

**For Office Use Only**

Name

Application  
Date

Reg. No.

**SITE WAITING LIST APPLICATION**

**You should complete this form if you wish to apply for a Plot at Hever Road, Edenbridge.** (There are also Caravan Sites managed by Kent County Council – applications for these Sites should be made through the Kent County Council).

**Our Role**

**Hever Road Site is managed by Sevenoaks District Council and provides accommodation for Gypsies/Travellers.**

**Our Commitment To You**

We will treat you in a friendly, courteous and professional manner. In particular we will:

- Acknowledge completed Site Waiting List Applications, and respond to correspondence within 10 days from date of receipt.
- Make a decision and advise you in writing on your suitability for the Waiting List within 21 days from the date of receipt.
- Provide information in plain language.

**Who can go on the Site Waiting List**

To apply to be a licensee, you need to be all of these :-

- At least 16 years old.
- A Gypsy or Traveller, either by ethnic group or under the current legal definition.
- Not “intentionally homeless” under the Housing Act 1996.

**Restrictions**

We currently run a waiting list for Hever Road Site as the number of applicants exceed the number of plots that become available for re allocation.

This is to achieve a balance between meeting accommodation needs and ensuring that the quality of life on the site is not detrimentally affected.

**Unacceptable Behaviour**

The Register & Allocations Policy will take account of any unacceptable behaviour of an applicant or any member of their household. If there is current or historical evidence of unacceptable behaviour, then this will make an applicant unsuitable to be a licensee and their application will be withdrawn from the RAP process.

Unacceptable behaviour by an applicant or a member of their household does include a history of rent or licence arrears, violence, anti social behaviour which is serious enough to make a person unsuitable or threatening behaviour.

Examples of exclusions could be where an applicant or a member of their household, has:

- Relevant convictions for violent or other serious offence(s).
- Relevant convictions for drug use or drug dealing.
- Used threatening language or behaviour to any officer of the Council.
- Been subject to an injunction order for violent behaviour in the past three years.
- Behaved in an anti-social manner toward neighbours.
- Supplied false or misleading information when making a Site Waiting List application.
- Deliberately worsened their housing situation without reasonable cause.
- The applicant, or a member of their household, has property which they can reasonably be expected to occupy.

**It is important that you provide accurate information and answer all questions. Should you need help in completing the form, please go to the local Citizens Advice Bureau at 68 High Street, Edenbridge or the Council Offices, Argyle Road, Sevenoaks (by the traffic lights)**

## You and Your Family

### DETAILS OF YOUR HOUSEHOLD

Your household includes **you** and **everybody who will be living with you (including expected children)**. Please provide proof of pregnancy where relevant. You may be asked to provide evidence that you live together as a household (e.g. child benefit book, income support details, electoral register). **Only those listed will be allowed to live on the Site.**

**PLEASE NOTE :- Each Question Must be answered.**

| Title<br>Mr<br>Mrs<br>Ms<br>Miss | Surname | First Names | Joint Application | Date of Birth | Regular School Attendance | Are you a Gypsy | Relationship to Applicant |
|----------------------------------|---------|-------------|-------------------|---------------|---------------------------|-----------------|---------------------------|
|                                  |         |             | No                |               | No                        | Yes/No          | Applicant                 |
|                                  |         |             | Yes/No            |               | Yes/No                    | Yes/No          |                           |
|                                  |         |             | Yes/No            |               | Yes/No                    | Yes/No          |                           |
|                                  |         |             | Yes/No            |               | Yes/No                    | Yes/No          |                           |
|                                  |         |             | Yes/No            |               | Yes/No                    | Yes/No          |                           |
|                                  |         |             | Yes/No            |               | Yes/No                    | Yes/No          |                           |
|                                  |         |             | Yes/No            |               | Yes/No                    | Yes/No          |                           |
|                                  |         |             | Yes/No            |               | Yes/No                    | Yes/No          |                           |

### IF CHILDREN AT SCHOOL – WHERE DO THEY GO TO SCHOOL

| Childs name | School Attended | How Long at School | School Phone Number |
|-------------|-----------------|--------------------|---------------------|
|             |                 |                    |                     |
|             |                 |                    |                     |
|             |                 |                    |                     |
|             |                 |                    |                     |

**WHERE DO YOU LIVE AT THE MOMENT**

If you are of no fixed abode, please give postal address where letters may be sent (this is important in case we need to contact you).

|                                      |
|--------------------------------------|
| Address                              |
|                                      |
|                                      |
|                                      |
| Telephone Number (Include Mobile No) |
|                                      |

How long have you lived at this address

**DO YOU HAVE ANY PETS**

Do you have any pets which you would like to take with you      YES       NO

If YES please give details

**ARE YOU OR JOINT APPLICANT IN REGULAR EMPLOYMENT**

**YOU**      YES       NO

| Employer/Company Name | Employer/Company Address | Employer/Company Telephone Number | How Long Have You Worked There |
|-----------------------|--------------------------|-----------------------------------|--------------------------------|
|                       |                          |                                   |                                |

**JOINT APPLICANT**      YES       NO

| Employer/Company Name | Employer/Company Address | Employer/Company Telephone Number | How Long Have You Worked There |
|-----------------------|--------------------------|-----------------------------------|--------------------------------|
|                       |                          |                                   |                                |

**IS THE PROPERTY WHERE YOU LIVE** (tick one square)

a)      A caravan you own on a private Site      YES / NO

b)      A caravan you rent on a private Site      YES / NO

IF YES TO a) or b) – Who owns the site

c)      A caravan you own on a Council site      YES / NO

- |           |  |          |
|-----------|--|----------|
| <b>d)</b> | A caravan you rent on a Council Site                         | YES / NO |
| <b>e)</b> | A caravan you own on an unauthorised encampment              | YES / NO |
| <b>f)</b> | A caravan you rent on an unauthorised encampment             | YES / NO |
| <b>g)</b> | Privately tented accommodation                               | YES / NO |
| <b>h)</b> | Owner occupied house   | YES / NO |
| <b>i)</b> | Council rented accommodation                                 | YES / NO |
| <b>j)</b> | Tied accommodation   | YES / NO |
| <b>k)</b> | Accommodation owned by a friend who is allowing you to share | YES / NO |
| <b>l)</b> | Accommodation owned by family who are allowing you to share  | YES / NO |
| <b>m)</b> | Other (please specify)                                       |          |

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**YOUR LANDLORD(S)**

If you rent your present house, mobile home and/or plot, please provide details of your current landlord and a copy of your tenancy agreement, rent book or licence agreement.

**House**

|                    |
|--------------------|
| Landlord's name    |
| Landlord's address |

**Mobile Home**

|                    |
|--------------------|
| Landlord's name    |
| Landlord's address |

**Plot**

|                    |
|--------------------|
| Landlord's name    |
| Landlord's address |

## YOUR RELATIVES AND WHERE THEY LIVE

Do you have close family connections on the Site(s) you have applied for. Please provide details of your close family (parents, brothers, sisters, children, grandparents etc.)

| Name | Address | Relationship |
|------|---------|--------------|
|      |         |              |
|      |         |              |
|      |         |              |
|      |         |              |
|      |         |              |
|      |         |              |

## NATIONAL INSURANCE NUMBERS

Your National Insurance Number

|  |  |  |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|--|--|
|  |  |  |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|--|--|

Your Partner's National Insurance Number

|  |  |  |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|--|--|
|  |  |  |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|--|--|

## WHERE YOU LIVE NOW

### CURRENT ACCOMMODATION

Are there any problems with your current accommodation which you would like to be taken into account when your application is considered?

- |                                       |                          |                     |                          |
|---------------------------------------|--------------------------|---------------------|--------------------------|
| a) Leaking roof                       | <input type="checkbox"/> | b) Lack of heating  | <input type="checkbox"/> |
| c) Faulty wiring                      | <input type="checkbox"/> | c) Damp walls       | <input type="checkbox"/> |
| e) Rotting windows, doors or floors   | <input type="checkbox"/> | f) Rain penetration | <input type="checkbox"/> |
| g) Inadequate lighting or ventilation | <input type="checkbox"/> |                     |                          |

h) Other (please specify)

|  |
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|  |
|--|

**ARE YOU BEING MADE TO LEAVE?**

Have you been served with a notice seeking possession or a Notice to Quit? YES  NO

If YES, please state reason(s) why you are required to vacate the accommodation

If you must leave your home give date when you must leave it by

**WHERE YOU HAVE LIVED IN THE PAST**

**RECENT ADDRESS**

Where have you and your partner lived for the last 5 years?

| Address | Landlord | Dates | Why you left |
|---------|----------|-------|--------------|
|         |          |       |              |
|         |          |       |              |
|         |          |       |              |

**PREVIOUS APPLICATIONS**

Have you applied to the Gypsy Unit, or other housing providers in the last 5 years?

YES  NO

If YES please give details

|  |
|--|
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## PREVIOUS TENANCIES

Have you, or any member of your household been a Site, Council or Housing Association tenant in the past 5 years?

YES  NO

If **YES** – please provide details

| Name | Address | Site/Council/ Housing Assoc | Dates |
|------|---------|-----------------------------|-------|
|      |         |                             |       |
|      |         |                             |       |
|      |         |                             |       |
|      |         |                             |       |
|      |         |                             |       |

## OTHER PROPERTY

Do you own, part own or lease a property, other than your present accommodation?

YES  NO

If **YES** please give details

|         |
|---------|
| Address |
|         |

## MEDICAL AND WELFARE

You must complete a medical assessment form if you, or any member of your household, have a medical condition(s) which is adversely affected by your current accommodation. Your application will then be considered by an independent advisor to decide whether or not site accommodation would be suitable (it follows that you should consider whether a move to a Site would aggravate any medical condition you have).

## MEDICAL CONDITION

Do you, or any member of your household have a medical condition which is adversely affected by your current accommodation?

YES  NO

If **YES** please give details

|         |
|---------|
| Address |
|         |

## WELFARE PRIORITY

You must provide evidence of circumstances if you think you are eligible for welfare priority because you, or members of your household are experiencing social /welfare difficulties. Your application will be assessed by Council staff and independent advisors who will decide whether or not you should be treated as welfare priority. This may apply if you, or a member of your household:

- Need to move to give or receive care
- Are experiencing harassment at your current address

If you think you are eligible, please provide details

Please provide the following details where appropriate

|                   | Name | Address | Telephone |
|-------------------|------|---------|-----------|
| Social Worker     |      |         |           |
| Doctor            |      |         |           |
| Probation Officer |      |         |           |
| Solicitor         |      |         |           |

### Behaviour

Have you or a member of your household:

Been convicted of violence

Been convicted of drug use

Been convicted of drug dealing

Used threatening language to an Officer of the Council

Demonstrated threatening behaviour to an Officer of the Council

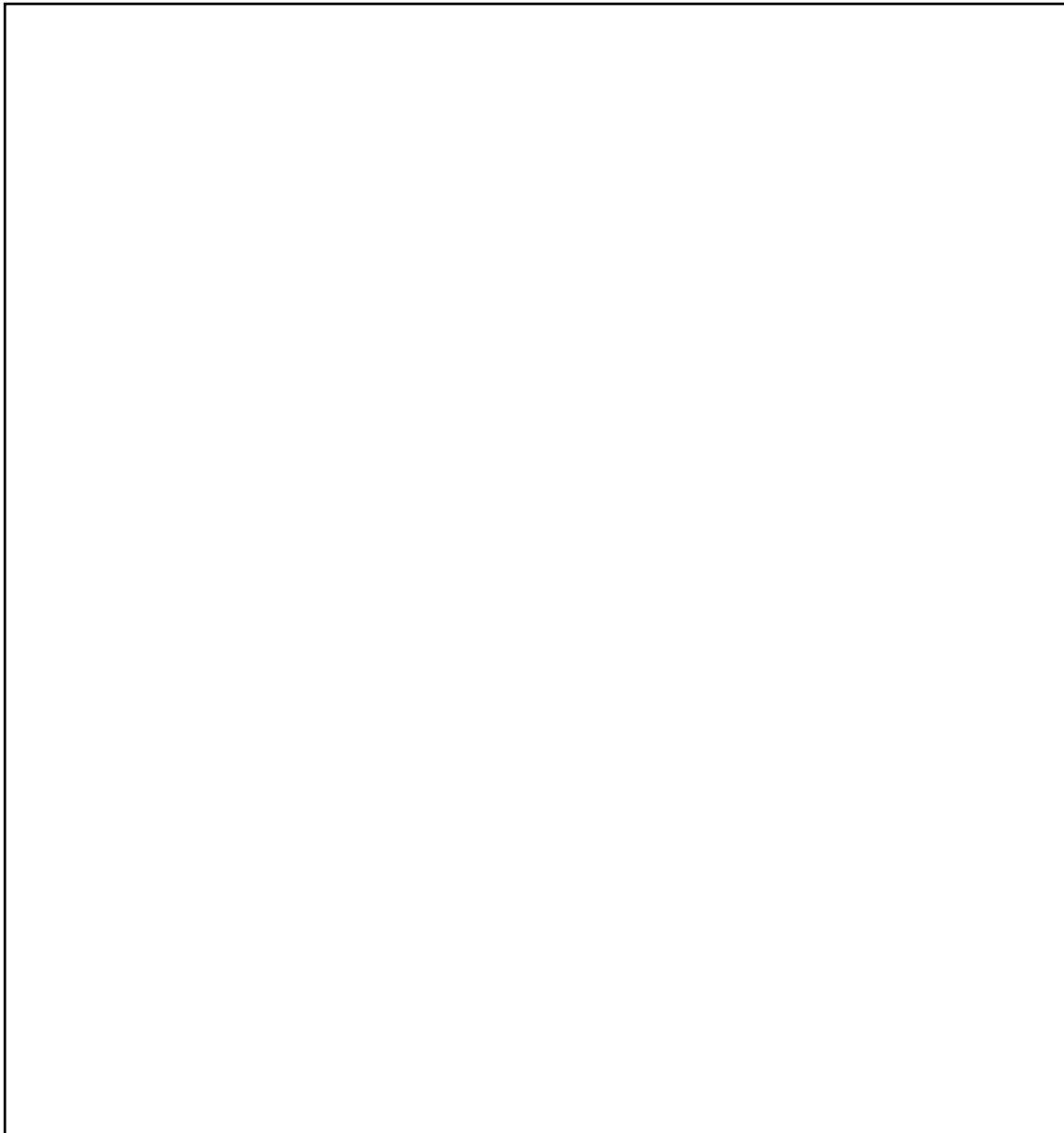
Been subject to an injunction for threatening behaviour

Behaved in an anti-social way towards neighbours

**Please Provide Details**

**OTHER INFORMATION**

**Is there anything else you would like to tell us about your accommodation needs?**

A large, empty rectangular box with a black border, intended for the user to provide additional information regarding their accommodation needs.

## FAIR HOUSING

Sevenoaks District Council wants to make sure that all applicants have a fair chance of being offered accommodation.

### Declaration

All of the replies I have given on this form are true to the best of my knowledge. I understand that any false or misleading information may lead to prosecution for a criminal offence and may result in eviction from any accommodation allocated.

I understand that, with the exception of medical details, any information given by me will be placed on the Waiting List computer and may be:

Used by any part of the Council in performing its functions  
and  
Passed to other social housing agencies.

### Authorisation

I agree that enquiries may be made of any present and previous landlords and any relevant agencies, including Police records, who may be able to help in those investigations and that a photocopy of this authorisation may be used in those circumstances.

I also understand that the information obtained by this method will be treated as confidential provided that I have not tried to mislead or withhold information which is required to verify the Unit's accommodation procedures.

Signed (Applicant)

Date

Signed (joint applicant)

Date

**Please return this form to:**

Sevenoaks District Council  
PO BOX 182  
Argyle Road  
Sevenoaks  
Kent TN13 1GP

