



# **GUILDFORD PARTNERSHIP APPLICATION FOR HOUSING**

## **PLEASE ENSURE THAT:**

- ❖ **All questions have been fully answered**
- ❖ **The documents listed on page 18 are enclosed**

**ANY INCOMPLETE APPLICATIONS WILL  
BE RETURNED FOR COMPLETION**

**If you need any assistance, or have difficulty reading or writing, please contact the Housing Advice Centre on**

** Tel: 01483 444244**

A Transcript of this document can be provided for partially sighted people in large print. Please contact 01483 444244

## IMPORTANT - PLEASE READ BEFORE COMPLETING THE APPLICATION FORM

Guildford Borough Council is an Equal Opportunities employer. We are committed to a policy of equality and diversity in terms of age, gender, ethnic origin, disability, sexual orientation and religious belief.

You need to provide the following documents with your completed application form (copies are acceptable):

- ❖ Proof of identity for all household members who need to be rehoused with you in the future (e.g. passports, birth certificates - copies are acceptable, but originals will need to be seen prior to rehousing)
- ❖ Proof of your current address (e.g. recent gas or electricity bill), any documents you provide should not be from Guildford Borough Council
- ❖ Proof you no longer have a financial/legal interest in any previously owned properties and details of any equity received (e.g. completion statement)
- ❖ Evidence of your right to reside in the UK if you are NOT a British Citizen (e.g. passport and other relevant documents from the Home Office).

If supporting documentary evidence is not received with the application the application will be placed on hold. A letter will be sent to the applicant requiring them to provide the documentary evidence within 28 days of the date of the letter. Failure to provide the documentation will result in the rejection of the application. Once the documents are received your application will be assessed and placed in the appropriate band from the date the documents are received.

Prior to being offered a property you will be asked to provide further documents to support your application. The documents required will depend on your individual circumstances. You may provide us with these documents at any time during the life of the application. We suggest that the best times to provide this information are:

- ❖ When you return your completed application form
- ❖ If you attend a Housing options interview
- ❖ If you visit the Housing Advice Centre to seek advice
- ❖ When you return your Annual Renewal form
- ❖ If we arrange to visit you (Please note *we do not routinely undertake visits to applicants*)

**We strongly advise you not to send original documents in the post. However if you choose to do so please enclose a self-addressed pre-paid envelope for recorded or special delivery. Otherwise your documents will be returned by 2<sup>nd</sup> class post.**

## Your residence status in the UK

The Government does not allow everybody to apply for social housing. In order for us to assess your eligibility for inclusion on the Housing Register, please answer the following questions:

Are you a British National who is habitually resident in the UK?

Applicant Yes  No

Joint Applicant Yes  No

What Country is your current passport issued from?

Applicant

Joint Applicant

Are you a national of a European Economic Area (EEA) Country that joined the EEA on 1 May 2004? (Poland, Lithuania, Slovenia, Estonia, Latvia, Hungary, Czech Republic, Slovakia)

Applicant Yes  No

Joint Applicant Yes  No

Are you a national of either Bulgaria or Romania?

Applicant Yes  No

Joint Applicant Yes  No

Are you or is anyone included on your application seeking asylum in the UK?

Yes  No

If Yes, please give full details

Have you or anyone included in your application:-

Been granted refugee status by the Home Office Yes  No

Been granted exceptional leave to remain in the UK Yes  No

Been given indefinite leave to remain in the UK Yes  No

Being sponsored Yes  No

If none of the above, please state the type of visa issued to you \_\_\_\_\_

*Please note that you will be asked to provide proof of your immigration status and we may need to check your immigration status with the Home Office.*

## Equality Monitoring Information

Please complete the following information to allow us to monitor the needs of the community and make sure housing is accessible to everyone.

This information is used for monitoring purposes only and will be separated from this application.

If you do not wish to answer any of the questions, you have the option to refuse.

Office use only

What is your gender?	Applicant	Partner
Male	<input type="checkbox"/>	<input type="checkbox"/>
Female	<input type="checkbox"/>	<input type="checkbox"/>

Do you identify as transgender?	Applicant	Partner
For the purpose of this question "transgender" is defined as an individual who lives, or wants to live, in the gender opposite to that they were assigned at birth	<input type="checkbox"/>	<input type="checkbox"/>
I do not wish to answer	<input type="checkbox"/>	<input type="checkbox"/>

What is your sexual orientation?	Applicant	Partner
Heterosexual	<input type="checkbox"/>	<input type="checkbox"/>
Bisexual	<input type="checkbox"/>	<input type="checkbox"/>
Gay	<input type="checkbox"/>	<input type="checkbox"/>
Lesbian	<input type="checkbox"/>	<input type="checkbox"/>
I do not wish to answer	<input type="checkbox"/>	<input type="checkbox"/>

What is your age?	Applicant	Partner
Under 21	<input type="checkbox"/>	<input type="checkbox"/>
21 - 25	<input type="checkbox"/>	<input type="checkbox"/>
26 - 44	<input type="checkbox"/>	<input type="checkbox"/>
45 - 64	<input type="checkbox"/>	<input type="checkbox"/>
65 -74	<input type="checkbox"/>	<input type="checkbox"/>
75 or over	<input type="checkbox"/>	<input type="checkbox"/>
I do not wish to answer	<input type="checkbox"/>	<input type="checkbox"/>

How would you describe your ethnic origin?

White	Applicant	Partner
British	<input type="checkbox"/>	<input type="checkbox"/>
Irish	<input type="checkbox"/>	<input type="checkbox"/>
White other	<input type="checkbox"/>	<input type="checkbox"/>
(Please state)	_____	_____

<b>Mixed Race</b>	<b>Applicant</b>	<b>Partner</b>
White and Asian	<input type="checkbox"/>	<input type="checkbox"/>
White and Black African	<input type="checkbox"/>	<input type="checkbox"/>
White and Black Caribbean	<input type="checkbox"/>	<input type="checkbox"/>
Other mixed	<input type="checkbox"/>	<input type="checkbox"/>
(Please state)	_____	_____

<b>Asian or Asian British</b>	<b>Applicant</b>	<b>Partner</b>
Bangladeshi	<input type="checkbox"/>	<input type="checkbox"/>
Indian	<input type="checkbox"/>	<input type="checkbox"/>
Pakistani	<input type="checkbox"/>	<input type="checkbox"/>
Other Asian background	<input type="checkbox"/>	<input type="checkbox"/>
(Please state)	_____	_____

<b>Black or Black British</b>	<b>Applicant</b>	<b>Partner</b>
African	<input type="checkbox"/>	<input type="checkbox"/>
Caribbean	<input type="checkbox"/>	<input type="checkbox"/>
Other Black background	<input type="checkbox"/>	<input type="checkbox"/>
(Please state)	_____	_____

<b>Chinese</b>	<b>Applicant</b>	<b>Partner</b>
Chinese	<input type="checkbox"/>	<input type="checkbox"/>
Other Southern Asian background	<input type="checkbox"/>	<input type="checkbox"/>
(Please state)	_____	_____

<b>Gypsy / Traveller</b>	<b>Applicant</b>	<b>Partner</b>
Romany Gypsy	<input type="checkbox"/>	<input type="checkbox"/>
Irish Traveller	<input type="checkbox"/>	<input type="checkbox"/>
Other	<input type="checkbox"/>	<input type="checkbox"/>
(Please state)	_____	_____

<b>Other Ethnic Origin</b>	<b>Applicant</b>	<b>Partner</b>
Other	<input type="checkbox"/>	<input type="checkbox"/>
(Please state)	_____	_____
I do not wish to answer	<input type="checkbox"/>	<input type="checkbox"/>

I do not wish to answer any of the above	<input type="checkbox"/>	<input type="checkbox"/>
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What is your Faith/Belief?	Applicant	Partner
Buddhist	<input type="checkbox"/>	<input type="checkbox"/>
Christian	<input type="checkbox"/>	<input type="checkbox"/>
Hindu	<input type="checkbox"/>	<input type="checkbox"/>
Jewish	<input type="checkbox"/>	<input type="checkbox"/>
Muslim	<input type="checkbox"/>	<input type="checkbox"/>
Sikh	<input type="checkbox"/>	<input type="checkbox"/>
Bahai	<input type="checkbox"/>	<input type="checkbox"/>
Jain	<input type="checkbox"/>	<input type="checkbox"/>
Rastafarian	<input type="checkbox"/>	<input type="checkbox"/>
No Faith or Belief	<input type="checkbox"/>	<input type="checkbox"/>
Other	<input type="checkbox"/>	<input type="checkbox"/>
(Please state)	_____	_____
I do not wish to answer	<input type="checkbox"/>	<input type="checkbox"/>

## Disability

The Disability Discrimination Act 1995 (DDA) defines a person as disabled if they have a physical or mental impairment, which has a substantial and long term effect (i.e. has lasted or is expected to last at least 12 months) on the person's ability to carry out normal day-to-day activities.

Do you consider yourself to have a disability according to the terms given in the DDA?	Applicant	Partner
Yes	<input type="checkbox"/>	<input type="checkbox"/>
No	<input type="checkbox"/>	<input type="checkbox"/>
I do not wish to answer	<input type="checkbox"/>	<input type="checkbox"/>

If you have answered **yes**, please indicate the type of impairment which applies to you. If you experience more than one type of impairment, please tick (✓) all the types that apply. If your disability does not fit any of these types, please mark Other and Specify.

Physical/mobility impairment, such as a difficulty using your arms or mobility issues which require you to use a wheelchair or crutches	
Visual impairment, such as being blind or having a serious visual impairment	
Hearing impairment, such as being deaf or having a serious hearing impairment	
Mental health condition, such as depression or schizophrenia	
Learning disability/difficulty, such as Down's syndrome or dyslexia or a cognitive impairment such as autistic spectrum disorder	
Long-standing illness or health condition, such as cancer, HIV, diabetes, chronic heart disease or epilepsy	
Other (please specify below)	
_____	

# APPLICATION FOR HOUSING

The purpose of this form is to register your need for housing.  
**Registration does not guarantee that you will be made an offer of accommodation.**

If an offer is made, it can be by the Council or any of the housing associations in the Guildford Partnership.

**PLEASE FULLY ANSWER ALL QUESTIONS.  
IF YOU DO NOT, THIS MAY DELAY YOUR APPLICATION.**

Date Received

## Your Details

Please give details of you and your partner below:

### You

Mr/Mrs/Miss/Ms  
Surname: \_\_\_\_\_  
Please state if you have been known by any other surname:  
\_\_\_\_\_  
First Names: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_  
National Insurance No. \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
Postcode: \_\_\_\_\_  
Date moved in: \_\_\_\_\_  
Home Tel: \_\_\_\_\_  
Mobile Tel: \_\_\_\_\_  
Email address: \_\_\_\_\_

### Your Partner

Mr/Mrs/Miss/Ms  
Surname: \_\_\_\_\_  
Please state if you have been known by any other surname:  
\_\_\_\_\_  
First Names: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_  
National Insurance No. \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
Postcode: \_\_\_\_\_  
Date moved in: \_\_\_\_\_  
Home Tel: \_\_\_\_\_  
Mobile Tel: \_\_\_\_\_  
Email address: \_\_\_\_\_

**If you do not want correspondence sent to the above address, where should it be sent?**

Address \_\_\_\_\_  
\_\_\_\_\_ Postcode \_\_\_\_\_

Your reasons for using this address \_\_\_\_\_  
\_\_\_\_\_

## Your Family

**Who else needs rehousing? (Please list everyone to be housed)**

Mr/Mrs/ Ms/Miss	Surname of family name	First names	Date of birth	Relationship eg. Son/daughter	Do they live with you now?
					Yes / No
					Yes / No
					Yes / No
					Yes / No
					Yes / No

Is any person listed on the application expecting a baby?    YES       NO  

Name \_\_\_\_\_ Date baby due: \_\_\_\_\_

Please provide proof of pregnancy and a copy of birth certificate when baby is born.

## Local Connection

**Please list all addresses for the last 15 years, starting with your current address.  
Ensure all addresses are included, whether in the UK or abroad.**

### You

From Month/Year	To Month/Year	Address	Reason for leaving	Rent/own/ with family/friends, other

### Your Partner

From Month/Year	To Month/Year	Address	Reason for leaving	Rent/own/ with family/friends, other

**You will be expected to provide tenancy and rent statement  
documentation for relevant addresses.**



## Where you live now

**Are you?**

	An Owner Occupier	An Equity Share Owner	A Council Tenant	A Private Tenant	A Housing Association Tenant	Mobile Home Owner	Sleeping Rough
Please tick (✓)							

**OR living .....**

	With Family	With Friends	Shared House	Lodger	Hostel	Prison	Tied Accommodation	Forces Accommodation
Please tick (✓)								

Other: \_\_\_\_\_

**Who is your landlord? Name/Agent:** \_\_\_\_\_

Landlord's Address: \_\_\_\_\_

Tel No: \_\_\_\_\_ Does your Landlord live in the house? YES  NO

Please state what type of tenancy e.g. Assured/ Assured Shorthold \_\_\_\_\_

Do you or your partner owe rent to any social or private rented landlord? YES  NO

Details of any arrangement to pay this off \_\_\_\_\_

Do you have any outstanding Council Tax, Housing Benefit or deposit bond debts? YES  NO

Please give details if yes \_\_\_\_\_

**What type of accommodation do you live in?**

	Bungalow	Flat	House	Maisonette	Room in Shared House	Mobile Home	Caravan	Studio Flat	Hostel	Sleep Rough
Please tick (✓)										

Other: \_\_\_\_\_

**Please note that you will not be accepted onto the register if you owe rent or have other housing related debts and do not have a payment plan in place. This includes any Housing Benefit overpayment.**

If the entrance to the accommodation is above ground floor, what level is it on?

Eg. First/Second \_\_\_\_\_

Is there a lift? YES  NO

How many bedrooms? 1  2  3  4

How many living rooms? 1  2  3

**Please give the following details about who has the use of each room:**

ROOM	WHO USES EACH ROOM	AGE IF UNDER 18 YEARS
Living Room		
Dining Room		
Kitchen		
Bathroom		
Toilet		
Bedroom 1		
Bedroom 2		
Bedroom 3		
Bedroom 4		
Garden		

If you pay rent, please state the amount £ \_\_\_\_\_ per week/month/year

If the property is in disrepair, please give details \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Details of any pets \_\_\_\_\_

\_\_\_\_\_

Details of any vehicles \_\_\_\_\_

\_\_\_\_\_

Do you or your partner have close relatives (eg. Mother, Father, adult Son or Daughter, Adult Brother, or Sister) living in the Guildford Borough area? YES  NO

**NOTE.** To establish a connection through family they must have lived for at least 5 years within the Borough from the start of your application and continue to do so.

If **YES**, please give details:

Name	Relationship eg. Mother, Father, Brother, Sister.	Address	Length of Residence

If there are **special circumstances** why you need to live in the Guildford Borough area, please give details:

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**Are you or your partner:**

A current owner/part-owner or have a legal interest in a property in the UK or abroad?

YES  NO

If Yes, please state the address:

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Please provide written evidence of a current valuation for the property.

(Land registry website: [www.landregistry.gov.uk](http://www.landregistry.gov.uk)).

**Have you or your partner ever:**

Previously owned/part-owned or had a legal interest in a property in the UK or abroad?

YES  NO

If **YES**, please provide most recent address \_\_\_\_\_

\_\_\_\_\_ Dates from \_\_\_\_\_ to \_\_\_\_\_

When the property was sold \_\_\_\_\_

How much for £ \_\_\_\_\_

Money received following sale £ \_\_\_\_\_

**Please provide proof of sale for owned properties.** A solicitor may provide written evidence of the date you ceased to have any legal interest in the property. Alternatively, please contact the Land Registry Office. You may also be asked to provide proof of property settlement paperwork.

**Have you or your partner ever:**

Had a private tenancy? YES  NO

If **YES**, please provide most recent address \_\_\_\_\_

\_\_\_\_\_

Dates from \_\_\_\_\_ to \_\_\_\_\_

**Please provide proof of previous tenancies and a statement as proof of a clear rent account.**

Name of landlord/agent: \_\_\_\_\_ Tel No. \_\_\_\_\_

**Have you or your partner ever:**

Had a council or housing association tenancy? YES  NO

If yes, please provide most recent address \_\_\_\_\_

\_\_\_\_\_

Dates from \_\_\_\_\_ to \_\_\_\_\_

**Please provide proof of previous tenancies and a statement as proof of a clear rent account.**

Name of Council/Housing Association \_\_\_\_\_ Tel no \_\_\_\_\_

**Please note that you will not be accepted onto the register if you owe rent or have other housing related debts and do not have a payment plan in place. This includes any Housing Benefit overpayment.**

## Your Financial Details

### YOU

### YOUR PARTNER

Gross income (including any state Benefits) £ _____ per ANNUM (before tax)  Savings and other assets £ _____  Details: _____	Gross income (including any state Benefits) £ _____ per ANNUM (before tax)  Savings and other assets £ _____  Details: _____
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**Please tick (✓) the box which applies to your current circumstances:**

### YOU

### PARTNER

	<b>Unwaged</b>	
	<b>Retired</b>	
	<b>Unemployed</b>	
	<b>Full-timed employed</b>	
	<b>Part-time employed</b>	
	<b>Self-employed</b>	

Name and address of workplace _____ _____ _____	Name and address of workplace _____ _____ _____
Number of hours worked per week? _____	Number of hours worked per week? _____
Date started? _____	Date started? _____
Please provide your last P60	Please provide your last P60

**Are you a student?**                      YES                       NO

If **YES**, please provide details of what course you are on, where you are studying, the length of your course and your usual home address if you are studying away from home?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## Health, Disabilities or Special Needs

- Does anyone on the application need to use a wheelchair? YES  NO
- Is accommodation without stairs needed? YES  NO
- Are any aids or adaptations required? YES  NO
- Does anyone on the application have a learning disability? YES  NO
- Does anyone on the application have a mental health problem? YES  NO

Do you or anyone on the application have contact with:

<b>Social Worker</b>	YES/NO	
Name _____		Tel: _____
<b>Probation Officer</b>	YES/NO	
Name _____		Tel: _____
<b>Community Mental Health Worker</b>	YES/NO	
Name _____		Tel: _____
<b>Learning Disability Worker</b>	YES/NO	
Name _____		Tel: _____
<b>Other Support Worker</b>	YES/NO	
Name _____		Tel: _____

Please note the information provided may be shared with other relevant professionals.

**Which of the following would you consider? Please tick (✓)**

**Please note:** To assist your choice, not all areas have every type of property. If you require further information, please ask at the Housing Advice Centre.

Type of property	Flat	Bungalow	House	Maisonette	Studio Flat / Bedsit
Please tick (✓)					

	Tick (✓)
<b>SUPPORTED ACCOMMODATION</b> For applicants aged between 16-60 who require support in maintaining a tenancy	
<b>SHELTERED ACCOMMODATION</b> For applicants over 60 years of age	

## Rural Areas

Please tick relevant box to confirm your local connection with the parishes listed below

PARISH	Please tick if you would like to live in this area	Parents or adult children reside in parish	Employment	Former residence if so how long?
Albury				
Artington				
Ash				
Ash Vale				
Compton				
East Clandon				
East Horsley				
Effingham				
Normandy				
Ockham				
Pirbright				
Puttenham				
Ripley				
Seale & Sands				
Send				
Shackleford				
Hurtmore				
Shalford				
Chilworth				
Shere				
Gomshall				
Holmbury St Mary				
Peaslake				
St Martha's				
Tongham				
Wanborough				
West Clandon				
West Horsley				
Worplesdon				
Wood Street				
Wisley				

## Other Details

Are you or your partner on any other housing register?      YES       NO

If **YES**, please state which council(s) or housing association(s) \_\_\_\_\_

\_\_\_\_\_

**If you are a member of the armed forces or similar (e.g. Police, Prison Service), please state:**

Name of employer \_\_\_\_\_ Date of enlistment \_\_\_\_\_

Rank & Number \_\_\_\_\_ Anticipated discharge date \_\_\_\_\_

**Are you or any person on this form connected to Guildford Borough Council, or any of the housing associations, in the following ways:**

	An Employee	Relative of Employee	As a Councillor	Relative of a Councillor
Please tick (✓)				

**If any of the above boxes are ticked, please complete the details below.**

Name of Employee/Councillor \_\_\_\_\_

Department \_\_\_\_\_

### Consent to share information

Your application will not be discussed with anyone, **even relatives**, without your permission. Please give the names, addresses and telephone numbers of anyone you are happy for us to discuss your application with.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Reasons for applying and any other information you wish to provide:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



## **PRIVACY STATEMENT**

The information you provide on this form will be used by Guildford Borough Council for the purposes of providing you with various landlord services (including housing advice). Your personal information will be processed in line with Data Protection legislation. It will not be disclosed to third parties for marketing purposes. We may share your information and make any necessary enquiries with other departments and statutory organisations to help us manage properties and handle claims.

This authority is under a duty to protect the public funds it administers, and to this end may use the information you have provided on this form for the prevention and detection of fraud. It may also share this information with other bodies responsible for auditing or administering public funds for these purposes.

Information relating to a housing application, tenancy or lease agreement will be kept for as long as the agreement is active or where monies are owed on the account. Upon ending the tenancy all personal information will be securely destroyed with the exception of the tenancy agreement. This will be retained for a period of 6 years and basic tenancy history for the property will be kept indefinitely.

Should your housing application be cancelled we will retain your data for a maximum period of six years after it has been cancelled unless monies are owed when it will be retained for a longer period. Again it will be securely destroyed.

If you believe the data we process on you is incorrect you may request to see this information and, if necessary have it corrected or deleted. If you wish to raise a complaint you can contact our Data Protection Officer at the address below. If you believe we are not processing your data lawfully you can complain to the Information Commissioner's Office (<https://ico.org.uk/>). Further details are available on the Guildford Borough Council website - <https://www.guildford.gov.uk/dataprotection>, or from the Information Rights Officer, Guildford Borough Council, Millmead House, Millmead, Guildford, GU2 4BB (email: [foi@guildford.gov.uk](mailto:foi@guildford.gov.uk)).

### **Declaration**

I/We declare that to the best of my/our knowledge that the information on this form is correct and complete. I/We accept that any false or misleading information provided on this form will result in my/our application for rehousing being refused and may result in the termination of any tenancy which has been granted. I/We understand that providing false information is a criminal offence. I/We agree to inform Guildford Borough Council of any change in my/our circumstances relevant to my/our application for rehousing.

I/We give permission for Guildford Borough Council to contact any relevant agency (including my/our present landlord, Social Services, Housing Benefit departments) for information in the course of reassessing my/our application.

Checks will be made to verify/confirm the information provided prior to and during any offer of accommodation made to you/your household. Verification may result in an application being excluded from the register.

Print Name:..... Date of Birth:.....

Your signature: ..... Date: .....

Print Name:..... Date of Birth:.....

Partner's signature: ..... Date: .....

## **IMPORTANT**

**PLEASE CONFIRM THAT YOU HAVE ENCLOSED THE FOLLOWING: Please tick (✓)**

▪ **Proof of identity (one of the following) for all household members who need re housing:**

- ❖ Copy of Passports
- ❖ Copy of Birth Certificates
- ❖ Copy of Driver's Licence (includes photo)

**Please note that we will also need to see the following original documents at some time during the "life of the application".**

▪ **Proof of your current and past addresses**

- ❖ Copy of Tenancy Agreement
- ❖ Licence Agreement
- ❖ Proof of ownership
- ❖ Letter from landlord, friend or relative confirming your residence
- ❖ Utility Bill (no more than 3 months old)
- ❖ Details of any housing debt and repayment plan

▪ **Proof of employment if applicable**

- ❖ P60

For a full list of acceptable documents contact the Housing Advice Centre.

Once the documents are received your application will be assessed and placed in the appropriate band from the date the documents are received. Failure to provide the documentation will result in the rejection of the application.

Any documents that are not in English will need to be translated into English and be officially certified to confirm it is a true translation.

***If you have any queries about this form, please contact the Housing Advice Centre  
(01483 444244) or E-mail: [housingadvice@guildford.gov.uk](mailto:housingadvice@guildford.gov.uk)***

**Please return to:** Guildford Borough Council,  
Housing Advice Services,  
Millmead House,  
Millmead,  
Guildford,  
Surrey,  
GU2 4BB

## **GUILDFORD BOROUGH COUNCIL WORKS IN PARTNERSHIP WITH THE FOLLOWING HOUSING ASSOCIATION:**

- ❖ A2 Dominion Housing Group  
[www.a2dominion.co.uk](http://www.a2dominion.co.uk)
- ❖ Clarion Housing Group  
[www.clarionhg.com](http://www.clarionhg.com)
- ❖ English Rural Housing Association  
[www.erha.org.uk](http://www.erha.org.uk)
- ❖ Greenoak Housing Association  
[www.greenoakha.org](http://www.greenoakha.org)
- ❖ Home Group  
[www.homegroup.org.uk](http://www.homegroup.org.uk)
- ❖ London and Quadrant Group  
[www.lqgroup.org.uk](http://www.lqgroup.org.uk)
- ❖ Mount Green Housing Association  
[www.mountgreen.org.uk](http://www.mountgreen.org.uk)
- ❖ VIVID  
[www.vividhomes.org](http://www.vividhomes.org)
- ❖ Retirement Lease Housing Association - Guildford Sunset Homes  
[www.rlha.org.uk](http://www.rlha.org.uk)
- ❖ Rosebery Housing Association  
[www.rosebery.org.uk](http://www.rosebery.org.uk)
- ❖ Crown Simmons  
[www.crownsimmons.org.uk](http://www.crownsimmons.org.uk)
- ❖ Transform Housing (was Surrey Community Development Trust)  
[www.transformhousing.org.uk](http://www.transformhousing.org.uk)
- ❖ Metropolitan Thames Valley Housing  
[www.MTVH.co.uk](http://www.MTVH.co.uk)
- ❖ Radian Group (was Windsor Housing Association)  
[www.radian.co.uk](http://www.radian.co.uk)



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## Housing Advice Service

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Guildford Borough Council,  
Millmead House, Millmead, Guildford, Surrey GU2 4BB  
Telephone (01483) 505050 Fax (01483) 444243  
Website: [www.guildford.gov.uk](http://www.guildford.gov.uk)

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