We may also share this information with other bodies administering public funds solely for these purposes. The Cardiff Housing Register aims to provide a quality service to its customers. Your comments can help us to achieve this and are welcomed. If you have any comment or complaint about this service, please contact your local housing office or the Rehousing Unit.

If you are currently a **tenant of Cardiff Council or a housing association** in the City, please return this application form to the office of your landlord or to the following address:

Common Waiting List  
Social Lettings Unit  
Cardiff Council  
PO Box 364  
Cardiff  
CF11 1BW

Once your form has been received we will then either invite you to our office to discuss your housing requirements, arrange a visit to your home, or will ask you to supply additional information so that your housing requirements can be fully assessed.