



Housing Needs
P.O. Box 154
Shute End, Wokingham
Berkshire RG40 1WN
Tel: (0118) 974 6000
Fax: (0118) 974 6770
Minicom No: (0118) 9746991
DX: 33506 - Wokingham

Dear Applicant

**NEW HOUSING WAITING LIST APPLICATIONS**

To support your application please provide the following (**photocopies only**):

<b>PROOF OF IDENTITY</b> Please provide <u>any one</u> of these, per household member	Passport, per household member	
	Full Birth Certificate, per household member	
	Driving Licence, per household member	

<b>PROOF OF TENURE</b>	Mortgage Statements or Deeds for any owned property	
	Tenancy/Licence Agreement signed by all parties	

If you do not rent, or own a property, but live with family/friends please provide 2 bills/official letters to your home address	
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<b>PROOF OF INCOME</b> Please provide documents showing your <b>total household income</b> as shown on page 5 on the form	Wage slips (all applicants) if applicable	
	Benefit Entitlement Letter/s (main/joint applicant/s) if applicable	
	Pension Entitlement Letter/s (main/joint applicant/s) if applicable	
	Child Benefit letter ( <b>pages 1 and 2</b> ) if applicable	

<b>PROOF OF PREGNANCY</b>	MatB1 certificate from your GP/Midwife if applicable	
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<b>Extra Care Only</b>	Power of Attorney (copy of)	
<b>Extra Care Only</b>	Extra Care Self-Assessment (copy of)	
<b>Extra Care Only</b>	Dementia Diagnosis (confirmation of diagnosis)	
<b>Extra Care Only</b>	Care Plan (copy of)	

**If you do not provide the correct documentation, this will delay the processing of your application.**

Please mark each copy with your name and address as it appears on the application form.

**Please ensure you complete the form in full. If you do not, we will return it to you and this will delay your application.**

If you have any questions, please call the Housing Needs Team on 0118 974 6760.