



FOR OFFICE USE ONLY

Date Registered

Application Number

Full Name

Full Name

Address

ID Provided with application

Housing Application



Providing Quality Homes & Neighbourhoods

HOUSING

If you need any help communicating with us or understanding any of our documents, please contact us on 01909 534520.

Mandarin

如果您在与我们沟通或理解我们的任何文件时需要帮助，我们可安排“语言热线”（Language Line 公司）的口译人员或笔译人员来帮助您。请拨打这个电话 - 01909 534520 与我们联系，说明您使用的语言和电话号码。

Urdu

اگر آپ کو ہمارے ساتھ بات کرنے میں یا ہماری فراہم کردہ کسی دستاویز کو سمجھنے میں مدد کی ضرورت ہو تو ہم آپ کی مدد کے لئے لینگویج لائن کے ایک انٹرپرائز (مترجم) یا ترجمہ کرنے والے کا اہتمام کر سکتے ہیں۔
برائے مہربانی ہم پر رابطہ کر کے اپنی زبان اور اپنا ٹیلیفون نمبر بتائیں۔
01909 534520

Punjabi

ਜੇ ਤੁਹਾਨੂੰ ਸਾਡੇ ਨਾਲ ਗੱਲਬਾਤ ਕਰਨ ਜਾਂ ਸਾਡੇ ਕਿਸੇ ਦਸਤਾਵੇਜ਼ ਨੂੰ ਸਮਝਣ ਵਿੱਚ ਮਦਦ ਚਾਹੀਦੀ ਹੈ, ਤਾਂ ਤੁਹਾਡੀ ਮਦਦ ਕਰਨ ਦੇ ਲਈ ਅਸੀਂ ਇੱਕ ਲੈਂਗਵੇਜ਼ ਲਾਈਨ ਇੰਟਰਪ੍ਰੀਟਰ (ਦੁਬਾਜ਼ੀਏ) ਜਾਂ ਟ੍ਰਾਂਸਲੇਟਰ (ਅਨੁਵਾਦਕ) ਦਾ ਪ੍ਰਬੰਧ ਕਰ ਸਕਦੇ ਹਾਂ।
ਕਿਰਪਾ ਕਰਕੇ ਸਾਨੂੰ - 01909 534520 ਉੱਪਰ ਸੰਪਰਕ ਕਰੋ ਅਤੇ ਆਪਣੀ ਭਾਸ਼ਾ ਅਤੇ ਟੈਲੀਫੋਨ ਨੰਬਰ ਦੱਸੋ।

Polish

Jeśli potrzebujesz pomocy w komunikowaniu się z nami lub w zrozumieniu naszych dokumentów, możemy do pomocy udostępnić tłumacza Language Line.
Proszę się z nami skontaktować pod numerem telefonu – 01909 534520
podając język rozmowy i numer telefonu.

We can arrange for a copy of this document in large print, DVD, Braille or for a Language Line interpreter or translator to help you.

Our contact details:

☎ 01909 534520

✉ e-mail: customer.services@a1housing.co.uk

Acceptance on to the Housing Register

Registration

The Council operates an open Housing Register. Anyone aged 18 years and over can apply to go on the Housing Register.

Qualification for Acceptance on to the Housing Register

Applicants are entitled to make one application on the Housing Register. On receipt of an application the Housing Register will be checked to identify any possible duplication of applications and the applicants required to clarify their housing needs. If their circumstances change they may amend the application or register a new application.

Identification and Verification

To ensure applicants are assessed correctly the following information is required to confirm the identity and eligibility of all members of the household requiring rehousing.

One document from each of the following 2 sections must be provided for all applicants and any member of their household aged 16 years and over (additional proof maybe required).

For children aged under 16 or over 16 and still in full time education, proof of Child Benefit or Child Tax Credit payment is required, to show that your child(ren) is/are a member of your household.

Proof of Identity

Valid Passport - any nationality

UK Birth Certificate - full or short form acceptable including those issued by UK authorities overseas, such as Embassies, High Commissions and HM Forces.

Valid UK issued Driving Licence England/Wales/Scotland/Northern Ireland/Isle of Man; either photocard or paper.

EU National Identity Card (EU countries only)

HM Forces ID Card (UK)

Adoption Certificate (UK)

Benefit Book/Formal notification of Benefit

NHS Card (UK)

Marriage/Civil Partnership Certificate

Bus pass with photo ID

Child Benefit Acknowledgement letter

Tax Credits claim

Disability Blue Badge

Proof of Address

Financial Statement** e.g. pension, endowment, ISA

Bank/Building Society Statement*

Utility Bill* electricity, gas, water, telephone - including mobile phone contract/bill

TV Licence**

Addressed Payslip*

Credit Card Statement*

Mortgage Statement**

Rent Statement*

Benefit Statement* e.g. Child Allowance, Pension

Insurance Certificate**

Council Tax Statement (UK)**

Work Permit/Visa (UK)**

If you have no fixed abode please seek guidance from a Housing Advisor

*Documentation should be less than three months old.

**Issued within past 12 months.

Where it is unclear that a child is a permanent member of the household and lives with the applicant for 3 or more nights a week you may be asked to provide further proof of access to the child. Acceptable proof will include:

Adoption Certificate

Letter from Head Teacher

Access arrangements form

Court Order - Access arrangements

Court Order - Legal Guardianship

Applications are assessed before being accepted onto the Housing Register. In some circumstances the application may be suspended or refused.

YOUR DETAILS

1. Personal details

Title Mr Miss Mrs Ms Other

Surname

Any previous surname(s)

Please advise us if you have ever been known by another name(s) including maiden names, former marriage name, change by Deed Poll, or any other name.

First names

Date of Birth DD/MM/YYYY

 Age

Are you male or female?

Male Female

Marital status

Single Co-habiting
Married Separated
Divorced Widowed
Partner Civil Partner
In a relationship

If joint application please list your relationship to joint applicant

National Insurance Number

Letters Numbers Letter

Do you live in Bassetlaw? Yes No

Present address

Postcode

When did you move to this address?

If you are a street homeless person or if you have no fixed abode, please give a contact address where we may write to you. Are you an employee of A1 Housing, Bassetlaw District Council, Board Member of A1 Housing, Elected Member of Bassetlaw District Council or a relative of any of the above.

Yes No

Name of relative and relationship to you.

JOINT APPLICANT DETAILS

1. Personal details

Title Mr Miss Mrs Ms Other

Surname

Any previous surname(s)

Please advise us if you have ever been known by another name(s) including maiden names, former marriage name, change by Deed Poll, or any other name.

First names

Date of Birth DD/MM/YYYY

 Age

Are you male or female?

Male Female

Marital status

Single Co-habiting
Married Separated
Divorced Widowed
Partner Civil Partner
In a relationship

National Insurance Number

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Yes No

Name of relative and relationship to you.

YOUR DETAILS

Please tick your preferred method of contact:

Home telephone number *preferred method*

Work telephone number

Mobile telephone number

E-mail address

Have you previously made an application to us for rehousing? Yes No

Is anyone in the household pregnant? Yes No

If Yes, who?

When is the baby due?

We must see proof of pregnancy, otherwise your pregnancy will not be recorded on your application.

2. Equal Opportunities

Please complete this section by ticking the relevant option. Profile information will help us to help you and provide fairer services.

What is your Nationality/Country of origin?

UK Other (Please state)

Ethnic Origin

- Asian Bangladeshi
- Asian Chinese
- Asian Indian
- Asian Pakistani
- Asian Other
- Black African
- Black Caribbean
- Black Other
- Irish Traveller
- Mixed White and Black Caribbean
- Mixed White and Black African
- Mixed White and Asian
- Mixed Other
- Romany Gypsy
- White British
- White Irish
- White Other
- Any Other Ethnic Group

Please State:

Your religion or belief

- Agnostic
- Atheist
- Buddhist
- Christian
- Hindu
- Jewish
- Muslim
- No Religion
- Sikh
- Spiritualist
- Prefer not to say

JOINT APPLICANT DETAILS

Please tick your preferred method of contact:

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- Black Caribbean
- Black Other
- Irish Traveller
- Mixed White and Black Caribbean
- Mixed White and Black African
- Mixed White and Asian
- Mixed Other
- Romany Gypsy
- White British
- White Irish
- White Other
- Any Other Ethnic Group

Please State:

Your religion or belief

- Agnostic
- Atheist
- Buddhist
- Christian
- Hindu
- Jewish
- Muslim
- No Religion
- Sikh
- Spiritualist
- Prefer not to say

YOUR DETAILS

Sexual orientation

- Bisexual
- Gay man
- Heterosexual/straight
- Lesbian woman
- Prefer not to say

Is your gender identity the same as the birth gender you were assigned at birth? Yes No

Do you consider yourself disabled? Yes No

JOINT APPLICANT DETAILS

Sexual orientation

- Bisexual
- Gay man
- Heterosexual/straight
- Lesbian woman
- Prefer not to say

Is your gender identity the same as the birth gender you were assigned at birth? Yes No

Do you consider yourself disabled? Yes No

3. Details of the people you want to be rehoused with you

Surname	First Name(s)	Sex M/F	Date of Birth	Relationship to you	Do they live with you now? Yes <input type="checkbox"/> No <input type="checkbox"/>
					Yes <input type="checkbox"/> No <input type="checkbox"/>
					Yes <input type="checkbox"/> No <input type="checkbox"/>
					Yes <input type="checkbox"/> No <input type="checkbox"/>
					Yes <input type="checkbox"/> No <input type="checkbox"/>
					Yes <input type="checkbox"/> No <input type="checkbox"/>

*Please note A1 Housing may ask you for further details on anybody listed in this section

b. If you have access to children who do not live with you all the time, please give details below. We must see proof of access. (This may be a legal document such as a court order/another legal document e.g. Joint Residency Order).

Please provide details of all the children who you currently have legal access to:

Surname	First Name(s)	Sex M/F	Date of Birth	Child's permanent address	Relationship to you	No. of overnight stays per week

c. Please provide details of other people in your household who are not moving with you

First Applicant's Home

Surname	First Name(s)	Sex M/F	Date of Birth	Relationship to you

Joint Applicant's Home (if different address)

YOUR DETAILS

4. Previous addresses in last 5 years

Full address

 Postcode Date from Date to

If Council/Housing Association was this your tenancy?

Yes No *If Yes please give name and address below*

Name & Address of Landlord

Name of Landlord Postcode

Reason for leaving

Were you: Council or Housing Association Tenant

Owner occupier Staying with friends/relatives

Private Tenant (not renting)

Full address

 Postcode Date from Date to

If Council/Housing Association was this your tenancy?

Yes No *If Yes please give name and address below*

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Name of Landlord Postcode

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JOINT APPLICANT DETAILS

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 Postcode Date from Date to

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 Postcode Date from Date to

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Yes No *If Yes please give name and address below*

Name & Address of Landlord

Name of Landlord Postcode

Reason for leaving

Were you: Council or Housing Association Tenant

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Private Tenant (not renting)

Full address

 Postcode Date from Date to

If Council/Housing Association was this your tenancy?

Yes No *If Yes please give name and address below*

Name & Address of Landlord

Name of Landlord Postcode

Reason for leaving

Were you: Council or Housing Association Tenant

Owner occupier Staying with friends/relatives

Private Tenant (not renting)

5. The type of accommodation you require

If you are over 60 years of age do you want:

SENIOR CITIZEN PROPERTIES e.g senior citizen flats, bungalows

OR

GENERAL NEEDS PROPERTIES e.g flats, houses

(Please tick one box only)

YOUR DETAILS

6. Employment questions

Please put an **X** in the right box to show your current employment status.

Working full time Student
Working part-time Unable to work
Unemployed Carer
Retired

Do you work in the Bassetlaw area? Yes No

You may be asked to provide proof of employment details

a. Number of hours worked

b. Job title

c. Name of employer

d. Address of employer

 Postcode

e. Date employment began

Do you or any member of your household moving with you own the home you currently live in, or have a financial interest in any other property?

Yes No

If yes please give address of property

Postcode

Do you, or any member of your household moving with you, own a home that you do not currently live in or have a financial interest?

Yes No

If yes please give address of property

Postcode

Are you seeking re-housing following relationship breakdown?

Yes No

JOINT APPLICANT DETAILS

6. Employment questions

Please put an **X** in the right box to show your current employment status.

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Yes No

If yes please give address of property

Postcode

Are you seeking re-housing following relationship breakdown?

Yes No

YOUR DETAILS

7. Details of the accommodation you are living in now

Number of bedrooms in the property

House

Bungalow

Flat

Maisonette

If Flat or Maisonette what floor level is the entrance door to your home?

B&B

Hostel

Caravan

Other, please state:

8. Are you;

Council Tenant Owner Occupier

Housing Association Tenant Staying with

Private Tenant Relatives/Friends

Tied Tenant Lodging

Other, please state:

Please state whose name the tenancy/occupancy is in

HM Forces Accommodation

Please give address enlisted from

 Postcode

HM Prison

Please give your last address prior to being sent to prison

 Postcode

Give your expected date of release

If you are an assured shorthold tenant have you been issued with a Section 21 notice? Yes No

Date notice expires

Reason notice issued *proof required*

If you are in tied accommodation have you been issued with notice to leave? Yes No

Date you have to leave

JOINT APPLICANT DETAILS

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Number of bedrooms in the property

House

Bungalow

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If Flat or Maisonette what floor level is the entrance door to your home?

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Other, please state:

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Date you have to leave

YOUR DETAILS

Reason issued *proof required*

9. Do you have the following facilities in your home?

Hot water supply Yes No

Inside WC Yes No

Cooking facilities Yes No

Do you share any of these facilities with anyone who will not be rehoused with you? Yes No

10. If you are a tenant give details of your landlord

Name of Landlord

Address of Landlord

Postcode

Telephone Number

11. Medical condition

Does anyone in your household have a medical condition that could affect the type of housing you could be offered? Yes No

If Yes please give further details in the Additional Information section at the end of this form

12. Is your current home adapted for your medical needs?

Yes No

If Yes please give details of the adaptations to your home:

13. Do you need special adaptations to your new home?

Yes No

If Yes please give details of the adaptations to your home:

JOINT APPLICANT DETAILS

Reason issued *proof required*

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Hot water supply Yes No

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Yes No

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13. Do you need special adaptations to your new home?

Yes No

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14. Details of property required

Applicants **UNDER 60** (General Needs)

- | | | | |
|----------------------------------|--------------------------|-----------------------------|--------------------------|
| House (couples or families only) | <input type="checkbox"/> | Maisonette upper floor | <input type="checkbox"/> |
| Flat ground floor | <input type="checkbox"/> | Over 40's flat ground floor | <input type="checkbox"/> |
| Flat upper floor | <input type="checkbox"/> | Over 40's flat upper floor | <input type="checkbox"/> |
| Maisonette ground floor | <input type="checkbox"/> | | |

Applicants **OVER 60** (Senior Citizen)

- | | | | |
|----------------------------------|--------------------------|---------------------------------|--------------------------|
| Bedsit bungalow | <input type="checkbox"/> | Senior citizen flat upper floor | <input type="checkbox"/> |
| Bungalow | <input type="checkbox"/> | Sheltered flat ground floor* | <input type="checkbox"/> |
| Senior citizen flat ground floor | <input type="checkbox"/> | Sheltered flat upper floor* | <input type="checkbox"/> |

*If you are applying for sheltered accommodation an assessment of support will be carried out by A1 Housing Supported Needs Service.

Are you looking to move:

- | | | | |
|---------------------------|--------------------------|-------------------|--------------------------|
| Within the next 12 months | <input type="checkbox"/> | More than 3 years | <input type="checkbox"/> |
| 1-3 years | <input type="checkbox"/> | | |

If more than 1 year, your Housing Application will be placed on Hold. This will not affect your application, providing you return the Renewal Form each year. You will still accrue your waiting time and you will need to contact us when you are ready to move.

What type of housing you would consider:

- Council Housing Housing Association Private Rented Housing Shared Ownership/Owner Occupier

The number of bedrooms you need:

- Bedsit 1 2 3 4

The type of heating you would consider:

- Gas Electric Solid Fuel Oil District Heating

YOUR DETAILS

15. Have you ever been evicted from a tenancy?

If Yes please give reason Yes No

Arrears

ASB

Other - please give details below

JOINT APPLICANT DETAILS

15. Have you ever been evicted from a tenancy?

If Yes please give reason Yes No

Arrears

ASB

Other - please give details below

YOUR DETAILS

Have you ever held a tenancy with a Housing Association and/or a Local Authority?

If Yes please give details below

Yes No

16. Do you owe any rent arrears for your current or any previous accommodation?

If Yes please give details below

Yes No

17. Do you have any criminal convictions other than those spent under the Rehabilitation of Offenders Act 1974?

If Yes please give details below

Yes No

18. Are you facing any criminal charges or Police action?

If Yes please give details below

Yes No

19. Have you ever had an injunction served against you?

If Yes please give details below

Yes No

JOINT APPLICANT DETAILS

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18. Are you facing any criminal charges or Police action?

If Yes please give details below

Yes No

19. Have you ever had an injunction served against you?

If Yes please give details below

Yes No

YOUR DETAILS

20. Have you or any member of the household been served any notice concerned with Anti-Social Behaviour?

If Yes please give details below Yes No

21. Eligibility for housing

Are you or your partner a citizen of the UK or European Union? Yes No

Is your stay in the United Kingdom subject to any limitations or conditions? (ie Immigration Control) Yes No

If Yes please provide all relevant documentation with this application or contact your local A1 Housing Office.

Have you or your partner lived outside the UK in the last 5 years? Yes No

Do you have the right of permanent residence in the United Kingdom? This is often known as "Right of Abode"? Yes No

Are you or your partner an overseas student? Yes No

Have you or your partner been excluded from receiving any state benefit? Yes No

JOINT APPLICANT DETAILS

20. Have you or any member of the household been served any notice concerned with Anti-Social Behaviour?

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Have you or your partner been excluded from receiving any state benefit? Yes No

22. Accessibility

All applicants must fill in this section. In this section you must tell us if you (the main applicant), a joint applicant or anybody you want to move with you, face physical, mental or psychological problems that may affect where you live and how you use our service.

1. Are you, or anybody being rehoused with you:

(If you answer 'Yes' to any question below please tell us who is affected.)

A frail person who requires support? Yes No

A person with a learning difficulty? Yes No

A person with visual impairment? Yes No

A deaf person? Yes No

A person with mental health problems? Yes No

Name of person affected

A substance abuser, such as drugs or alcohol? Yes No

A wheelchair user? Yes No

If Yes, outside only
or inside and outside

Do you consider yourselves in need of support with obtaining a property through the HomeFinder Scheme? Yes No

If Yes please give details below

23. About your support needs

All applicants must fill in this section. In this section, you will need to tell us about any people who provide support to you or anyone moving with you.

a. Do you or any member of your household have a support worker such as a social worker, probation officer, youth offending worker or worker from any other agency who is currently helping you? It could also be a carer, such as a family member.

Yes *Please tell us about this below* No

b. Name of person with the support worker

c. Reason for support

d. Support worker's name

e. Name and address of support organisation, if known

Postcode

f. Contact telephone number of support worker

g. Do you need accommodation with warden support? Yes No

***Supported Housing Warden provide help with:**

- Managing your home
- Helping with paperwork
- Helping you to apply for benefits
- Accessing other health, care or community services
- Providing advice

h. When allocated a Council tenancy, do you feel you would need help with setting up and/or maintaining your tenancy, this could include help claiming Housing Benefits, setting up utilities, etc. Yes No

YOUR DETAILS

24. Communicating with you

Money Advice Service

To help you get a good start, we've introduced a Money Advice Service to check you are getting all the benefits you are entitled to and look at how you manage your money. The benefits of this service are to assist you in setting up a new home and know what household expenses you will have in running a home.

If you would like to see our Money Advisor to access this free service please tick this box

Do you have any special communication needs?

- Large print
- Audio
- Help in completing forms
- Non reader/writer
- Other (Please state)

Please give details of friend or relative we can contact if you are unavailable.

Name

Address

 Postcode

Telephone number

Relationship

Do you wish to give authorisation for someone to act on your behalf, for example, Social Worker, Support Agency, Family Member? Please give details:

JOINT APPLICANT DETAILS

24. Communicating with you

Money Advice Service

To help you get a good start, we've introduced a Money Advice Service to check you are getting all the benefits you are entitled to and look at how you manage your money. The benefits of this service are to assist you in setting up a new home and know what household expenses you will have in running a home.

If you would like to see our Money Advisor to access this free service please tick this box

Do you have any special communication needs?

- Large print
- Audio
- Help in completing forms
- Non reader/writer
- Other (Please state)

Please give details of friend or relative we can contact if you are unavailable.

Name

Address

 Postcode

Telephone number

Relationship

Do you wish to give authorisation for someone to act on your behalf, for example, Social Worker, Support Agency, Family Member? Please give details:

27. Declaration and authority to access information

I declare that the details given in this form are correct. I understand that if a tenancy is allocated on the basis of a false statement this may result in A1 Housing regaining possession of the property.

I hereby give my explicit consent to:

- The Police, Social Services, Probation Service, other Local Authorities, Housing Associations and other appropriate agencies or persons who may process that data and provide more detailed personal data about me.
- Bassetlaw District Council and A1 Housing disclosing the information on this form to the Police, Social Services, Probation Service, other Local Authorities, Housing Associations and other appropriate agencies or persons who may process that data and provide more detailed personal data about me.
- Bassetlaw District Council's Housing Benefit Unit disclosing information to A1 Housing once I am a tenant with regard to any future Housing Benefit claims I may make.

I understand that this personal data processed, obtained and given may be used so that my application can be properly investigated and assessed.

All details provided are strictly confidential. The Data Protection Act and the Access to Personal Files (Housing Regulations) 1989 give you the right to look at information.

The personal information you have supplied on this form will be used for your application for rehousing and may be shared with other areas of A1 Housing, Bassetlaw District Council, the Police and other public bodies for the recovery of debt, prevention or detection of fraud or the detection or prevention of crime as permitted under the Data Protection Act 1998. We advise applicants that the data held by the authority in respect of your housing application will be used for cross-system and cross-authority comparison purposes for the prevention and detection of fraud.

	Applicant 1	Applicant 2
Signed	<input type="text"/>	<input type="text"/>
Date	<input type="text"/>	<input type="text"/>
Print name	<input type="text"/>	<input type="text"/>

Have you provided your proofs required, as stated on page 3?

For office use only

	Date	Information	Initials
Identification Verified	<input type="text"/>	<input type="text"/>	<input type="text"/>
Exclusion List	<input type="text"/>	<input type="text"/>	<input type="text"/>
PVP Check	<input type="text"/>	<input type="text"/>	<input type="text"/>
Eligibility	<input type="text"/>	<input type="text"/>	<input type="text"/>
Council Tax Register	<input type="text"/>	<input type="text"/>	<input type="text"/>
Write Offs	<input type="text"/>	<input type="text"/>	<input type="text"/>
Rents - Current/FTA	<input type="text"/>	<input type="text"/>	<input type="text"/>
Sundry Debts/Recharges	<input type="text"/>	<input type="text"/>	<input type="text"/>
Other Authorities	<input type="text"/>	<input type="text"/>	<input type="text"/>
Registration Card Issued	<input type="text"/>	Yes <input type="checkbox"/>	<input type="text"/>
SX3 Check	<input type="text"/>	<input type="text"/>	<input type="text"/>

Current A1 Tenant

Home visit arranged

How to contact us

By phone

- Head Office 01909 534484
- Area Office West 01909 533426
- Area Office East 01777 713202

Freephone Repairs Service and Contact Centre 0800 590542 8am - 5pm

On-line

Visit our website at www.a1housing.co.uk

You can also email us at customer.services@a1housing.co.uk

By visiting us

Head Office Carlton Forest House, Hundred Acre Lane, Worksop, Notts S81 0TS

Area Office East 17B The Square, Retford, Notts DN22 6DB

Area Office West Queen's Buildings, Potter Street, Worksop, Notts S80 2AH

All of our offices are open Monday to Friday between 8.40am and 5pm

By writing to us

A1 Housing Bassetlaw Limited

Carlton Forest House, Hundred Acre Lane, Worksop, Notts S81 0TS



Developed in partnership with tenants

A1 Housing Bassetlaw Ltd, a company controlled by Bassetlaw District Council

