General Needs Housing Application Form

For THA office use only			
Date received by THA	**Area Applied For**	**Property Size Requested**	**Type of Property Requested**
Surname		**Band**	

If you need help completing this form please contact the Housing Management Team on 020 7440 9440

1. Are you subject to immigration control in the UK?	Yes ☐	No ☐
2. Do you work in Education in one of the Boroughs in which THA has property? (on a minimum 12 month contract and for a minimum of 16 hours per week)	Yes ☐	No ☐

If you reply **Yes** to question **1** and/or **No** to question **2**, it is unlikely that you will be eligible for housing with Teachers' Housing Association (THA). Please read the Eligibility/Exclusions section on page 2 of this form for more details about immigration status and other reasons why you may not qualify to apply. If you do not qualify to apply with THA, you should contact the Housing Needs Team at your Local Authority for advice about alternative housing options.

Teachers' Housing Association Privacy Statement

In order to assess your housing application we need to collect personal information from you. The information will be treated as confidential. However, as part of the application process, we may share your information with other agencies and providers. This is explained fully on our website and on the Declaration page of this application form.

If your application is accepted we will hold your details on our waiting list, unless you advise us you are no longer looking for housing.

If you are not accepted on to our waiting list your information will be held for a minimum of six months.

Under Data Protection Law you have a number of rights, these include: the right to access your personal data, the right of rectification (if there is a mistake in your data), the right to have your data deleted and the right to ask us not to process your data. (Each of these rights is explained more fully on our website https://teachershousing.org.uk/wp-content/uploads/2025/08/privacy-notice-2025.pdf).

Our Data Protection Officer can be contacted at DPO@teachershousing.org.uk

You can use this form to apply for General Needs Housing from THA. Information on where our properties are located can be found on our website https://teachershousing.org.uk/find-a-home/properties-to-rent/general-housing/

Guidance Notes 1 – please read these carefully before you complete this form:

To apply for our general needs housing you must be working in a role related to education in one of the Boroughs where THA has housing on a minimum 12-month contract for at least 16 hours per week.

As part of the application process, your form will be reviewed and the Association may contact people you name on the form to verify information provided. It is important that the information you give to us is correct and failure to provide accurate information may result in your application being rejected. Any information supplied by you in connection with your housing application may be shared with other agencies to enable THA to carry out its core duties and responsibilities.

All the information you give us will be held with your application form. We may also take references from your current or former landlord and contact organisations you tell us about to properly assess your support needs and priority for housing. We may also use your personal information for the prevention or detection of fraud.

You have a right to see information kept on file about your application and to ask for any inaccurate information to be removed. A copy of our Allocations and Lettings Policy is available upon request by calling the Housing Management Team.

Please note that in some areas the number of applications for housing is greater than the number of properties that can be supplied. In these areas waiting lists are operated but you may need to wait on the list until such time as a property becomes available and you may need to seek alternative accommodation whilst you wait. An application for housing does not guarantee that an offer of accommodation will be made.

Eligibility / Exclusions

. You can apply for our general needs housing if you are working in a role related to education in one of the Boroughs where THA has housing on a minimum 12-month contract for at least 16 hours per week.

If you do not have a British Passport please provide your passport and a share code so your Right to Rent status can be checked (if you are unsure if this applies please contact us).

Please note we may need further information or refuse your application if:

- You are a homeowner or have financial interest in a property in the UK or abroad.
- You have savings or capital and you would be considered to have sufficient funds to secure alternative accommodation.
- THA reserves the right not to accept applications from people whose tenancy has previously ended due to rent arrears or anti-social behaviour, any other social housing fraud offences or if you owe THA money (i.e. through rent arrears, re-charges etc.)

If your application is refused, you will be told in writing, and this will include the reasons for our decision and details of your right to request a review.

Guidance Notes 2 – please read these carefully before you complete this form:

• Please make sure that you provide us with all the relevant proof documents for you and your household as listed on the next page. Failure to provide all the documentation that we require will prevent us from registering your application.

• If you do not fill in the form properly, give us all the information we need or you do not sign the Declaration at the end of this form, we will return it to you and this will delay your application.

• Please complete the form as clearly as possible.

• Where a question is not applicable to you, please mark your form N/A.

• Please read the questions carefully and answer all the questions that apply to you.

• Once your application has been received and processed, we will contact you to confirm details of your awarded band and any other information that you will need. Please keep this information in a safe place.

It is your responsibility to keep us informed of any changes in your circumstances as this may affect your status on the waiting list. Changes of circumstance that you need to tell us about include: a change of address, changes to the people in your household, change of employment, income or assets etc. You should contact us if you have any queries about reporting a change of circumstances. If you secure accommodation fraudulently or by withholding information your tenancy may be at risk.

If you do not speak English, or English is not your first language, or you do not understand anything on this form and in the Declaration, please contact a member of the Housing Management Team for assistance.

We will review your application regularly and you will be required to confirm any changes to your circumstances if we contact you. Failure to provide the information when requested may result in your application being removed from our waiting list.

<u>If you sign the Declaration at the end of this form, you are agreeing that you understand and agree with these terms</u>.

Proof Document Checklist

Please send us copies of **all** of the documents that apply to you and your family.
Use the right hand column to 'tick' that you have included documents.
Failure to provide all the documentation required will prevent us from registering your application.

PASSPORT FOR EACH PERSON NAMED ON YOUR APPLICATION WHO IS OVER 18 If you or any household members over 18 do not have a British passport please provide your passport and a share code so your Right to Rent status can be checked. If you do not have a passport please contact us for information on other accepted forms of identification.	
PROOF OF RESIDENCE **1. APPLICANT AND PARTNER** (if applicable) - Please provide proof for the **last 5 years** of all addresses where you have lived such as bank statements, utility or Council Tax bill or any other official document with a name, address and date on it. We accept joint or individual documents. **2. ANY OTHER PERSON ON THE APPLICATION OVER 18 YEARS OF AGE -** Please provide 1 current proof of address such as a bank statement, benefit award letter etc.	
PROOF OF INCOME Proof of any Earnings, Private Pensions and any Government benefits that you receive such as Job Seekers Allowance, ESA, DLA, PIP, Housing Benefit, Working Tax Credits, Universal Credit, State Pension, Pension Credits etc.	
PROOF OF EMPLOYMENT FOR WORKING TEACHERS AND THOSE WORKING IN EDUCATION **1. LETTER FROM YOUR EMPLOYER –** Please enclose a letter that is dated within the last 2 months from your HR Department or Head Teacher. This must be on headed paper and confirm your **start date, physical place of work, job title and contracted hours worked each week** **2. WAGE SLIP –** A wage slip dated within the last 2 months	
TENANCY AGREEMENT If you have signed a tenancy agreement or other agreement for the property you are currently occupying, please provide us with a copy.	

Please note that your application will not be registered without the relevant proof documents.

- If you are applying as a couple please provide us with a copy of your marriage or registration certificate.
- If your documents are in a language other than English please provide an official English translation.
- Please DO NOT send original documents in the post.
- We accept scanned copies or if you wish to post your applications and supporting proofs we would recommend that you send these via Recorded Delivery. Our email and postal address can be found on the final page of this form.

1. ABOUT YOU AND YOUR HOUSEHOLD

If you are applying with a partner, provided your partner is eligible, we will treat it as a joint application meaning that any tenancy granted will be in joint names. Please note that we do not offer cross-generational or inter-generational tenancy's

	Applicant	Partner
Title		
Surname/s		
Previous names (*if any*)		
First name/s		
Date of Birth		

Contact details – please provide at least one contact number and indicate your preferred contact method/s by ticking the relevant box:

	Applicant	Partner
Home		
Work		
Mobile		
Email		

Current address:

Date you moved into this address:

If your partner does not currently live with you, please confirm their current address and provide any other relevant information:

Details of another person we can contact in connection with your application e.g. Family member or friend who may be helping you: (Name, relationship, contact number, email)

Current Household details:

Please list details of everyone else in your household *(other than your partner)* with whom you wish to be rehoused:

Surname/s	**First name/s**	**Title** (Mr, Mrs, Ms, etc.)	**Date of Birth**	**Relationship** daughter/son etc.

Give details of why you wish to move:

	Applicant 1	**Applicant 2**
Accepted as Statutorily homeless by the Local Authority		
About to be made homeless (please provide details below)		
Fleeing Domestic Abuse		
Experiencing harassment due to a characteristic as defined under the Equality Act 2010 (age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, sexual orientation, religion or belief, and sex)		
Current home is having a severe detrimental effect on the health of a household member with a medical need (supporting evidence required)		
Current home due to be demolished or disposed of		
Loss of current accommodation within 12 weeks		
Need to move to be closer to place of work (education employees only)		
High medical need (supporting evidence required)		
Sharing accommodation with another household		
Under-occupying by at least one bedroom		
Statutorily over-crowded		
Living in isolation		
Living in borough not employed by (education employees only)		
Non-urgent medical need (supporting evidence required)		
Insufficient bedspaces to accommodate permanent household members		
Need to move closer to employment or training		
Has child(en) to stay regularly		
Other (please specify)		

2. ABOUT YOUR CURRENT HOME

We will usually write to you at your present address. If you do not want us to write to you there, please provide an address where we can write to you and the reasons why we cannot contact you at your registered address:

Please tick the appropriate box below to show your current housing situation:

Council tenant		Housing Association tenant		Private rented		Hostel / Bed & Breakfast	
Homeowner		Temporary Accommodation		Living with Family / friends		Refuge	
Other e.g. tied/service accommodation*		**Please specify*					

Please provide more information e.g. who your landlord is, is your tenancy due to come to an end, have you been served with a notice etc.

Do you pay rent? Yes ☐ No ☐ If 'yes', how much per month? _____

Do you have an agreement about the rent you pay? Yes ☐ No ☐

If yes, what sort of agreement is this? e.g.: tenancy agreement, licence, rent book, verbal agreement etc:

If you do not have an address to register from, please let us know where you usually sleep, how long you have been sleeping there and where you keep your personal belongings:

If you are a homeowner, please provide details of the property value and any outstanding mortgage.

3. YOUR PRESENT ACCOMMODATION

What kind of accommodation are you living in?

Bed & Breakfast		Bungalow		Flat		Hostel	
House		Studio		Maisonette		Other? *Please specify:*	

How many bedrooms are there in your current property **in total**?

None		Studio flat		1		2		3		4		+4	

How many bedrooms do you and the other people on this application have for your **sole/own use**?

None		Studio flat		1		2		3		4		+4	

Do you lack any of the following facilities or share with someone who is **not** part of your household?

Yes ☐ No ☐

If you answered ***yes***, please tick which of the following facilities apply to your current housing situation:

	Share	**Lack / Do not have**
Living / Lounge room		
Toilet (any toilet - in bathroom or separately)		
Bathroom / shower room		
Kitchen and/or cooking facilities		
Bedroom		
Electricity/ Gas supply (you share the same bill)		

If you lack a toilet, washing or cooking facilities or fuel supply, please tell us how you meet these needs:

If you share facilities, please say with whom you share them and how they are related to you. If you share with strangers (i.e. in a hostel or room/house share) please write **other tenants** in *person name* and in *relationship to you* section write the approximate **number of people** you share the facilities with:

Name of the person you share with	**Relationship to you**
E.G. Bob Smith / Mum and Dad / other tenants	*E.G. Friend / Parent / 3 other tenants*

On which floor level(s) is your accommodation situated?

Basement ☐ Ground ☐ First ☐ Second ☐ Third ☐ Fourth ☐ Higher (Please specify) ……..

Is there a lift? Yes ☐ No ☐

4. PREVIOUS ADDRESSES

Please give details of any addresses where you and your partner *(if applicable)* have lived during the past five years. Start with the address you lived in before your current home and work backwards.

Main Applicant	**Lived there from / to**	**Reason for leaving**	**Landlord name & address**
Address 1:			
Address 2:			
Address 3:			

Partner *(if different)*

Partner *(if different)*	**Lived there from / to**	**Reason for leaving**	**Landlord name & address**
Address 1:			
Address 2:			
Address 3:			

If you need more space, please continue on a separate sheet.

Have you and everyone else on this application always lived in the UK? Yes ☐ No ☐
If **no**, tell us who did not and when did you/they enter the UK?

If you do not have a British Passport, do you and your partner (if applicable) have the Right to Rent in the UK?

Applicant: Yes ☐ No ☐ Partner: Yes ☐ No ☐

5. PREVIOUS SOCIAL HOUSING

Have you or anyone else on this application ever been a tenant of a council or Housing Association property?

Yes ☐ No ☐

If **yes**: Who were the tenant/s and who was the landlord, e.g.: name of council or Housing Association?

What was the address of the property? *If more than one property, please detail each address:*

Date the tenancy ceased and why?

Have you ever had action taken against you for breach of tenancy, such as a Notice of Seeking Possession, Notice to Quit, Injunction or Anti-Social Behaviour Order or Possession Order?

Yes ☐ No ☐

If ***yes***, please give the date and details:

6. YOUR HOUSING REQUIREMENTS

When do you require Housing? ……

State which Teachers' Housing Association scheme you wish to be considered for, and please tick in the appropriate box the size of accommodation that you require in the Borough that you work.

Housing Scheme / Area	**Size of Accommodation**					
	Shared Housing	Studio	1 Bed	2 Beds	3 Beds	4 Beds
Brent						
Bexley						
Kingston-upon-Thames						
Croydon						
Haringey						
Waltham Forest						

7. REPAIRS

Is your home in a state of disrepair? Yes ☐ No ☐

If **yes,** please provide a brief description of the problem: *If you need more space, please continue on a separate sheet.*

Does your landlord know about these problems? Yes ☐ No ☐

Have you informed your local council's Environmental Health team about the problem? Yes ☐ No ☐

Have they been to assess your property? Yes ☐ No ☐

If you are seeking extra priority on your housing application due to disrepair, you will need to contact your local Environmental Health team for an independent assessment. We need to receive a copy of their report and the action taken against the landlord to fix the issue before we can make an assessment.

8. EMPLOYMENT AND INCOME

Please answer the following questions about your employment or any paid work. Please complete both sections for the main applicant and your partner (if applicable).

Main Applicant	**Partner**
Are you in paid employment? Yes ☐ No ☐	Are you in paid employment? Yes ☐ No ☐
If **yes**, p*lease complete the following questions for employed or self-employed work for you and your partner (if applicable)*	
What is your total annual income before tax?	What is your total annual income before tax?
What is your job title?	What is your job title?
How many hours are you contracted to work each week?	How many hours are you contracted to work each week?
Name and address of your employer / registered business:	Name and address of your employer / registered business:
What was your start date for this employment?	What was your start date for this employment?

Government Benefits

Do you or your partner receive any Government benefits? Yes ☐ No ☐

If **yes**, please confirm which benefits you receive and the **amount and whether it is weekly or monthly** in the grid below:

	Applicant	**Partner**
Armed Forces Independence Payment		
Attendance Allowance (AA)		
Carer's Allowance		
Child Benefit		
Disability Living Allowance (DLA) or PIP		
Employment and Support Allowance (ESA)		
Housing Benefit		
Income Support		
Jobseeker's Allowance (JSA)		
State Pension		
Pension Credits		
Universal Credit		
Private Pension		
Other? *Please specify:*		

Other income

Is there any other income or capital that has not been declared on this form? Yes ☐ No ☐

If ***yes***, *please specify type of income* (e.g. *trust fund, shares, investments etc) and the monthly value)*

Do you, your partner or anyone else on this application have any savings? Yes ☐ No ☐

If ***yes***, *please specify the total value of savings for each person*:

Do you, your partner or anyone else on this application have any debt? Yes ☐ No ☐

If ***yes***, *please state the approximate total value of debt and type (i.e. credit card/loan etc.)*:

9. RECEIVING AND GIVING SUPPORT

Have you or anyone else on this application ever had an Adults Social Care Assessment, an NHS Mental Health or care assessment or any other support assessment (such as Drug and Alcohol etc)

Yes ☐ No ☐

If ***yes***, who on this application received the assessment?

Please provide the name, address and telephone number of the organisation/s and the name of your personal care co-ordinator / support worker:

Do you or anyone else on this application need or already receive support for any of the following reasons? *You can tick more than one box*

	Need	**Receive**
Mental health		
Drugs / Alcohol		
Domestic abuse		
Learning disabilities		
Physical disabilities or ill health		
Sensory disabilities		
Refugee		
Other, *please specify:*		

Do you or anyone else on this application need or receive support from any of the following?

	Need	**Receive**
Community Psychiatric Nurse		
District Nurse / other home care / Health Visitor		
Key Worker / Support Worker		
Occupational Therapist		
Probation Service		
Resettlement or Tenancy Sustainment Officer		
Social Worker		
Meals-on-Wheels		
Other, *please specify:*		

Giving support

Do you or anyone else on this application provide support to someone else? Yes ☐ No ☐

If ***yes***, please provide the name, address and relationship to the person who receives your support and the reason you need to support them. *Please provide supporting documentation and continue on a separate sheet if required.*

10. MEDICAL CIRCUMSTANCES

Please send any supporting documents from your GP, medical professional or hospital about the condition and treatment received. You will need to provide details for each person in your household whose health is affected by your accommodation.

Is either applicant registered disabled? Applicant 1 Yes ☐ No ☐ Applicant 2 Yes ☐ No ☐

If ***yes***, please give a brief description of disability and registration number:

Applicant 1: …….. Applicant 2: ……

…….. ……

…….. ……

Comments on general health:

Do any members of the proposed household have any medical or health problem(s) which would be improved by moving to a new home? Yes ☐ No ☐

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

Give details of any aids or adaptations (fitted or free standing) used around the house, or whilst out in the community (e.g. hearing aid, walking stick / frame, mobility scooter, wheelchair, grab rails in bathroom, stair lift etc.)

11. ADDITIONAL INFORMATION

Please tell us if you have any **pets** and provide information on these

Have you got any unspent convictions? Yes ☐ No ☐

If ***yes***, please give the date and details

Language

Do you require an interpreter? Yes ☐ No ☐

If ***yes***, which language?

Do you have a friend or representative who can translate on your behalf? If **yes**, what is their name, relationship to you and their telephone number?

Is there anything else about your present accommodation or your circumstances that you wish to add or that we should know? *If you need more space, please continue on a separate sheet.*

Declaration

Please read the Declaration below and then sign at the bottom.

If you do not sign and date this form we will return it to you and this will delay your application.

- The details I have given on this form are correct and complete. I will inform THA if there are any changes to my household, employment, medical condition, or housing situation and I understand that any changes may affect my entitlement to housing. If my circumstances have changed and I am offered a property, the offer may be withdrawn if my household or circumstances do not match the information on this Housing Application.
- The Association may use the information provided on this form for the prevention and detection of fraud. It may also share this information with other bodies responsible for auditing or administering public funds for these purposes.
- I agree that you may undertake checks with my employer and other public and private sector organisations to assess my application.
- I agree that any relevant information may be given to these organisations to help them consider my case.
- I understand that references may be obtained from any current or former landlord.
- I agree that my information can be shared, with other people or organisations involved in my care or caring role. I agree that any agency I have listed in the section relating to 'Receiving and giving support' may be contacted.
- I understand that my application may be cancelled if I give false or misleading information, if I withhold information or fail to tell you if my circumstances change.
- If I am granted a tenancy as a result of my giving false or misleading information, or because of information I have withheld, I understand that my tenancy may be at risk,
- I understand that it is an offence to knowingly make a false statement or withhold information.

Applicant's signature ..... **Date**.....

Partner's signature..... **Date**.....

If this form has been completed by anyone other than the main applicant, please tell us who completed it and why the applicant was not able to:

Thank you for completing this form. Once you have read and signed the Declaration, please return the form with the necessary proof documents to:

Teachers' Housing Association, 3rd Floor, Headland House, 72 Acton Street, London, WC1X 9NB
Telephone: 0207 440 9440 Fax: 0207 404 3322
Email: applications@teachershousing.org.uk