



Application to Join
Glenkerry Co-operative Housing Association Limited

ANSWERING THE QUESTIONS

You must answer **all** questions. Any application with unanswered or incomplete questions will be returned to you for completion.

If you need to continue answers, use the back page or a separate sheet. You must ensure that all continued answers are clearly marked with the relevant Section name or Question number.

All information you give to us is strictly confidential. It is deemed to be sensitive personal data and therefore protected in accordance with the Data Protection Act. Any unsuccessful application will be kept for 12 months and thereafter shredded.

Please complete for all applicants. It should be noted that all those over the age of 18 must be joint lease holders unless members of the proposed leaseholder's family.

Please **return** completed pages 2 to 6 to the following address:

- ⤴ RSC, The Office, Glenkerry House, 98 Burcham Street, LONDON, E14 0SL
- ⤴ Don't forget that the application must be **signed by all intended leaseholders.**

Good luck!

Residents Selection Sub-Committee

PERSONAL DETAILS

GCHA Ref:

Address

Your current address, if this is less than three years give details of your previous address(es) on the back of the form to cover the required period.

	Applicant 1	Applicant 2
Email		
Tel. Home		

Employment History

Give details of your current work or, if you are a student, your studies and place of education. If you are not working, please state why below. This part of the form needs to cover the last five years and you should use the back of the form if you need to. Please clearly indicate whom we should approach for references.

	Applicant 1	Applicant 2
Name		
Work Address		
Post Code		
Tel. Work		
Tel. Mobile		
Over 18	Yes / No	Yes / No
NI number		
Job Title		
From (& To)		
Perm or Temp (how long)?		
Employer's Name		
Address		
Post Code		
Annual Salary	£	£

(continued)	Applicant 1	Applicant 2
Manager / Referee		
Their job title		
Their contact details		
Their E-mail		

Further or other information relating to employment or studies:

FINANCE

If you are invited to interview, you will be asked to bring documentary proof of your answers. Failure to provide this will result in rejection of your application.

SAVINGS

Please give details of all savings held by each applicant.

	Applicant 1	Applicant 2
Amount		

OUTGOINGS

Please complete the following as appropriate (on a MONTHLY basis):

Rent/Mortgage		
Council Tax		
Water Charges		
Electricity & Gas		
Household Insurance		
Credit Card(s), Personal Loans etc.		
Other outgoings		
TOTAL		

OTHER INFORMATION

(Delete inappropriate choices)

- ⤴ What size flat are you seeking? 1 bed / 2 bed / 3 bed / 4 bed

- ⤴ Does any applicant have any issues of disability that the Association should be aware of for either communication or if successful property allocation purposes?

⤴ Is anyone applying on any waiting lists for accommodation? YES / NO
(If yes, state which and for how long.)

How did you find out about GCHA? (If you know someone living in Glenkerry House personally, do not mention their name or personally identify them.)

Please detail your reasons for wishing to join the Association in the following three sections. The answers you give are **very important** in allowing the Residents Selection Sub-Committee to assess your application fully and fairly.

Q1 Why do you want to move from your current accommodation?

Q2 Why do you want to live in Glenkerry House?

Q3 Skills or experience you will bring to and use for our co-operative

a) In what way do you feel you can assist in the running of the Co-operative?

b) Please describe at least one experience of voluntary work for an organisation.

c) Can you give at least one example of where you have worked co-operatively with others to deliver a positive outcome?

Q4 Are there any other persons/family members who would be living with you not identified in Section 1? (Please state their details and relationship.)

(Delete inappropriate choices.)

I/We wish to join this scheme.

I/We agree to abide by the rules of the Association.

I/We understand the Co-operative requires the active participation of members and agree that, if selected, **I/we** will perform duties appropriate to the Co-operative and our abilities.

I/We confirm that all details and statements above are correct and true.

Signature:

Date:

Name:

Signature:

Date:

Name: