

Application to join the Devon Home Choice register

Please read the **Guidance Notes** before completing this form

Questions marked with an * must be completed.

Section 1: Main applicant

1. Your details*



Title

First Name(s)

Surname

Date of Birth

National
Insurance
Number

Sex (please mark with an 'X' the box that applies)

Male

Female

Transgender

Your current address*

Address Line 1*

Address Line 2*

Address Line 3

Address Line 4

Post Code*

Date Moved In

Please let your local housing team know if you want mail to be sent to a different address

Your contact details*

Please provide the following details and mark with an 'X' on the left hand side how you would like us to contact you

<input type="checkbox"/>	Home Phone	<input type="text"/>
--------------------------	------------	----------------------

<input type="checkbox"/>	Work Phone	<input type="text"/>
--------------------------	------------	----------------------

<input type="checkbox"/>	Mobile Phone	<input type="text"/>
--------------------------	--------------	----------------------

<input type="checkbox"/>	Email Address	<input type="text"/>
--------------------------	---------------	----------------------

<input type="checkbox"/>	Fax number	<input type="text"/>
--------------------------	------------	----------------------

Are you pregnant?*

Yes

No

If Yes when is the baby due?

Have you ever been known by another name?*

Yes

No

If Yes what was your previous name?

Which of the following describes your nationality?*

British/ UK National

European Union National, please specify which country

Other, please specify which country

Which local authority area in Devon would you prefer to live in? This will not affect where you can bid for homes.* Please mark only 1 local authority with an 'X'

East Devon

Exeter

Mid Devon

North Devon

Plymouth

South Hams

Teignbridge

Torbay

Torridge

West Devon

Section 2: Joint applicant details

Please go to Section 4 if you are applying on your own

Title

First Name(s)

Surname

Date of Birth

National
Insurance
Number

Their
relationship to
you

Sex (please mark with an 'X' the box that applies)

Male

Female

Transgender

Is this person pregnant?*

Yes

No

If Yes when is the baby due?

Has this person ever been known by another name?*

Yes

No

If Yes what was their previous name?

Which of the following describes this person's nationality?*

British/ UK National

European Union National, please specify which country

Other, please specify which country

Section 3: Other people who need to be rehoused with you

Please go to Section 4 if there are no more people who need to be rehoused with you

Applicant 3

Title

First Name(s)

Surname

Date of Birth

National
Insurance
Number

Their
relationship to
you

Sex (please mark with an 'X' the box that applies)

Male

Female

Transgender

Is this person pregnant?*

Yes

No

If Yes when is the baby due?

Applicant 4

Title

First Name(s)

Surname

Date of Birth

National
Insurance
Number

Their
relationship to
you

Sex (please mark with an 'X' the box that applies)

Male

Female

Transgender

Is this person pregnant?*

Yes

No

If Yes when is the baby due?

Applicant 5

Title

First Name(s)

Surname

Date of Birth

National
Insurance
Number

Their
relationship to
you

Sex (please mark with an 'X' the box that applies)

Male

Female

Transgender

Is this person pregnant?*

Yes

No

If Yes when is the baby due?

Applicant 6

Title

First Name(s)

Surname

Date of Birth

National Insurance Number

Their relationship to you

Sex (please mark with an 'X' the box that applies)

Male

Female

Transgender

Is this person pregnant?*

Yes

No

If Yes when is the baby due?

Please provide details of any additional people on a separate sheet

Section 4: Address History

If your current accommodation is rented, please provide details of your landlord's:

Name

Telephone No.

Address Line 1

Address Line 2

Address Line 3

Address Line 4

Post Code

Please give the details of your previous addresses and those of the joint applicant (if appropriate) over the past 5 years.

Address 1

Address Line 1

Address Line 2

Address Line 3

Address Line 4

Post Code

Date Moved In

Date Moved Out

Reason for leaving

If rented please provide the landlord's contact details:

Name

Telephone No.

Address 2

Address Line 1

Address Line 2

Address Line 3

Address Line 4

Post Code

Date Moved In

Date Moved Out

Reason for leaving

If rented please provide the landlord's contact details:

Name

Telephone No.

Address 3

Address Line 1

Address Line 2

Address Line 3

Address Line 4

Post Code

Date Moved In

Date Moved Out

Reason for leaving

If rented please provide the landlord's contact details:

Name

Telephone No.

Address 4

Address Line 1

Address Line 2

Address Line 3

Address Line 4

Post Code

Date Moved In

Date Moved Out

Reason for leaving

If rented please provide the landlord's contact details:

Name

Telephone No.

Please continue on a separate sheet if necessary.

5. Do you or anyone who needs to be rehoused with you have rent arrears of over £500 from either your current or previous accommodation over the last 2 years?*

Yes

No

If Yes please give details

6. Have you or anyone who needs to be rehoused with you been evicted in the last 2 years?*

Yes

No

If Yes please give details

Section 5. Your current accommodation

7. What accommodation do you currently live in?*

Please mark with an 'X'

Bedsit

Caravan/Mobile Home

Flat/Maisonette

House

Bungalow

Hostel

Hospital/Care

Rough Sleeper

Other, please specify:

8. Are you and the people who need to be rehoused with you*:

Please mark with an 'X'

Sharing with family/friends?

In accommodation linked to your job?

Renting privately?

Renting from a council or housing association?

Owner?

Rough sleeping?

Lodger?

In temporary accommodation/ hostel?

Other, please specify:

9. If you are renting from a council or housing association in Devon, are you seeking to move to a smaller home? This could increase your priority within Devon Home Choice

Yes

No

If Yes, your local housing team will contact you to discuss this.

10. How many bedrooms are available for the exclusive use of you and the people who need to be rehoused with you?*

11. If you live in a flat, a bedsit or a maisonette, what floor level is it?

Please mark with an 'X'

Basement

Ground floor

First Floor

Second Floor

Third floor or above

12. Is there a lift you can use?

Yes

No

13. Do you have a child or children staying with you regularly, where they normally live with someone else (for example an ex-partner)?*

Yes

No

If Yes, please provide the name(s), sex and age(s) of the child or children, and their relationship to you. Please also provide details of where and who they normally live with, and how frequently they stay with you.

Please continue on a separate sheet if necessary.

14. Do you currently have the use of the following?*

Please mark with an 'X'

Kitchen	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Shared
Living Room	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Shared
Dining Room	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Shared
Bathroom/shower	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Shared
Hot/cold water	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Shared
Drying facilities	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Shared
Toilet (upstairs)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Shared
Toilet	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Shared
Toilet outside	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Shared
Heating	<input type="checkbox"/> Full*	<input type="checkbox"/> Part	<input type="checkbox"/> None

* Full means every room has heating

15. Does your accommodation suffer from any of the following?

Please mark with an 'X'

Severe damp or mould growth

Electrical problems or lack of lighting

Lack of ventilation/unable to escape via windows

Lack of facilities for food preparation/cooking

Lack of heating or hot water

An Environmental Health or Housing Officer may check this.

16. Do you have any pets you want to live with you?*

Yes

No

If Yes please provide details of the type(s) of pet(s)

Please note that pets are not allowed in some homes let through Devon Home Choice

17. What is your reason for needing to be housed?*

Please put an 'X' in all that apply.

- | | |
|--|---|
| <input type="checkbox"/> Present accommodation is too small | <input type="checkbox"/> To be near family to give support |
| <input type="checkbox"/> Poor Condition of property | <input type="checkbox"/> To be near family to receive support |
| <input type="checkbox"/> Cannot afford to repair/maintain | <input type="checkbox"/> To be closer to place of work |
| <input type="checkbox"/> Rent shortfall due to housing benefit | <input type="checkbox"/> Reasons of poor health/disability |
| <input type="checkbox"/> Asked to leave by family/friends | <input type="checkbox"/> Require sheltered accommodation |
| <input type="checkbox"/> Received Notice to Quit from landlord | <input type="checkbox"/> Marital/relationship breakdown |
| <input type="checkbox"/> Received Court Order possession | <input type="checkbox"/> Leaving hospital/care home/prison |
| <input type="checkbox"/> Bailiffs Warrant for Eviction issued | <input type="checkbox"/> To escape domestic abuse |
| <input type="checkbox"/> Leaving job with tied accommodation | <input type="checkbox"/> To escape racial harassment |
| <input type="checkbox"/> Received an Anti-Social Behaviour Order | <input type="checkbox"/> To escape other harassment/violence |
| <input type="checkbox"/> Clearance or emergency order | <input type="checkbox"/> Present accommodation too large |
| <input type="checkbox"/> Living in temporary accommodation | <input type="checkbox"/> Move-on from supported accommodation |
| <input type="checkbox"/> Homeless/No fixed abode | <input type="checkbox"/> Other reason, please detail |

Other reason, please provide details

If there are any special circumstances, or any more information that you feel is relevant to your application, please write it below.
Please continue on a separate sheet if necessary.

A large, empty rectangular box with a thin black border, intended for the applicant to provide special circumstances or additional information relevant to their application.

Further evidence/proof may be required before you receive an offer of accommodation.

Section 6: Health and support

18. Is your health and/or wellbeing (or that of anyone who needs to be rehoused with you) made worse by your current home, or lack of a home?*

Yes

No

If Yes we will send you a separate 'Health and Wellbeing Assessment Form'. Please complete and return that form. Failure to do so will result in your application being delayed or may result in you not receiving sufficient priority.

19. Are you or anyone who needs to be rehoused with you currently receiving support?* For example from Social Services, the Community Mental Health Team or a voluntary agency?

Yes

No

If Yes please provide the following details of the person/organisation who provides you with support:

Name of support worker

Organisation

Telephone No.

Please give brief details of the support they provide.

We are committed to ensuring that everyone seeking housing is able to fully take part in Devon Home Choice. We are monitoring whether people seeking housing may require additional support to take part in Devon Home Choice, and/or to live independently. This will make sure that we develop appropriate support.

20. Do you consider that you or anyone who needs to be rehoused with you has a disability?*

Disability can be described as any long-term illness, health problem or disability which limits your daily activities or the work you can do, including problems that are due to old age.

Yes	No
<input style="width: 100px; height: 25px;" type="text"/>	<input style="width: 100px; height: 25px;" type="text"/>

If Yes please put an 'X' in all the boxes that apply. The applicants are as listed in Sections 1,2 & 3

	Main Applicant	Joint Applicant	Applicant 3	Applicant 4	Applicant 5	Applicant 6
Physical disability	<input style="width: 100%; height: 30px;" type="text"/>	<input style="width: 100%; height: 30px;" type="text"/>	<input style="width: 100%; height: 30px;" type="text"/>	<input style="width: 100%; height: 30px;" type="text"/>	<input style="width: 100%; height: 30px;" type="text"/>	<input style="width: 100%; height: 30px;" type="text"/>
Learning disability	<input style="width: 100%; height: 30px;" type="text"/>	<input style="width: 100%; height: 30px;" type="text"/>	<input style="width: 100%; height: 30px;" type="text"/>	<input style="width: 100%; height: 30px;" type="text"/>	<input style="width: 100%; height: 30px;" type="text"/>	<input style="width: 100%; height: 30px;" type="text"/>
Hearing impairment	<input style="width: 100%; height: 30px;" type="text"/>	<input style="width: 100%; height: 30px;" type="text"/>	<input style="width: 100%; height: 30px;" type="text"/>	<input style="width: 100%; height: 30px;" type="text"/>	<input style="width: 100%; height: 30px;" type="text"/>	<input style="width: 100%; height: 30px;" type="text"/>
Visual impairment	<input style="width: 100%; height: 30px;" type="text"/>	<input style="width: 100%; height: 30px;" type="text"/>	<input style="width: 100%; height: 30px;" type="text"/>	<input style="width: 100%; height: 30px;" type="text"/>	<input style="width: 100%; height: 30px;" type="text"/>	<input style="width: 100%; height: 30px;" type="text"/>
Speech impairment	<input style="width: 100%; height: 30px;" type="text"/>	<input style="width: 100%; height: 30px;" type="text"/>	<input style="width: 100%; height: 30px;" type="text"/>	<input style="width: 100%; height: 30px;" type="text"/>	<input style="width: 100%; height: 30px;" type="text"/>	<input style="width: 100%; height: 30px;" type="text"/>
Mental illness	<input style="width: 100%; height: 30px;" type="text"/>	<input style="width: 100%; height: 30px;" type="text"/>	<input style="width: 100%; height: 30px;" type="text"/>	<input style="width: 100%; height: 30px;" type="text"/>	<input style="width: 100%; height: 30px;" type="text"/>	<input style="width: 100%; height: 30px;" type="text"/>
Other (please detail below)	<input style="width: 100%; height: 30px;" type="text"/>	<input style="width: 100%; height: 30px;" type="text"/>	<input style="width: 100%; height: 30px;" type="text"/>	<input style="width: 100%; height: 30px;" type="text"/>	<input style="width: 100%; height: 30px;" type="text"/>	<input style="width: 100%; height: 30px;" type="text"/>

If Other please specify

21. Do you or anyone who needs to be rehoused with you require additional support to take part in Devon Home Choice?*

Yes

No

If Yes please give details

22. Do you want to nominate someone to act on your behalf in Devon Home Choice?* For example a family member, a friend or an organisation that provides you with support.

Yes

No

If Yes please give their name and a contact phone number

Name

Telephone No.

23. Is there any reason why you, or anyone who needs to be rehoused with you, need additional support to live independently?*

For example, due to age, problems reading or writing, or English as a second language.

Yes

No

If Yes please give details of the reasons why you require additional support, and what type support you would like (for example help to pay bills, manage your finances, prepare food, shop or to maintain contact with family or friends)

Section 7: Your financial details

Local authority and housing association homes let through Devon Home Choice are for people who are considered to have insufficient resources to meet their housing need. If you are assessed as having sufficient resources to meet your own housing need your application to Devon Home Choice will be placed in the No housing need band.

24. Do you or anyone who needs to be rehoused with you own a property/properties?*

Yes

No

If Yes please detail who owns the property/properties

Name

Please detail the address of the property

Address Line 1

Address Line 2

Address Line 3

Address Line 4

Post Code

Current
estimated value

Mortgage
outstanding if
applicable

Please provide details of any additional properties on a separate sheet.

25. Do you or anyone who needs to be rehoused with you have a financial interest in a property or land?*

This is where you have provided financial assistance to an owner either to purchase or maintain a property for which you will at some point expect to recover part or all of those monies.

Yes

No

If Yes please detail who has the interest in a property or land

Name

Please detail the address of the property/ land

Address Line 1

Address Line 2

Address Line 3

Address Line 4

Post Code

Current
estimated value

Mortgage
outstanding if
applicable

Please provide details of any additional properties on a separate sheet.

26. Please detail the total annual income for you and anyone who needs to be rehoused with you.*

In working out your annual income please include:

- Income from employment
- Income from self employment
- Pensions
- Benefits
- Interest from savings or investments
- Rent from property
- Any other forms of income (such as maintenance payments or grants)

Please do not deduct:

- Tax
- National Insurance
- Health Insurance payments
- Pension contributions

Please mark the box with an **X** for the range that your total annual household income falls in

Total Annual Income

<input type="checkbox"/> Nil - £9,999	<input type="checkbox"/> £40,000 - £49,999
<input type="checkbox"/> £10,000 - £19,999	<input type="checkbox"/> £50,000 - £59,999
<input type="checkbox"/> £20,000 - £29,999	<input type="checkbox"/> £60,000 +
<input type="checkbox"/> £30,000 - £39,999	

27. Please detail the total amount of savings or investments held by you and anyone who needs to be rehoused with you*

Savings and investments include: bank and building society accounts; stocks and shares; unit trusts, National Savings etc.

Section 8

28. To help us gain an understanding of the demand for housing in particular parts of Devon please indicate which area(s) of Devon you would prefer to live in.

Please list the area code(s) indicated on the maps of Devon in the Guidance Notes.

This will not affect where you can bid for homes.

For example:

0	0	1
---	---	---

 for All Saints parish
in East Devon

or

5	3	9
---	---	---

 for Whitchurch parish
in West Devon

Area Code

--	--	--

Area Code

--	--	--

Area Code

--	--	--

Area Code

--	--	--

Area Code

--	--	--

Area Code

--	--	--

Area Code

--	--	--

Area Code

--	--	--

Area Code

--	--	--

Area Code

--	--	--

Area Code

--	--	--

Area Code

--	--	--

If you have lived in Devon for the last 6 months please go to Q30

29. If you have not lived in Devon for the last 6 months please detail whether you or anyone who needs to be rehoused with you has:

A. Lived in Devon for 3 years in the last 5 years, or 6 months out of the past 12 months Yes No

If Yes please ensure you have provided details of where you lived in Devon (including the dates you lived there) in Section 4.

B. Held a permanent, full or part-time* job in Devon for the last 6 months Yes No

* Part-time means at least 16 hours per week

If Yes please provide details and proof of employment with this application

C. Immediate family** who have lived in Devon for the last 5 years Yes No

** Immediate family means parents, brothers, sisters, or children who are over 18. Although other long-established close family relationships may be considered.

If Yes please provide their name(s) and address(es), together with proof of their address

Please note that if you have no local connection to Devon your application to Devon Home Choice will be placed in either:

- The Low housing need band, or
- The No housing need band

This will not apply if you are a tenant of a partner landlord in Devon Home Choice, and have no local connection to Devon. Your application will be placed in the band determined by your housing needs, and so could be placed in any of the 5 priority bands (Emergency, High, Medium, Low and No housing need bands).

Some homes require applicants to either live (or have lived), work or have immediate family members who live within a specific area of Devon (for example a particular village). You will not be offered such a home unless you can provide details that you meet any local connection requirements.

30. Criminal convictions*

The information requested in this section will be treated in confidence and will not automatically exclude you or anyone who needs to be rehoused with you from Devon Home Choice. The information will not be disclosed to other parties without your express consent, except as outlined in the declaration at the end of this form. It is important that we obtain this information so as to enable us to establish your support needs, and to ensure that any tenancy that you might obtain through Devon Home Choice will be sustainable. In some instances we may also need to take into account the safety and security of yourself and others. This enables us to give the best possible service to both applicants and existing tenants.

Please note that The Rehabilitation of Offenders Act 1974 applies to this section and 'spent' convictions need not be disclosed. If you need any advice and guidance on any of these points before completing this form, please contact your local housing team.

Have you or any of the people who need to be rehoused with you ever been convicted of arson, offences involving violence, offences of a sexual nature or been convicted of possession, supply or possession with intent to supply any illegal drugs?

Yes

No

Name of the person convicted

Signature of the person convicted

By signing above you give us permission to contact the police and/or other agencies as appropriate

Details of offences(s) and date(s) of conviction(s)

31. Have you or anyone who needs to be rehoused with you had any legal action taken against you/them as a result of anti social behaviour?* This includes any current Anti Social Behaviour Orders (ASBO) or Acceptable Behaviour Contracts (ABC).

Yes

No

Name of the person

Signature of the above person

By signing above you give us permission to contact the police and/or other agencies as appropriate

Please give details of the Anti Social Behaviour Orders or Acceptable Behaviour Contracts(s) and date(s):

32. Family connections with members of Devon Home Choice*

Are you or anyone who needs to be rehoused with you an employee, board member or councillor of any council or housing association in Devon, or related to anyone who is?

Yes

No

If Yes please give details (e.g. position held, organisation, name of relative etc).

Section 9: Declaration*

I/We confirm that I/we have read the Guidance Notes. I/We understand that if I/we have not provided all the information required that my/our application will not be processed.

I/We confirm that the details given on this application form are correct. I/We confirm that if any false information has been given, that this application may be refused, that any offers made may be withdrawn, and/or any tenancies granted may be forfeited.

I/We acknowledge that it is a criminal offence to either make a false statement, or to deliberately withhold information in order to seek a tenancy through Devon Home Choice.

I/We understand that members of Devon Home Choice may prosecute if an offence is committed. This could lead to a fine of up to £5,000, and may also lead to legal action for the possession of any accommodation found to have been obtained by deliberately allowing false information to be used.

I/We undertake to notify Devon Home Choice of any future change in circumstances which may occur.

I/We also agree that:

- The information given will be held and processed by computer, and subject to the provisions of the Data Protection Act 1998, may be passed to any landlords within Devon Home Choice.
- The local authority members of Devon Home Choice are under a duty to protect public funds, and to this end may use the information on this form for the prevention and detection of fraud. This may include sharing this information with other public bodies.
- Members of Devon Home Choice are, as part of the checking process, entitled to visit me/us at home before entering into any tenancy.
- Members of Devon Home Choice have the right to carry out any enquiries that are deemed necessary. Therefore this entitles any member of Devon Home Choice to have access to any information they need in connection with this housing

application. This might include information about any former tenancies or information about previous criminal convictions.

- As part of my assessment of suitability for a tenancy, I authorise the Devon and Cornwall Constabulary to disclose any relevant information relating to convictions for arson, offences involving violence, offences of a sexual nature or convictions for possession, supply or possession with intent to supply any illegal drugs. Information shared in this way will not be used for any other purpose. This agreement complies with the requirement for explicit consent to be given under Schedule 3 of the Data Protection Act 1998.
- Members of Devon Home Choice are entitled to share the information in their possession between themselves as well as with other public bodies.

Signed Main
Applicant

Signed Joint
Applicant

Date

Section 10: Equality and Diversity Monitoring

We are committed to reflecting the full diversity of the community we serve and to promoting equality of opportunity for everyone.

We monitor the characteristics of people who apply for housing. This helps to make sure that Devon Home Choice treats everyone fairly and equally, regardless of their race, colour, faith or sexual orientation.

The questions in this section will not affect the band that your application to Devon Home Choice is placed in.

If you do not want to answer any of these questions, mark the box 'Prefer not to say' with an 'X'.

34. Please mark with an 'X' the box that best describes the ethnic origin of the:

Main Applicant

White

British

Irish

Other

Mixed

White and black Caribbean

White and black African

White and Asian

Mixed Other

Asian or Asian British

Asian or Asian Indian

Pakistani

British Bangladeshi

Asian Other

Black or Black British

Black or black Caribbean

African

Black British other

Chinese or Other Ethnic Group

Chinese

Other (please specify below)

Prefer not to say

Joint Applicant

White

British

Irish

Other

Mixed

White and black

White and black African

White and Asian

Mixed Other

Asian or Asian British

Asian or Asian Indian

Pakistani

British Bangladeshi

Asian Other

Black or Black British

Black or black Caribbean

African

Black British other

Chinese or Other Ethnic

Chinese

Other (please specify below)

Prefer not to say

35. Please mark with an 'X' the box that best describes the religion or belief of the:

Main Applicant

- Buddhist
- Christian
- Hindu
- Jewish
- Muslim
- None
- Sikh
- Other (please specify below)

- Prefer not to say

Joint Applicant

- Buddhist
- Christian
- Hindu
- Jewish
- Muslim
- None
- Sikh
- Other (please specify below)

- Prefer not to say

36. Please mark with an 'X' the box that best describes the sexual orientation of the:

Main Applicant

- Bisexual
- Gay man
- Gay woman/lesbian
- Hetrosexual/straight
- Other
- Prefer not to say

Joint Applicant

- Bisexual
- Gay man
- Gay woman/lesbian
- Hetrosexual/straight
- Other
- Prefer not to say

Guidance Notes: Instructions for filling in this form

Please contact your local housing team if you:

- Have any questions about this form
- Would like help filling the form in
- Need this document in another language, in large print, on audio tape or in other formats
- Require further support, such as translation services to help with your application

Please ensure that:

- You complete the form neatly within the lines using black ink and **BLOCK CAPITALS**
- Any 'Yes', 'No' or questions with a single box are completed with an 'X' for example:

Do you have any pets you want to live with you?*

Yes

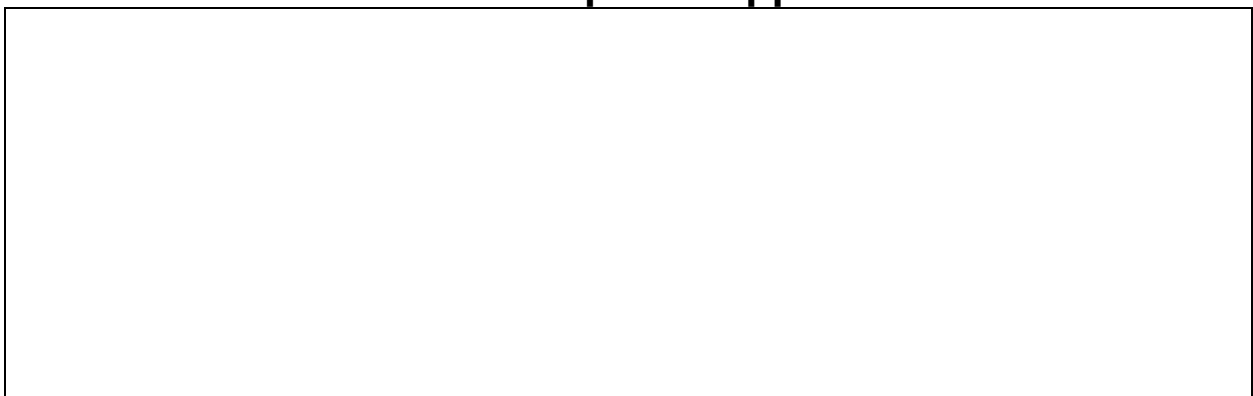
No

- You have answered all the questions as fully as possible.
- You have answered all of the mandatory questions (marked with an '*'). If you have not answered all of the mandatory questions, your application will be returned to you and will not be processed.
- You have supplied any additional information requested on the application form. Until this is received your application will not be processed

- You may be asked to provide further information by your local housing team once they have received your application form. For example, proof that you have received a Notice to Quit from a landlord if appropriate. Until all requested information is received your application will not be processed
- Attached any additional sheets securely
- Made it clear which question(s) any information provided on additional sheets relates to

Please note that it is a criminal offence to either make a false statement, or to deliberately withhold information in order to seek housing through Devon Home Choice.

Please return the completed application form to:



You will receive confirmation of your Devon Home Choice application within 10 working days of providing all of the required information.

Devon Home Choice is a partnership between:

Colebrook Housing Association	Red Devon Housing
Cornerstone	Riviera Housing Trust
Dartington Housing Association	Sanctuary Housing Association
Devon and Cornwall H.A	Sarsen Housing Association
Devon Community Housing Society	Signpost Housing Association
East Devon District Council	South Hams District Council
Exeter City Council	South Western Housing Society
Falcon Rural Housing Ltd	Sovereign South & West
Guinness Trust	Stonham Housing Association
Hanover Housing Society	Tamar Housing Society
Hastoe Housing Association Ltd	Tarka Housing Limited
Housing 21	Teachers' Housing Association
Jephson Housing Association	Teign Housing
Magna Housing Group	Teignbridge District Council
Methodist Homes	Torbay Council
Mid Devon District Council	Tor Homes
North Devon Council	Torridge District Council
North Devon Homes	Westcountry Housing Association
Orbit Group	West Devon Borough Council
Plymouth City Council	West Devon Homes Limited
Plymouth Community Homes	Western Challenge H.A
Raglan Housing	William Sutton H.A
Redland Housing Association	