

Homesearch

your home, your choice

Application Form



Homesearch Application Form

Please fill out this application form in black ink so that your information can be photocopied clearly.

Please take care to check that all of the questions have been answered fully and that all of the fields are filled in.

If you require more space for an answer, please continue these on page 16 of this application form, noting the question and page number as a reference.

Please return completed form to one of the Service Access Points listed on page 22 or send to:

Homesearch
Flemming Court
Whistler Drive
Castleford
WF10 5HX



SECTION 1 : Personal Details

First Applicant

Title Mr Mrs Ms Miss

Surname

First name(s)

Address

Postcode

Date of birth

Place of birth

National Insurance Number

Date moved into current address (dd/mm/yy)

Telephone numbers

Home

Mobile

Work

Email

Second Applicant

Title Mr Mrs Ms Miss

Surname

First name(s)

Address

Postcode

Date of birth

Place of birth

National Insurance Number

Date moved into current address (dd/mm/yy)

Relationship to first applicant

Telephone numbers

Home

Mobile

Work

Email

For Office Use Only

| | | | | | | | |
|----------------|----------------------|----------------------|----------------------|-------------------|----------------------|----------------------|--|
| Original Date | <input type="text"/> | <input type="text"/> | <input type="text"/> | Band | <input type="text"/> | Initial | <input type="text"/> |
| Person Number | <input type="text"/> | | | Membership Number | <input type="text"/> | | |
| Rent Reference | <input type="text"/> | | | F T Reference | <input type="text"/> | | |
| CRA/FTA | <input type="text"/> | | | Sundry Debts | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Fast pathed by | <input type="text"/> | | | Office | <input type="text"/> | Date | <input type="text"/> <input type="text"/> <input type="text"/> |

SECTION 1 : Personal Details (continued)

Please give details of all people to be re-housed with you:

| Mr/Mrs/ Ms/Miss | Surname | First Name | Relationship to You | Date of Birth | | | Address (if different to yours) |
|--------------------|---------|------------|------------------------|------------------|--|--|------------------------------------|
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How would you prefer us to communicate with you?

| | | | |
|------------------------|--------------------------|-----------|--------------------------|
| Post | <input type="checkbox"/> | Telephone | <input type="checkbox"/> |
| Text message | <input type="checkbox"/> | Email | <input type="checkbox"/> |
| Other (please specify) | <input type="text"/> | | |

SECTION 2 : Previous Names

If you have changed your name, please give your previous name(s). Include your name before any marriage.

First Applicant

Second Applicant

SECTION 3 : Pregnancy Details

Please tick the box if you or your partner is expecting a baby

Date baby is due

You will need to show your Service Access Point independent confirmation of the date your baby is due as your priority may change.

SECTION 4 : Present Accommodation

What type of property do you currently live in? Note: Only give details for the second applicant if the address is different from the first applicant.

| First Applicant | | Second Applicant | |
|---|--|------------------|--|
| House | <input type="checkbox"/> | | <input type="checkbox"/> |
| Bungalow | <input type="checkbox"/> | | <input type="checkbox"/> |
| Flat | <input type="checkbox"/> | | <input type="checkbox"/> |
| Bedsit | <input type="checkbox"/> | | <input type="checkbox"/> |
| Maisonette | <input type="checkbox"/> | | <input type="checkbox"/> |
| Mobile Home / Caravan | <input type="checkbox"/> | | <input type="checkbox"/> |
| Hostel | <input type="checkbox"/> | | <input type="checkbox"/> |
| Hotel or Guest House | <input type="checkbox"/> | | <input type="checkbox"/> |
| Prison | <input type="checkbox"/> | | <input type="checkbox"/> |
| Other - please specify | <input type="text"/> | | <input type="text"/> |
| Number of Bedrooms | <input type="text"/> | | <input type="text"/> |
| Do you have use of a bedroom? | Yes <input type="checkbox"/> No <input type="checkbox"/> | | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| If you do not have use of a bedroom, where do you sleep? | <input type="text"/> | | <input type="text"/> |
| What type of heating do you have? | <input type="text"/> | | <input type="text"/> |
| Are you: | | | |
| An Owner | <input type="checkbox"/> | | <input type="checkbox"/> |
| A WDH Tenant | <input type="checkbox"/> | | <input type="checkbox"/> |
| A tenant of another Registered Social Landlord | <input type="checkbox"/> | | <input type="checkbox"/> |
| A Private Tenant | <input type="checkbox"/> | | <input type="checkbox"/> |
| A Tied / Service Tenant | <input type="checkbox"/> | | <input type="checkbox"/> |
| A Lodger | <input type="checkbox"/> | | <input type="checkbox"/> |
| Other - please specify | <input type="text"/> | | <input type="text"/> |

SECTION 4 : Present Accommodation continued

Please give details of other people living with you who will not be rehoused with you.

| Name | Relationship to You | Date of Birth (dd/mm/yyyy) | | |
|------|---------------------|-------------------------------|--|--|
| | | | | |
| | | | | |
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| | | | | |
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| | | | | |

First Applicant

Second Applicant

Are you homeless or likely to become homeless in the next four weeks?

Yes No

Yes No

(If yes, please give further details in Section 13)

Do you have to leave your home because of domestic abuse?

Yes No

Yes No

(If yes, please give further details in Section 13)

Do you have to leave a WDH property as part of a renewal or demolition scheme?

Yes No

Yes No

(If yes, please give further details in Section 13)

SECTION 4 : Present Accommodation continued

Note: Only give details for the second applicant if the address is different from the first applicant.

First Applicant

Second Applicant

Name and address of your landlord

OR

Name and address of your mortgage lender

Do you have a tenancy agreement?

Yes No

Yes No

(You will need to supply a copy of your agreement)

Do you currently own or rent a property that you are not living in?

Yes No

Yes No

(Include joint ownership/tenancy with anyone else)

If yes, please give details of why you are not living there

SECTION 5 : Special Needs

First Applicant

Second Applicant

If your home has been adapted in any way for the use of a person with physical disabilities, please give details

Were these adaptations done for someone in your household who will be living with you? Yes No

Yes No

If you receive any care or support, please give details

Do you have any enduring medical problems that affect the type of property you need to live in. If yes please give details in Section 13 Yes No

Yes No

Do you understand how to find out about available homes and express an interest when they are advertised? Yes No

Yes No

If no, please give details of someone who can do this on your behalf so we can contact them

Name:

Telephone:

Address:

SECTION 6 : Previous Applications

First Applicant

Second Applicant

Have you previously filled in an application for housing with Wakefield and District Housing (WDH)? Yes No

Yes No

If yes, please give the membership number

SECTION 7 : Further Household Details

Is any applicant a WDH tenant applying for a smaller property? Yes No

Yes No

Does any applicant have pets? Yes No

If yes, please give details:

SECTION 8 : Employment, Earnings and Benefits

If you are over 60 please go to Section 9

Employment Details: First Applicant

| Job Description | Employer's Name and Address | Date Started Work | | |
|--|--|--|--|--|
| | | | | |

Employment Details: Second Applicant

| Job Description | Employer's Name and Address | Date Started Work | | |
|--|--|--|--|--|
| | | | | |

SECTION 8 : Employment, Earnings and Benefits continued

Income Details: First Applicant (each week)

Net pay from employment (after deductions)

Occupational Pension

Tax Credit

Are you in receipt of a DWP Benefit? Yes No

Second Applicant (each week)

Yes No

If yes, please complete below

| Benefit Type | Amount (each week) | Benefit Type | Amount (each week) |
|----------------------|----------------------|----------------------|----------------------|
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |

Total Net Income from all sources (after deductions)

SECTION 9 : Relationship to Employees

Does anyone on this application work for WDH? Yes No

If yes, please give their name, job title, department and relationship to you:

Is anyone on this application related to any employee*, Board Member* or Local Management Committee Member* of WDH? Yes No

If yes, please give the name, job title, department and relationship to them:

*This applies for 12 months after leaving employment, LMC or Board of WDH.

SECTION 10 : Type of Housing Required

Accommodation Required - please tick

House

Flat

Sheltered

Multi-storey Flat

Maisonette

Extra Care Sheltered

Bungalow

Adapted Property

How many bedrooms do you need?

Studio Apartment

One

Two

Three

Four

Please state your preferred areas of choice

| Area | Estate |
|------|--------|
| | |

Would you consider shared ownership?

Yes

No

SECTION 11 : Previous Residences

First Applicant:

Have you ever been a WDH tenant? Yes No

Have you ever been a Wakefield Metropolitan District Council tenant? Yes No

Please give the addresses where you have lived during the past ten years, and indicate whether you were a tenant, lodger or owner.

| Address | Landlord | Tenant, Lodger, Owner | Date from | | | Date to | | |
|---------|----------|-----------------------|-----------|--|--|---------|--|--|
| | | | | | | | | |
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| | | | | | | | | |

Second Applicant:

Have you ever been a WDH tenant? Yes No

Have you ever been a Wakefield Metropolitan District Council tenant? Yes No

If you have lived at any addresses, that are different from the First Applicant during the last ten years, please list them below and indicate whether you were a tenant, lodger or owner.

| Address | Landlord | Tenant, Lodger, Owner | Date from | | | Date to | | |
|---------|----------|-----------------------|-----------|--|--|---------|--|--|
| | | | | | | | | |
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SECTION 12 : Non-Qualifying Applicants

We need accurate and complete information about your Homesearch application. To enable us to complete our enquiries and identify any applicants or applications which do not qualify for WDH properties under the law, please answer the questions below and make sure that you sign the declaration in Section 15.

Have you and everyone in your household lived continuously in the United Kingdom for the past five years? Please tick.

Yes No

If **anyone** in your household has **not** lived continuously in the United Kingdom for the past five years, please give details:

| | | | | | |
|---|----------------------|----------------------|----------------------|----------------------|----------------------|
| Their full name | <input type="text"/> | Date of Birth | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Relationship to applicant | <input type="text"/> | | | | |
| Their full name | <input type="text"/> | Date of Birth | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Relationship to applicant | <input type="text"/> | | | | |
| Their address(es) during this time | <input type="text"/> | Date from | | Date to | |
| | | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |

Has anyone on this application ever been evicted from Council, Housing Association or Registered Social Landlord Housing for any reason? Please tick.

Yes No

| | | | | | |
|------------------------------------|----------------------|----------------------|----------------------|----------------------|----------------------|
| Full name | <input type="text"/> | Date of Birth | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Address(es) of property | <input type="text"/> | Date from | | Date to | |
| | | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Landlord's name and address | <input type="text"/> | | | | |
| Reason for eviction | <input type="text"/> | | | | |

SECTION 12 : Non-Qualifying Applicants continued

Is anyone on this application the subject of an Anti Social Behaviour Order (ASBO) or Injunction, or have they been in the past?

Yes No

Their full name

Date of Birth

| | | |
|--|--|--|
| | | |
|--|--|--|

Reason

Has anyone on this application ever been excluded from a Social Housing Register?

Yes No

Reason

Has anyone in your household any criminal convictions which are not spent as explained in the Rehabilitation of Offenders Act 1974?

Yes No

If **yes** you must tell us about them here:

Their full name

Date of Birth

| | | |
|--|--|--|
| | | |
|--|--|--|

Relationship to applicant(s)

| Date of Conviction | | | Convicted For: | Convicted At: | Sentence: |
|--------------------|--|--|----------------|---------------|-----------|
| | | | | | |

Their full name

Date of Birth

| | | |
|--|--|--|
| | | |
|--|--|--|

Relationship to applicant(s)

| Date of Conviction | | | Convicted For: | Convicted At: | Sentence: |
|--------------------|--|--|----------------|---------------|-----------|
| | | | | | |

You **must** set out all the details of the convictions in full. If you are not sure about whether or not the conviction is 'spent', please read the guidance on page 15.

Under the Rehabilitation of Offenders Act 1974 you have to tell us about any offence you have committed if it is within a specific period of time shown in the chart below. The period after conviction is called a rehabilitation period. This can be extended if another offence is committed. A conviction is know as spent once the rehabilitation period has ended.

| Sentence | Period | |
|---|--|--------------------------------|
| | Aged 17 or under when convicted | Aged 18 or over when convicted |
| Table A | | |
| Prison sentence of more than 6 months to 2½ years | 5 years | 10 years |
| Prison sentence of 6 months or less | 3½ years | 7 years |
| Fines, Compensation Order, Probation Order, Community Service or Punishment Order, Combination Order, Action Plan Order, Drug Treatment and Testing Order, Curfew Order | 2½ years | 5 years |
| Table B | | |
| Borstal Training (not applicable) | | |
| Detention more than 6 months less than 30 months - aged 15 or over when convicted | 5 years | |
| Detention, 6 months or less - aged 15 or over when convicted | 3½ years | |
| Detention Centre Order (not applicable) | | |
| Referral Order | Once the order expires | |
| Miscellaneous | | |
| Absolute Discharge | 6 months | 6 months |
| Conditional Discharge, Binding Over, Probation, Committal to Care of Fit Person, Supervision Order, Care Order | 1 year from date of conviction or the date which the order ends whichever is the longest | |
| Remand Home Order, Approved School Order, Attendance Centre Order | 1 year after the Order expires | |
| Hospital Order with or without a Restriction Order | 5 years or 2 years after the Order expires | |
| Cashiering, Discharge with Ignominy, Discharge with Disgrace from the Armed Forces | 10 years | |
| Dismissal from the Armed Forces | 7 years | |

Excluded from Rehabilitation:

You **must** tell us about **any** sentence which is excluded from rehabilitation - this means it is **never spent**. Excluded sentences are:

Life Imprisonment • Sentence of Detention during Her Majesty’s pleasure, or for Life, or for a term more than 30 months • Sentence of Imprisonment, Youth Custody or Corrective training for more than 30 months • Sentence of Custody for Life

SECTION 14 : Equal Opportunity Monitoring Form

What is your first language?

First Applicant

Second Applicant

What is your faith?

First Applicant

Second Applicant

Christian

Muslim

Jewish

Hindu

Sikh

Buddhist

No faith

Other - please specify

If you would prefer us not to contact you during Religious Festivals, please provide details:

If given the choice, would you prefer the printed information we send you in a different language? (Tick one box only)

First Applicant

Second Applicant

No, I don't need it in a different language

Tigrinya

Amharic

Farsi

French

Kurdish

Polish

Urdu

Other - please specify

SECTION 14 : Equal Opportunity Monitoring Form continued

| What is your race? | First Applicant | Second Applicant |
|---|--------------------------|--------------------------|
| White British | <input type="checkbox"/> | <input type="checkbox"/> |
| Irish | <input type="checkbox"/> | <input type="checkbox"/> |
| Other White Background (please state) | <input type="text"/> | <input type="text"/> |
| Mixed White and Black Caribbean | <input type="checkbox"/> | <input type="checkbox"/> |
| White and Black African | <input type="checkbox"/> | <input type="checkbox"/> |
| White and Asian | <input type="checkbox"/> | <input type="checkbox"/> |
| Other Mixed Background (please state) | <input type="text"/> | <input type="text"/> |
| Asian / Asian British Indian | <input type="checkbox"/> | <input type="checkbox"/> |
| Pakistani | <input type="checkbox"/> | <input type="checkbox"/> |
| Bangladeshi | <input type="checkbox"/> | <input type="checkbox"/> |
| Other Asian Background (please state) | <input type="text"/> | <input type="text"/> |
| Black / Black British Caribbean | <input type="checkbox"/> | <input type="checkbox"/> |
| African | <input type="checkbox"/> | <input type="checkbox"/> |
| Other Black Background (please state) | <input type="text"/> | <input type="text"/> |
| Chinese | <input type="checkbox"/> | <input type="checkbox"/> |
| Other (please state) | <input type="text"/> | <input type="text"/> |

SECTION 14 : Equal Opportunity Monitoring Form continued

Do you have any longstanding illness, disability or infirmity?

Longstanding means anything that has troubled you over a period of time, or is likely to affect you over a period of time.

First Applicant

Second Applicant

Yes No Don't know

Yes No Don't know

If you have such an illness or disability, does this limit your activities in any way?

First Applicant

Second Applicant

Yes No Don't know

Yes No Don't know

If you do have an illness or disability, what is the nature of it?(Tick as many boxes as apply)

First Applicant

- Dyslexia
- Mobility (physical disability)
- Mental health
- Hearing impairment (this can range from mild to profound deafness)
- Learning disability
- Visual impairment
- Progressive disability/chronic illness (for example multiple sclerosis/cancer)
- Other (please specify)

Second Applicant

- Dyslexia
- Mobility (physical disability)
- Mental health
- Hearing impairment (this can range from mild to profound deafness)
- Learning disability
- Visual impairment
- Progressive disability/chronic illness (for example multiple sclerosis/cancer)
- Other (please specify)

SECTION 14 : Equal Opportunity Monitoring Form continued

Does anyone in your household use a wheelchair?

Yes

No

If given the choice, would you prefer the printed information we send you in a different format? (Tick one box only)

First Applicant

Second Applicant

No, I don't need it in another format

Large print

Braille/Moon

Audio tape/CD/MP3

Sign language DVD/Video

Plain English with symbols

Different coloured paper

Are you:

Bisexual

Gay

Heterosexual

Lesbian

Other

Prefer Not To Say

Membership Cancellation

Once you have accepted a property from a Registered Social Landlord your Homesearch membership will be cancelled.

SECTION 15 : Declaration

Wakefield and District Housing (WDH) is committed to creating stable and safe communities and protecting the public funds we handle. In order to achieve this WDH may carry out checks to ensure applicants will be suitable tenants. We may use the information you have given us to prevent and detect fraud, and may share this information with other organisations that handle public funds to prevent and detect fraud. Any information obtained during checks will be treated sensitively and confidentially within the terms of the Data Protection Act 1998.

WDH will check the information you give us. If you knowingly or recklessly give us any information that is inaccurate or incomplete, WDH can:

- Cancel your housing application.
- Take action to repossess any tenancy it has provided for you.
- Take criminal proceedings against you for any offence(s) committed.

Please read this declaration carefully before you sign and date it.

Declaration

I authorise WDH to make any necessary checks before offering me a tenancy. I agree that checks may be carried out with any of the following agencies: Police, Local Authority, Employers, Banks / Building Societies, Social Services, Probation Service, Benefits Service, Support Agencies, Doctors, Current / Previous Landlords.

Provided data protection principles are followed, much of this inter-agency information can be transferred legitimately, and information will be made available to our partners. However, where there are requirements to share and constraints on releasing information to others these will be followed. I confirm that I understand the above warnings and have not made any false or misleading statements or given false information relating to this housing application.

I understand that WDH will use the information provided to register this housing application and decide if I am eligible for WDH housing.

I understand that I must tell WDH about any changes that might affect this application.

First Applicant:

Signed: _____ Date _____

Print name: _____

Second Applicant:

Signed: _____ Date _____

Print name: _____

Refusal to give permission for us to carry out these checks may affect your application for rehousing.

Lupset, Ossett and Horbury

Ossett Service Access Point (SAP) Lupset SAP
Town Hall 2 George a Green Road
Ossett Lupset
WF5 8BE WF2 8HN

Areas covered:

Lupset, Flanshaw, Gill Sike, Portobello, Thornes, Manygates, Horbury, Ossett, Gawthorpe, Netherton and Middlestown

Castleford, Airedale and Normanton

| | | |
|-------------------|-----------------|----------------|
| Castleford SAP | Airedale SAP | Normanton SAP |
| 23 Carlton Street | Stansfield Road | 10 High Street |
| Castleford | Airedale | Normanton |
| WF10 1AX | Castleford | WF6 2AB |
| | WF10 3BY | |

Areas covered:

Airedale, Ferry Fryston, Redhill, Cutsyke, Four Lane Ends, Glasshoughton, Half Acres, Hightown, Smawthorne, Three Lane Ends, Town Centre, Whitwood, Normanton, Altofts and Kirkthorpe

Pontefract, Knottingley and Featherstone

| | |
|----------------|------------------|
| Pontefract SAP | Featherstone SAP |
| 1 Horsefair | Wakefield Road |
| Pontefract | Featherstone |
| WF8 1PE | WF7 5DG |

Areas covered:

Pontefract, Darrington, Knottingley, Ferrybridge, Featherstone, Ackton, Streethouse and Sharlston

Hemsworth, South Elmsall and Crofton

South Elmsall SAP
Exchange Street
South Elmsall
WF9 2RD

Areas covered:

Hemsworth, South Elmsall, South Kirkby, Upton, Thorpe Audlin, Ackworth, Fitzwilliam, Havercroft, Kinsley, Ryhill, South Hiendley, Wragby, Winterset and Crofton

Wakefield City and Rural

| | |
|----------------|-------------------|
| Eastmoor SAP | Wakefield SAP |
| Stanley Street | 19-25 Wood Street |
| Eastmoor | Wakefield |
| WF1 4NB | WF1 2EL |

Areas covered:

Wakefield City Centre, Eastmoor, Darnley, Peacock, Alverthorpe, Kirkhamgate, Wrenthorpe, Stanley, Outwood, Belle Vue, Sandal, Kettlethorpe, Crigglestone, Hall Green, Walton, Bretton, Notton and Woolley

How To Make An Expression Of Interest

You can make up to three expressions of interest for properties you are eligible for at any time during an advertising cycle. There are a number of different ways to do this:

Online: Visit www.wdhomesearch.co.uk. If you are using the website for the first time you will need to 'Register'. After this you can 'Login' and then 'Express an Interest'.

Telephone: Phone 0844 445 7224 to use our speedy automated line and follow the instructions. Or phone 0844 9 02 02 02 to make an expression of interest through an operator.

By SMS Text Messaging: Text your Membership Number # Date of Birth (dd/mm/yyyy) # and the property references in order of preference starting with your first choice with # in between and not a space to 07786 202787. For example 1234#01011950#2345#2346#2347. You should receive a bounce back text shortly afterwards.

In Person: Go to your local Service Access Point and tell a Customer Service Advisor which properties you wish to apply for and they will submit your expressions of interest onto the system for you.

Digital TV: Homesearch is accessible through the interactive pages on digital TV. Send your Membership Number, Date of Birth and property reference numbers in order of preference. There will be a local rate telephone charge for the use of these services. There are several ways of accessing this service depending on the provider you use. Here are two examples:

Sky

1. Press Interactive
2. Select Government Information
3. Select DirectGov
4. Select Local Info
5. Select Wakefield
6. Select WDH

NTL/Telewest

1. Press Interactive
2. Selection New & Info
3. Select Your Council
4. Select DirectGov
5. Select Local Info
6. Select Wakefield
7. Select WDH

Homesearch

your home, your choice

We are committed to providing fair opportunity to access information. If you would like information in another language or format, please ask us.

Amharic

አላማችን ለሁሉም ሰው እኩል አድርገን በማየት፣ ማስታወቂያ ወይም ደግሞ መምሪያ የማግኘት ለሁሉም እኩል እድል መስጠት ነው። በሌላ ቋንቋ ወይም ደግሞ በሌላ ዓይነት ቅርጽ ወይም ደግሞ መምሪያ መስጠት ካስፈለጋችኋል እባክዎን ከኛ ጋር ተገናኙ።

Farsi

ما متعهد می باشیم که موقعیت منصفانه برای دسترسی به اطلاعات فراهم آوریم. اگر شما این اطلاعات را به زبان یا شکل دیگری میخواستید، لطفاً با ما تماس بگیرید.

French

Nous nous engageons à donner à chacun la possibilité d'avoir accès à toutes nos informations.
Si vous souhaitez obtenir des informations dans une autre langue ou sous une autre forme, veuillez nous le faire savoir.

Kurdish Sorani

ئێمه پابه‌ندین به دابینکردنی زانیارییه‌کان به شیوه‌یه‌کی ره‌وا و یه‌کسان. ئه‌گه‌ر ده‌ته‌وێت زانیارییه‌کانته به زمانیه‌کی تر یان به شیوازیکی تر بۆ دابین بکریته، تکایه پیمان بلی.

Polish

Naszym celem jest zapewnienie należącego dostępu do informacji.
Prosimy zwrócić się do nas celu uzyskania informacji w innym języku lub formacie.

Tigrinya

ብዘይ ምድላው ዘሎ መምርሒ ወይ ከእ ኣበሬታ ክንህብ እዩ ዓላማና። እንተድኣ ብካልእ ቋንቋ ወይ ከእ ቅርጺ ትደልይዎ መምርሒ ወይ ከእ ኣበሬታ ኣሎ ኮይኑ ብክክረትኩም ተወክሱና።

Urdu

ہم نے معلومات تک رسائی کا مناسب موقع فراہم کرنے کا عزم کر رکھا ہے۔ اگر آپ معلومات کسی اور زبان یا شکل میں حاصل کرنا چاہتے ہیں تو براہ مہربانی ہم سے بات کریں۔

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