

**FOR CO-OP USE ONLY**

FORM RECEIVED: \_\_\_\_\_ PLACEMENTS ATTENDED: \_\_\_\_\_ . \_\_\_\_\_ . \_\_\_\_\_

# Sanford

Housing Co-operative Ltd.

The Office, 11 Sanford Walk, New Cross, London. SE14 6NB.  
Tel: 020-8692-7316 Fax: 020-8694-6461

## Application for Membership to Sanford Housing Co-operative Ltd.

Sanford Co-op owns and manages the whole of Sanford Walk. The housing that we offer consists of 127 single rooms in 14 shared houses. We actively seek applicants from all sections of the community who wish to live in a co-operative environment, regardless of gender, ethnic origin, sexuality or disability.

Applicants must be aged 18 or over and have a UK National Insurance number. Unfortunately, we do not have provision for wheelchair access or dogs and as Sanford is also a single person's co-operative, we can not house families or children.

Please ensure that you do not leave any question blank or unanswered. If for any reason, you need some help filling in the form, please contact the Sanford office | during office hours. If you need more space to answer any question please continue on a separate sheet of paper. Any forms that are incomplete or unreadable will be rejected and your application for Co-op membership will be cancelled.

Please note that completion of this application form does not constitute an offer for housing. When you have completed the form please send it to the Sanford Office address.

### PERSONAL DETAILS

Male  Female

Name.....

#### NEXT OF KIN

Address.....

Name.....

.....

Address.....

.....

.....

Postcode.....

.....

Date of Birth.....

Postcode.....

Telephone Day-time.....

Telephone.....

Telephone Evening.....

Relationship to you.....

Mobile.....

.....

• Your UK National Insurance number.....

(If you don't have a N. I. number, you will need to prove that you have a guaranteed income)

This page will be removed from the rest of the form after vetting, to protect the personal details of the applicant and their referees

# REFERENCES

- Please give the details of two people that can give you a reference

If possible give one personal reference and one professional

Name.....	Name.....
Address.....	Address.....
Postcode.....	Postcode.....
Telephone.....	Telephone.....
Relationship to you.....	Relationship to you.....

- If you are familiar with Sanford Co-op, is there anyone currently living here who is able to give you a personal reference? .....

(No prejudice will be applied if you aren't able to give a co-op member as a reference)

PLEASE GO ON TO THE NEXT PAGE WHEN YOU HAVE COMPLETED THE REST OF THE FORM  
.....PLEASE RETURN AND SIGN THE DECLARATION BELOW.....

## DECLARATION

I hereby declare that to the best of my knowledge the above information is true and accurate.  
I agree that officers of Sanford Housing Co-operative may approach my referees for references.

I understand that should any information be found to be incorrect or falsified in anyway, my application or any successful subsequent tenancy will be terminated.

Signed..... Date.....

- Did anyone help you filling in this form? Yes  No

If Yes, please state who they were and why you needed their help

- We monitor our membership procedures. Please can you help us by explaining any problems you had when completing this form.....

This page will be removed from the rest of the form after vetting, to protect the personal details of the applicant and their referees

# ABOUT YOU

• PLEASE WRITE YOUR NAME HERE.....

• What is your first language? .....

Members of the co-op may be able to interpret for you at interviews if English is not your first language or you may bring your own interpreter.

• How would you describe yourself? .....

• Please use this space to tell us about yourself, your interests, hobbies, life-style, etc.

• Types of employment you've had in the past

• Do you have any experience of voluntary or community work?

• Are there any political, spiritual, or global issues that especially interest you?

• What are your future plans?

# ABOUT YOUR HOUSING

What is your present housing situation?

Please tick the box that best describes your current housing situation:

Private Rented Accommodation

Family

Halls of Residence

Friends

Bed & Breakfast

Squatting

Hostel or Night Shelter

Sleeping Rough

Other (please give details)

Co-op or community

• How did you hear about Sanford?.....

• In addition to Sanford, have you applied for or been referred to, any other organization providing accommodation? Please name them.

• Why do you want to leave your present accommodation?

• Are there any special circumstances that you feel we should take into consideration in assessing your need for housing? Please specify your reasons.

• What do you consider to be a good housing solution for you, in the long or medium term?

• What types of accommodation have you lived in over the last 4 or 5 years?

• How many times have you moved home in the last 4 or 5 years?.....

• Have you ever had to leave previous accommodation because you had difficulties paying the rent?

Yes  No  If Yes, please give details.....

# CO-OPS & SHARED ACCOMMODATION

• Why do you want to live in a housing co-op?

.....  
.....

• What skills, experience and personal Qualities do you have to assist and support your application for membership to Sanford Housing Co-op?

.....  
.....  
.....

• Have you ever lived at Sanford Co-op in the past? Yes  No  If Yes, when?

• How often have you visited the Co-op? Please tick the most appropriate box:

Never  Once or twice  A few times  Occasionally  Regularly

• Which houses or members do you visit?.....

.....

• Please describe your experience (if any) of living in shared accommodation, co-ops or communities:.....

.....  
.....  
.....  
.....

• Please list some of your positive and negative experiences of shared accommodation.

• Positive aspects.....

.....  
.....

• Negative aspects.....

.....  
.....

• Please describe how you would deal with a negative situation within a shared house.

.....  
.....  
.....

• What social attitudes or behaviour do you consider to be unacceptable in shared housing?

.....  
.....  
.....

# FINANCIAL

• What is your current source of income?

Please tick the appropriate box:

- |                        |                          |                             |                          |                    |                          |
|------------------------|--------------------------|-----------------------------|--------------------------|--------------------|--------------------------|
| Full-time Employment   | <input type="checkbox"/> | Self Employed               | <input type="checkbox"/> | Student Loan/Grant | <input type="checkbox"/> |
| Part-time Employment   | <input type="checkbox"/> | Job Seekers Allowance       | <input type="checkbox"/> | Training           | <input type="checkbox"/> |
| Other (please specify) | <input type="checkbox"/> | Sickness/Disability Benefit | <input type="checkbox"/> | Income Support     | <input type="checkbox"/> |

• How do you intend to pay the rent?

- Are you willing to set up a Standing Order or Direct Debit to pay your rent? Yes  No

If you answered No, please give your reasons.....

- If you claim Housing Benefit are you willing to make payments direct to the Co-op? Yes  No

If you answered No, please give your reasons.....

THANK YOU FOR COMPLETING THE FORM, PLEASE GO BACK AND SIGN THE DECLARATION.

## FOR CO-OP USE ONLY

VETTING RESULTS: ACCEPTED  REJECTED

Initials:

- Please give reasons if application was not accepted:

MEMBERSHIP RESULTS: ACCEPTED  RE-INTERVIEW  REJECTED

Co-op members conducting the membership interview:

- If the applicant has not been accepted by the interview panel, please state the reasons: