# 



***Office Use Only***

Date Rec:

Ref: Score:

# **Housing Application Form**

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| --- |
| **If you are completing this form on the Applicant’s behalf please give your name, relationship to Applicant / organisation and contact number:** |

**We have properties in the following areas – please tick which area this application relates to:**

County Durham

Darlington

Hartlepool

Hull

Bradford – to be completed by local authority only

Barnsley - to be completed by local authority only

Most properties are for short term accommodation (6 to 12 months) to vulnerable people in need of support, however we have other options available for longer term arrangements.

**Please confirm the following evidence is available for each adult in the household:**

Proof of identity

Proof of income

Proof to reside in the UK

National Insurance

**To avoid delay please ensure all questions are answered and the appropriate evidence is available.**

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| **ABOUT THE HOUSEHOLD** | | | | | | |
| **1: Please provide personal details for a single or joint tenancy** | | | | | | |
| **Title** | **Full Name** | | **Date of Birth** | **Telephone & Email Address** | | **Nat Insurance No** |
|  |  | |  |  | |  |
|  |  | |  |  | |  |
| **2: Please give details of anyone else to be rehoused** | | | | **Relationship to Above** | | **Nat Insurance No** |
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|  |  | |  |  | |  |
| **3: Are there any pets that will live with the Applicant/s? If yes, please list**  Yes  No | | | | | | |
| 1 | | 2 | | | 3 | |

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| **4. Please provide details of where the Applicant/s are currently living** | | | | | | | | | | | | |
| with parents | | | supported housing | | | | | | prison | | | |
| with relatives | | | shared housing | | | | | | hostel | | | |
| with friends | | | bedsit | | | | | | bed and breakfast | | | |
| sleeping rough | | | flat | | | | | | residential/foster care | | | |
| refuge | | | house | | | | | | hospital | | | |
| other *(please state):* | | |  | | | | | | | | | |
| **5. Please provide details of previous addresses starting with the current or c/o address** | | | | | | | | | | | | |
| Address | | From/To | | | | Landlord/Owner Name & Address | | | | | | Reason For Leaving |
|  | |  | | | |  | | | | | |  |
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| **6. Has any adult wishing to live in the property been asked to leave a property or support service?** | | | | | | | | | | | | Yes  No |
| If Yes, please explain: | | | | | | | | | | | | |
| **7. Please tell us why the Applicant/s need to be rehoused, providing as much information as possible** *Continue on a separate page if necessary* | | | | | | | | | | | | |
|  | | | | | | | | | | | | |
| **8. Employment Status of Applicant/s** | | | | | | | | | | | | | |
| employed ft | | | | | seeking work | | | | | | retired | | |
| employed pt | | | | | long term sick | | | | | | student | | |
| self employed | | | | | carer | | | | | | apprentice | | |
| other *(please state):* | | | | |  | | | | | | | | |
| **9. Income *(details of income for anyone who will be living in the household)*** | | | | | | | | | | | | | |
| Name | | Type of Income | | | | | Amount | | | | | Frequency (*weekly, fortnightly, monthly)* | |
|  | |  | | | | |  | | | | |  | |
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| **10. Support Needs *(tick all that apply)*** | | | | | | | | | | | | | |
| mental health | | | | | substance / alcohol misuse | | | | | | finance / budgeting / debt | | |
| employment / training | | | | | help with reading | | | | | | independent living skills | | |
| information in alternative formats | | | | | help with writing | | | | | | translation support | | |
| other *(please state):* | | | | |  | | | | | | | | |
| Please provide additional information for the needs identified above: | | | | | | | | | | | | | |
| **11. Are there any disabilities? *(if yes, tick all that apply)*** | | | | | | | | | | | | Yes  No | |
| mobility/gross motor | | | | learning | | | | | | perception of physical danger | | | |
| manual dexterity | | | | visual impairment | | | | | | behavior / emotional | | | |
| self-care and continence | | | | hearing impairment | | | | | | progressive condition | | | |
| speech | | | | prefer not to say | | | | | | other | | | |
| Please describe how the disability/ies affect the Applicant/s on a day to day basis: | | | | | | | | | | | | | |
| **12. Has anyone wishing to live in the property been in trouble with the police?** | | | | | | | | | | | | Yes  No | |
| If yes, please describe who this involved, the nature of the involvement, when, charges pending, fines and whether there was a term in prison/detention centre as a result. Please also advise if anyone is under a supervision order. | | | | | | | | | | | | | |
| **13. Other relevant contacts** | | | | | | | | | | | | | |
| GP Surgery |  | | | | | | | Address  Contact No. | | |  | | |
| Health Professional Name / Organisation |  | | | | | | | Address  Contact No. | | |  | | |
| Probation Officer  Name / Organisation |  | | | | | | | Address  Contact No. | | |  | | |
| Support Provider Name / Organisation |  | | | | | | | Address  Contact No. | | |  | | |
| Social Worker  Name / Organisation |  | | | | | | | Address  Contact No. | | |  | | |
| Next of Kin Name and Relationship |  | | | | | | | Address  Contact No. | | |  | | |
| **ACCOMMODATION PREFERENCES** | | | | | | | | | | | | | |
| **14. In order of choice please tell us which towns/areas would be considered and why** | | | | | | | | | | | | | |
| 1 | | | | | 2 | | | | | | 3 | | |
| near family/friends | | | | | near friends | | | | | | lived in area before | | |
| receive support | | | | | attend college/training/work | | | | | | escape harassment/abuse | | |
| other *(please state):* | | | | |  | | | | | | | | |
| **15. Please select the preferred choices of accommodation** | | | | | | | | | | | | | |
| 1. Type | | | | | 2. Preference | | | | | | 3. Size | | |
| independent/general needs | | | | | house | | | | | | 1 bedroom | | |
| shared | | | | | flat | | | | | | 2 bedroom | | |
| supported | | | | | bedsit | | | | | | 3 bedroom | | |
| other *(please state):* | | | | |  | | | | | | | | |
| **ADDITIONAL INFORMATION** | | | | | | | | | | | | | |
| **Please provide any additional information to support this application** | | | | | | | | | | | | | |

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| |  | | --- | | **RISK ASSESMENT (*to be completed by a member of staff***) |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | | Important - Where necessary a separate Risk Assessment should be completed for individuals named on the Application Form. Please use the definitions highlighted below: | | | | | | | **Low** | Isolated or occasional non-significant incidents and/or low potential occurring or recurring. | | | | | | **Medium** | More frequent/regular incidents and/or of a more significant nature | | | | | | **High** | Likely, severe or significant | | | | | | **Category** | | **L** | **M** | **H** | **Comments** | | **Is there a history or risk from the applicant to others?** | | | | | | | Physical abuse | |  |  |  |  | | Mental abuse | |  |  |  | | Sexual abuse | |  |  |  | | Racial abuse | |  |  |  | | Verbal abuse | |  |  |  | | Damage/ASB | |  |  |  | | Arson | |  |  |  | | **Is there a history of difficulties regarding previous tenancies?** | | | | | | | Rent Arrears | |  |  |  |  | | Neighbor disputes | |  |  |  | | Anti-social behavior | |  |  |  | | Eviction | |  |  |  | | Harassment | |  |  |  | | Other Incident | |  |  |  | | **Is there a history of or risk from others / Applicant’s vulnerability of any of the following?** | | | | | | | Suicide | |  |  |  |  | | Self-harm | |  |  |  | | Neglect | |  |  |  | | Misuse of medication | |  |  |  | | Abuse from others | |  |  |  | | Abuse to others | |  |  |  | | Mental health issues | |  |  |  | | Substance misuse | |  |  |  | | **How long have you known the Applicant/s?** | | | | | | | **Date completed:** | |  | | | **Completed by:** | | | | |
| **DECLARATION** | | | |
| **Applicant/s must sign the declaration below confirming that:**   1. The information contained within this application is correct. I understand that if I make any false statements my name will be removed from the housing register and any property allocated to me may be withdrawn 2. All adults living in the property are eligible to reside within the UK. 3. I authorise Humankind Housing to obtain information and make enquiries to other parties in relation to this application (as per my Consent below). 4. I will notify Humankind Housing immediately if there are any changes to my circumstances which may affect this application. | | | |
| **Signed (Applicant):** | | | **Date:** |
| **Signed (Applicant):** | | | **Date:** |
| **CONSENT TO SHARE** | | | |
| Humankind Housing may contact your previous landlord(s) or any of the agencies listed below to obtain further information to support your application. Please select the agencies confirming your consent for us to do this and sign where indicated.   * You have the right to refuse or withdraw consent at any time, however, please be aware that this may prevent us from delivering services to you * In some circumstances we may override your consent, for example if there are significant concerns about your welfare, welfare of a child, safeguarding concerns or for the prevention and investigation of serious crime * This form will be reviewed throughout your stay with Humankind Housing to ensure that the information remains up to date; you may request a review at any time | | | |
| Humankind is a Registered Company No. 1820492  Humankind is a Registered Charity No. 515755  Humankind is a registered data holder under the Data Protection Act 1998. No. Z6654621 | | | |
| Housing Provider(s) | Energy Provider(s) | Job Centre/Benefit Agency | |
| Support Provider(s) | Housing /Council Tax Benefit | Education/Employment | |
| Police | GP/Health Service | Probation | |
| **Signed** | **Print Name** | **Date** | |
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| **Alternative Formats:** Please let us know if you require this application form in an alternative format or language or if you need an interpreter or other support to be able to complete it. |
| **Please return this form to:** Humankind Housing, Inspiration House, Unit 22, Bowburn North Industrial Estate, Bowburn, Durham, DH6 5PF **or email it to** [housing@humankindcharity.org.uk](mailto:housing@humankindcharity.org.uk)  **Tel:** 01325 731160 **Freephone:** 0800 731 2072 (free from a landline) |

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| **EQUAL OPPORTUNITIES** | | | |
| We aim to promote equality and inclusion to ensure fair access to the service in line with the Equalities Act 2010.  These questions are used to monitor access to the service and not to make decisions on eligibility. We will not discriminate unlawfully and our Equality Protocol is available on request. | | | |
| **Ethnicity** | | | |
| **Asian**  Bangladeshi  Pakistani  Indian  Other | | **Black**  African  Caribbean | |
| **Chinese or other ethnic group**  Chinese  Other | | **Gypsy and Traveller**  Gypsy  Irish Traveller  Other | |
| **Mixed**  White and Black Carib  White and Black Afr  White and Asian  White and Other | | **White**  White British Eastern European  White Irish  White Other | |
| Prefer not to say | | Not known | |
| **Marital/Civil Partnership Status** | | | |
| Married  Single  Divorced  Widowed  Prefer not to say | | Civil Partnership  Dissolved Civil Partnership  Separated  Other:  Not known | |
| **Religion/ Belief** | | **Sexuality** | |
| Christian  Muslim  Hindu  Jewish  Sikh  Buddhist | Atheist  Agnostic  Other:  Prefer not to say  Not known | Heterosexual  Gay  Lesbian  Other: | Bisexual  Prefer not to say  Not known |
| **Gender** | | **Veterans – Armed Services** | |
| Male  Female  Transgender  Other:  Prefer not to say  Not known | | Currently serving  Ex-serving  Dependent of a current serving member  Dependent of an ex-serving member  None | |
| **Pregnant or given birth in the last 6 months?** | | Yes  No  Prefer not to say  Not known | |
| **Disability** | | Yes  No  Prefer not to say  Not known | |
| A person is disabled under the Equality Act 2010 if they have a physical or mental impairment that has a ‘substantial’ and ‘long-term’ negative effect on their ability to do normal daily activities. | | | |