



**DUCANE HOUSING ASSOCIATION**

**11 DU CANE HOUSE | 101 DU CANE ROAD  
LONDON W12 0UR | T 020 0785 4990 | F 020 3738 4991  
enquiries@ducaneha.org.uk | www.ducaneha.org.uk**

# Application for Housing For Students

Please enter your name here in capital letters

Please enter your Imperial College student number

## IMPORTANT NOTES

1. Please answer **all** the questions in **part one** of this form.  
We will not be able to consider your application until you have done this.
2. Return the form as quickly as possible.  
The earlier you apply, the better your chances of being housed.
3. Completion of this form does not guarantee accommodation.  
If eligible, your name will be placed on a waiting list.

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Form sent to applicant	Completed application form received by College	Date sent by college to Ducane HA	Date received by Association
Date     /     /	Date     /     /	Date     /     /	Date     /     /
initial	initial	initial	initial

## PART 1 TO BE COMPLETED BY APPLICANT

**Important:** Please answer all the questions in this section. We will not consider your application until we have all this information. PLEASE WRITE CLEARLY USING CAPITAL LETTERS.

### DETAILS ABOUT YOU

Title (Dr. Mrs. Miss. Mr.):	.....
Surname (your family name):	.....
Other names:	.....
Nationality:	.....
Male or female:	.....
Date of Birth:	.....
Address for correspondence:	..... .....
Telephone number:	.....
Mobile number:	.....
Email address:	.....

### YOUR HOUSEHOLD

1. To enable us to allocate the appropriate accommodation ensure that you complete this section correctly:

Do you require	Single	<input type="checkbox"/>
	Married (two persons only)	<input type="checkbox"/>
	Family	<input type="checkbox"/>

2. Please give details of everyone who will be staying with you in the accommodation

	Name	M/F	Age	Relationship (eg spouse)
Adult One	<input type="text"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
Adult two	<input type="text"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
Adult Three	<input type="text"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
Child one	<input type="text"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
Child two	<input type="text"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
Child three	<input type="text"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
Child four	<input type="text"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
Child five	<input type="text"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>

2a. Do you or those who will be staying with you have any disability which may require special needs? If yes, please provide the following information to allow us to assess your situation sympathetically:

i. Name: .....

Relationship: .....

Age: .....

ii. Nature of Disability : .....

.....

iii. Are you registered disabled? Yes  No

iv. Special needs/requirements/circumstances: .....

.....

## INCOME

1. Please let us know, as accurately as possible, what you expect your annual income to be during the period of your studies. This should be the amount after tuition fees have been paid. Please also confirm where applicable any income your partner may have.

**Annual household income, please tick a box:**

Self	Partner		Self	Partner	
<input type="checkbox"/>	<input type="checkbox"/>	£0 - £4,999	<input type="checkbox"/>	<input type="checkbox"/>	£15,000 - £17,499
<input type="checkbox"/>	<input type="checkbox"/>	£5,000 - £ 7,499	<input type="checkbox"/>	<input type="checkbox"/>	£17,500 - £19,999
<input type="checkbox"/>	<input type="checkbox"/>	£7,500 - £9,999	<input type="checkbox"/>	<input type="checkbox"/>	£20,000 - £23,000
<input type="checkbox"/>	<input type="checkbox"/>	£10,000 - £12,499	<input type="checkbox"/>	<input type="checkbox"/>	Over 23,000
<input type="checkbox"/>	<input type="checkbox"/>	£12,500 – 14,999			

2. Source of applicant's income: .....

## YOUR COURSE OF STUDIES

1. What course (if any) do you intend to pursue while staying in your accommodation

**Student status, please tick a box:**

M.Phil/Ph.D

M.Sc

Diploma

Clinical attachment

Research Fellow

Other (please specify below)

2. At which department and college will you be studying? .....
3. Date on which your studies start: .....
4. Date on which your studies finish: .....
5. Date on which you require accommodation from: .....

## DECLARATION

Please consider my application for housing. I confirm that all information I have given is true. I agree that once I have accepted an offer of accommodation from the Association I will be liable to pay the full rent from the date on which the accommodation becomes available unless I give one month's notice in writing of change or cancellation.

Signed:..... Date: .....

Have you completed all questions in part 1 of this form and signed/dated this form?

Imperial College students please return this form to:

**Student Accommodation Centre  
Level 3, Sherfield Building  
South Kensington SW7 2AZ  
FAX: 020 7594 9440**

Students at **all** other colleges please return this form to:

**Housing Services Manager  
Ducane Housing Association,  
11 Du Cane House, 101 Du Cane Road  
LONDON W12 0UR**

Note: If any of these details change please inform DuCane Housing Association, as soon as possible.

**Do not send this form to Ducane Housing Association or to the department at which you hope to study as this will delay your application.**

## PART 2 TO BE COMPLETED BY ACCOMMODATION OFFICE

Name of Applicant: .....

Dates of study from: ..... to: .....

Student Category: .....

Department and College: .....

Other comments (if any): .....

I confirm that the above applicant has been accepted by the college for the course of study set out above, and support the application for housing.

Signed: ..... Title: .....

Full name in capitals: .....

College / Accommodation Office stamp and initials: