Office use only

Application No.	Review Yes/No	Registration Date



GYPSY ROMA AND TRAVELLERS SITE WAITING LIST - APPLICATION FORM

Completion of this form **does not** guarantee that you will be entered onto the Gypsy or Traveller pitch waiting list or be made an offer of a pitch.

It is important that you provide accurate information and answer all questions. If you do not provide all the information and requested evidence we need, we may not be able to register your application OR we may not be able to award you the banding to which you may be entitled.

If you provide false information, your application will be void and will be returned to you.

Place a tick in the	e appropriate box(es)
James Street Sir Water Lane, Clif Outgang Lane, C	ton Site
Name of Applica	ant
Mr/Mrs/Miss/Ms	
Last name	
First name(s)	
Date of Birth	
National Insuranc	ce Number
Contact Telephor	ne Number

Which site or sites would you like to apply for?

Family Members who will be living with you. You may be asked to provide evidence that you live together as a household (e.g. proof of child benefit, Income Support etc.) *If you are offered a pitch, only those listed on your application will be allowed to move on, if there are any changes please let us know as soon as possible.*

Surname	First Name(s)	Date of Birth	Relationship to Applicant	Name & Place of School
			'	
Do you own any p	ets that you would lil	ke to move with yo	ou? If so please give do	etails -
			ogs per pitch, so you wi	•
			ogs per pitch, so you wi see policy for further d	•
comply with this if	your application is s		• • •	•
comply with this if Where do you live		uccessful. <i>Pl</i> ease	• • •	•
comply with this if Where do you live	your application is see at the moment?	uccessful. <i>Pl</i> ease	• • •	•
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Where do you live Provide current ad How long have you Is it: Side of road /illega	your application is s e at the moment? Idress and postcode u lived here?	uccessful. Please	see policy for further d	•
comply with this if Where do you live	e at the moment? Idress and postcode u lived here? al encampment ly pitch on a site	uccessful. Please	ends / family house a pitch in another town	•
Where do you live Provide current ad How long have you list: Side of road /illega With friends / famil lllegal trespass on	e at the moment? Idress and postcode u lived here? al encampment ly pitch on a site	Parked at fri	ends / family house a pitch in another town details)	•
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About your current home - what type of home do you live in now?

Please tick any box that applies

Type of	Floor level
accommodation	
House	
Flat	
Maisonette	
Mobile	Not applicable
home/Caravan	
Static Caravan	Not applicable
Bungalow	Not applicable
Room/s in a house	
Bed-sit	
Hostel	
Bed and Breakfast	
Other (please specify)	

Do you...

Own the property	
Own the caravan	
Rent the property	
Rent the caravan	
Live with other people in their	
home/caravan	
Live with relatives in their	
home/caravan	
Accommodation tied to your work	
Other (please specify below)	

If you rent your home/caravan pitch...

Please give name, address and telephone number of your current landlord/owner.

o and temperature manner or your carrier and an entre
Weekly/ four weekly/ monthly
£
ction been taken against as a result of your arrears?
een taken against for nuisance or anti-social behaviour?
been taken and when?

If you own a house ...

1				
Approximately how much is your home worth?				
If you have a mortgage, approximately how much do you owe?				
What are your monthly mortgage payments?				
Are you in arrears				
with your mortgage?				
If yes, what action has been taken?				

	If yes, what is the value?						
If you have a mortgage on the property how much do you owe?							
Why don't you live there?							
Is	your home in need of	f repair, i	f yes ple	ease give deta	nils.		
		•					
					es (this needs to cover address's in last 5 yea		
					ease give details sepa		y cure.
	Address	Date from	Date to	Type of accommo dation	Landlord details	No. of Years There	Reason for leaving
1							
2							
3							
Employment Details Please provide details of your employment. Also list the employment of family members living							
WII	h you.						

Benefits Are you/your p	artner cu	rrently	daimii claimii	ng:-					
Jobseekers All Income Suppo Employment S Child Benefit Housing Benef	rt upport Al	llowan	ce						
How many far following roo	•			people	you want to be	house	ed with)	share each of	the
	Relative	<u> </u>	Non re	elatives	Other parties				
Kitchen									
Bathroom									
Cooking facilities									
available to yo	ou and th	ne ped	ople yo	u want	e is like. Tell us to be housed w ed with you got a	ith you	l .		
	163	only	avan	140			163	in oaravan omy	INO
Kitchen					Hot water suppl	ly			
bath/shower					Mains water sup	,			
Cooking					Out/inside toilet	•			
facilities Wash hand					Llaatina		Yes	If you Dowt on	No
basin/sink					Heating		res	If yes Part or Full	No
If you have not been for?	got acce	ess to	running	water,	fixed WC and wa	ash han	d basis	how long has th	nis
Do you have t	o leave t	his a	ccomm	odation	n/area for any re	eason?			
Yes									
If yes, please p	orovide de	etails -	_						

I V 00 I	No
Yes	NO
Please give name and address of family on site	
Theade give name and address of family on site	
How long have they lived on site	
Are you on the waiting list for a pitch in anot	
Yes	No
No. 20 of A. de 26	
Name of Authority	· · · · · · · · · · · · · · · · · · ·
Connection with York	
Connection with York	igible for bousing. If you do not live in Verk at the
	igible for housing. If you do not live in York at the
moment but do have a connection with the city p	nease state below what that connection is.
Do you or a member of your household have inform us of?	a medical condition/special needs you wish to
If was places provide full details	
If yes please provide full details	
If yes please provide full details	
If yes please provide full details	
If yes please provide full details	
If yes please provide full details	
If yes please provide full details	
If yes please provide full details	
If yes please provide full details	
If yes please provide full details	
If yes please provide full details	
If yes please provide full details	
If yes please provide full details	
	s about your accommodation needs in support
Is there anything else you would like to tell u	s about your accommodation needs in support
Is there anything else you would like to tell u	s about your accommodation needs in support
Is there anything else you would like to tell u	s about your accommodation needs in support
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Is there anything else you would like to tell u	s about your accommodation needs in support
Is there anything else you would like to tell u	s about your accommodation needs in support

Criminal Convictions

If you, or any member of your household, has an unspent conviction for a criminal offence you need to tell us about it

We do not need information of your offence if it has been spent under the Rehabilitation of

Offenders Act 1974. A Conviction is spent once the rehabilitation periods had ended. Some sentences are excluded from rehabilitation and are therefore never classed as spent. Do you or anyone to be accommodated with you, have an unspent conviction for a criminal offence? Yes No Don't know If you or a member of your household has a probation officer, please provide their details below:-Name: Telephone Number: Contact Address: ________ **Connections** Do you, or any of your household, work for the City of York Council? Yes No If yes, please give details: Job Title Employer Name Are you, or any member of your household, related to any committee member, or member of staff at the City of York Council? Yes No If yes, please give details: Name Relationship to you

Data Protection and Your Application

City of York Council will use the personal data you provide in this form for the purpose of deciding your application to register your accommodation need and for the proper management of the Council's Gypsy & Travellers sites. We may disclose this information to other Council departments, the Police, the Department of Work and Pensions and any other person or body the Council feels is reasonably necessary for the processing of this application, the protection of any person, the prevention or detection of any crime or the carrying out by the Council of any of it's statutory functions.

We will not discuss the details of your application with anyone else without your permission.

Nominated Contact

Would you like to nominate someone who can contact us on your behalf to discuss your application? Yes/No

Would you like this person to receive all correspondence relating to your application, rather than sending to you? Yes/No

If yes to either please give the person's details :-

Name:	Telephone Number:
Address:	
Relationship to you:	

IMPORTANT

Declaration and Authorisation

Please read this declaration carefully then sign it.

If you are applying jointly please give both signatures.

I declare that the information I have given on this form is correct and complete.

I agree to City of York Council sharing details of my application with any relevant agency on a confidential basis. I understand that information may be shared with City of York Council so that we can improve access to our services.

I agree that City of York Council may obtain any relevant information about me from other relevant agencies. I understand that relevant agencies may include, but are not limited to, any police force, previous landlords, the probation service and other Council departments.

I understand that City of York Council will undertake checks to verify the information I/we have given is correct.

I understand that if I supply false or incomplete information or if I fail to notify you of any relevant change of circumstances, I may be guilty of an offence.

I understand that if my behaviour is deemed to be unacceptable due to non-payment of rent or other housing debts, anti-social behaviour or wilful damage or neglect to a property of which I have been a tenant/licence holder, then my application may be down-banded or removed from the pitch waiting list.

I understand that the Council is, by law, entitled to take action to end any pitch licence I may be given as a result of a result of a false statement made by me or another person acting on my behalf.

I understand that this application will be cancelled if I am re-housed by the Council or allocated a pitch licence.

Signature of applicant/s:		
		Date:
This form should be returned to:		
Travellers Support Worker Ordnance Lane Hostel Fulford Road York	or	Housing Options Admin Team West Offices Station Rise York

YO1 6GA

YO10 4DY

Equality of Access

We are committed to giving everyone equality of access and service regardless of their race, colour, ethnic origin, religion, gender, physical disability, sexual orientation or mental status. To make sure that our equal opportunities policy is carried out, we would like you to answer the following questions. However, if you do not wish to do so it will not affect your application for housing in any way.

I would describe myself as being:

White				
British				
Irish				
Any other				
White				
background				
(please specify)				
Mixed Race				
White and Blac				
White and Black African				
White and Asian				
Any other				
Mixed				
background				
(please specify) Asian or Asian	British			
Indian	BHUSH			
Pakistani				
Bangladeshi				
Any other Asian				
background (please specify)				
Black or Black British Caribbean				
African				
Any other				
Black				
background				
(please specify)				
Other Ethnic G	oups			
Chinese				
Traveller				
Any other				
ethnic				
background				
(please specify)				

I am Male	I am Female	