



Cumbria Choice

Choice Based Lettings

GARAGE APPLICATION FORM

Applying to Cumbria Choice

The Cumbria Choice scheme covers the allocation of properties located in the following District Authorities; Allerdale, Barrow, Carlisle, Copeland, Eden and South Lakeland.

The scheme will cover the allocation of properties owned and managed by the following partners of Cumbria Choice; Accent Foundation, Derwent and Solway, Eden Housing, Home Group, Impact Housing, Riverside, Two Castles, South Lakes Housing is included; this is the arms length management organisation for South Lakeland Council.

You only need to complete one form to apply for a garage in any of the areas with any of the providers listed.

PLEASE READ AND SIGN THE BOX TO AGREE TO THESE STATEMENTS

I/We have made an application for a garage to the Cumbria Choice scheme under the terms of the 1996 Housing Act (Part 6).

I/We give permission for Cumbria Choice to share information contained in this application and contact any other Local Authority, housing provider, agency or individual to carry out investigations into my/our circumstances e.g. private landlord, Doctor, Probation Officer, Police, Social Services.

I/We authorise Cumbria Choice to cross check or share information given on this form with appropriate sections of the 6 District Councils or local Housing Associations, or, in order to provide statistical information to the Government.

All information is treated in the strictest confidence and is protected under the Data Protection Act 1998.

APPLICANT 1 = YOU

Signed: _____

Print name: _____

Date: _____

Administration

Which housing organisation do you want to manage your application form? (the organisation you choose will hold your application, will be responsible for sending out any letters to you and will make decisions about your application):

- | | | |
|--|---|--|
| <input type="checkbox"/> Accent Foundation | <input type="checkbox"/> Barrow Borough Council | <input type="checkbox"/> Derwent & Solway |
| <input type="checkbox"/> Eden Housing | <input type="checkbox"/> Home Group | <input type="checkbox"/> Impact Housing |
| <input type="checkbox"/> Riverside | <input type="checkbox"/> Two Castles | <input type="checkbox"/> South Lakes Housing |

In which Local Authority area do you live? If you do not live in Cumbria tick the Local Authority area you want to rent a garage in:

- | | | |
|--|---|--|
| <input type="checkbox"/> Allerdale Borough Council | <input type="checkbox"/> Barrow Borough Council | <input type="checkbox"/> Carlisle City Council |
| <input type="checkbox"/> Copeland Borough Council | <input type="checkbox"/> Eden District Council | <input type="checkbox"/> South Lakeland District Council |

About You

Address:

 <hr/> <hr/> <hr/>

Postcode:

Telephone No:

Date of Birth:

 / /

Are you employed in the Cumbria area?

YES NO

Employment Status:

- | | |
|--------------------------------------|--------------------------|
| Full time employment | <input type="checkbox"/> |
| Part time employment | <input type="checkbox"/> |
| Self-employed | <input type="checkbox"/> |
| On government supported training | <input type="checkbox"/> |
| Unemployed and seeking work | <input type="checkbox"/> |
| Retired from work | <input type="checkbox"/> |
| Full-time education | <input type="checkbox"/> |
| Carer, looking after family | <input type="checkbox"/> |
| Long term illness and unable to work | <input type="checkbox"/> |
| Prefer not to say | <input type="checkbox"/> |

Are you or any member of your household employed, or related to an employee, Board member, Councillor or Committee Member of the Cumbria Choice Scheme?

YES NO

Are you a tenant with a council or housing association?

YES NO

Do you already rent a garage from the council?

YES NO

(If yes provide address details below)

Which areas are you interested in renting a garage in?

Why do you wish to rent a garage?

The information I have given on this form is accurate to the best of my knowledge and belief and I agree to inform Cumbria Choice of any changes to my circumstances.

APPLICANT 1

SIGNED: _____

PRINT NAME: _____

DATE: _____

Has this form been filled in by someone on your behalf?

YES NO

Name of person: _____

Relationship to applicant: _____