

Application Form for Housing Accommodation

Confidential

Date received _____
First registered _____

Island Cottages Limited
1 Taylor Court, The Green, Shorwell, NEWPORT, Isle of Wight, PO30 3LQ TEL/FAX. 01983 741001

You should read the form carefully before answering the questions, or your housing need may not be correctly assessed. The completed form should be sent to the above address, where any change of circumstances should be notified in writing. Failure to notify such changes or the provision of false information may invalidate your application. Please write in BLOCK CAPITALS. Where insufficient space is provided for any answer, please continue on a separate sheet. If you have difficulty in completing this form, please ask for assistance.

SECTION A - PERSONAL DETAILS

1. Title Surname First name(s) Date of birth Sex Economic status
 * (see below)

Applicant						
Joint Applicant						

2. Present Address: _____

 Postal Code: _____

 Daytime telephone number: _____

 Email address: _____

3. All other persons to be housed with you when you move:

Relationship to Applicant Title Surname First name(s) Date of birth Sex Economic status
 * (see below)

* **Economic Status** (1) Work full time (2) Work part time (3) Training (4) Unemployed (5) Retired
 (6) Full time parent (7) Student (8) permanently sick (9) Child

4. Is any person on the application pregnant? Yes No
 If so, who? _____ Date baby is due ____ / ____ / 20 ____

5. Please list any other Association or Council to which you have applied for housing

6. Please list below your previous addresses (for the past five years):

	Previous addresses	from	to	Council or HA tenant	Private rent	Home owner	Other	Reason for leaving
Applicant								
Joint Applicant								

7. If you currently live on the Isle of Wight, how long have you lived here? () years

8. If you do not currently live on the Island, please give reasons for wishing to move here, with names and addresses of relative if applicable: _____

If you have lived on the Island in the past, please give your previous address: _____

9. If you or your partner is serving in H M Forces, do you live in M.o.D. accommodation? Yes No

Date of discharge ____ / ____ / ____

Did either you or your partner live on the Island before enlistment? Yes No

10. If you or your partner are currently employed, what is your combined net weekly income? (I.e. after tax and deductions) £ _____ : _____

11. Give details of where you or your partner work or are about to start work:

	Employers Name	Employers Address	Usual place of work (if different)
Applicant			
Joint Applicant			

12. Are you retired from full time employment? Applicant Yes No

Joint Applicant Yes No

13. Please give details of pensions and benefits received

Name	Type of benefit / pension	Amount	weekly / fortnightly / 4 weekly

14. Value of savings and investments of applicant and joint applicant: £ _____

15. Do you own any property? Yes No If yes, please state approximate value: £ _____

Address (if different to current address) _____

SECTION B - YOUR PRESENT HOUSING

16. Please give the dates you moved into your present address:

Applicant ____ / ____ / ____

Joint Applicant ____ / ____ / ____

17. If rent is payable, how much rent do you currently pay? £ _____ : _____ per week / month

18. If you pay a mortgage, how much do you currently pay? £ _____ : _____ per month

19. Details of current housing (please tick one box only):

- | | |
|--|--|
| <input type="checkbox"/> Renting from a private landlord | <input type="checkbox"/> In accommodation tied to your job |
| <input type="checkbox"/> Council Tenant | <input type="checkbox"/> Living in a hostel |
| <input type="checkbox"/> Housing Association tenant | <input type="checkbox"/> Staying temporarily with friends or relatives |
| <input type="checkbox"/> Buying / Owner | <input type="checkbox"/> Completely homeless i.e. sleeping outdoors |
| <input type="checkbox"/> Living in Bed & Breakfast | <input type="checkbox"/> Lodger |
| <input type="checkbox"/> Living at home with parents | <input type="checkbox"/> Serving in HM forces |
| <input type="checkbox"/> In hospital / other institution | <input type="checkbox"/> Living in a care home |
| <input type="checkbox"/> Squatting | <input type="checkbox"/> Other - please specify |

20. Have you made a homeless application to the Isle of Wight Council? Yes No

Have you been accepted as homeless by the Isle of Wight Council? Yes No

21. Type of tenancy (i.e. shorthold, assured): _____

22. To describe the type of property in which you currently live, please tick one box only:

- | | | |
|--|-------------------------------------|---|
| <input type="checkbox"/> Lodging house or hostel | <input type="checkbox"/> Maisonette | <input type="checkbox"/> Mobile home |
| <input type="checkbox"/> House | <input type="checkbox"/> Bedsit | <input type="checkbox"/> Room in a shared house |

Flat Bungalow Other - please specify

23. Is there a lift? Yes No

24. On which floor level is your accommodation situated?

Ground First Second Third Basement Whole house

25. How many rooms do you and your household have the right to use?

Please complete number of rooms and delete where applicable.

	Number of rooms	Sole use?	Shared with other households? *		Number of rooms	Sole use?	Shared with other households? *
Bedrooms	<input type="text"/>	Yes / No	Yes / No	Bathroom	<input type="text"/>	Yes / No	Yes / No
Living room	<input type="text"/>	Yes / No	Yes / No	Toilet (inside)	<input type="text"/>	Yes / No	Yes / No
Kitchen	<input type="text"/>	Yes / No	Yes / No	Toilet (outside)	<input type="text"/>	Yes / No	Yes / No

* Other households are persons who will remain in the property when you move.

Complete Q26 & Q27 only if you are sharing with another household.

26. Are any of the other persons related to you or your partner? Yes No

27. Please give full details of the household(s) that you currently share with:

Title	Surname	First Name(s)	Relationship to you	Sex	Date of Birth

28. Please indicate which of the following facilities are available at your current home:

Kitchen sink Cooking facilities Hot water supply Electricity
 Gas Central heating Private garden Shared garden
 Indoor toilet Outdoor toilet Shower / Bath

29. Is your accommodation fully self contained? Yes No

30. If your accommodation is in poor condition, please briefly describe the problems: _____

31. If you pay rent please give the landlords name and address: _____

SECTION C - YOUR MEDICAL AND WELFARE NEEDS

32. Are there any medical or welfare reasons for you or members of your household wanting to move? Yes No
If yes, please box(es) which apply. If no, go to 33.

A mental illness disorder

A physical disability

A learning disability

A chronic or progressive medical condition (e.g. MS, HIV)

Because you are elderly or frail

Because you need to give or receive care

Because of the need to recover from the effects of violence or threats of violence or physical, emotional or sexual abuse

Because of substance misuse, i.e. drugs or alcohol

Because a member of your household who is under 18 years of age is in need of settled accommodation on medical or welfare grounds

Because of behavioural difficulties

Because of the need for adapted housing and / or extra facilities, bedroom or bathroom

Because of the need for improved heating on medical grounds

Because of the need for sheltered housing on medical grounds

Because of the need for ground floor accommodation on medical grounds

Because of the need to be near friends / relatives on medical grounds

Other circumstances (please specify) _____

Please give details why the health of yourself, or another member of your household is made worse by your present housing and would be improved by a move to another home: _____

Please give the name and address of your GP _____

33. Do you have any of the following (please any which apply and provide names and addresses)

	<input checked="" type="checkbox"/>	Name & Address
Social Worker	<input type="checkbox"/>	
Health visitor	<input type="checkbox"/>	
Key worker	<input type="checkbox"/>	
Care Manager	<input type="checkbox"/>	
Community Psychiatric Nurse	<input type="checkbox"/>	
Occupational therapist	<input type="checkbox"/>	
Home carer	<input type="checkbox"/>	
Probation Officer	<input type="checkbox"/>	
District Nurse	<input type="checkbox"/>	
Other (specify)	<input type="checkbox"/>	

SECTION D - HOUSING REQUIRED

34. Do you or any member of your household need to use a wheelchair within the home? Yes No

35. If you need special accommodation because of your age or ill health, please indicate which type:

Ground floor accommodation

Wheelchair facilities

Other - please specify

36. Please list any animals you intend to keep at home: _____

37. Any special reason why a particular type or size of accommodation is unsuitable (in normal circumstances you will be offered a house, bungalow or flat of a size sufficient for you and your family only)

38. Please state if you need to be near particular facilities (e.g. doctors, shops, public transport) and give reasons:

39. We have 38 general needs properties, mostly in rural areas. Cross out areas in which you would not be prepared to live, however, you should not add extra areas. If more than one area is acceptable, please indicate order of preference:

AREA	ORDER OF PREFERENCE
BRIGHSTONE	
CALBOURNE	
CARISBROOKE	
CHALE	
NEWBRIDGE	
NEWTOWN	
ROOKLEY	
SHORWELL	
FRESHWATER	

40. Are you or your partner related to any member of the Management Committee or an employee working for the Housing Association named on the front of this form? Yes No
- Are you or your partner related to any Isle of Wight Councillor or Senior Officer of the Council? Yes No

Ethnic Origin

This Association operates a policy of equal opportunities in all aspects of its work. No person or group of persons applying for housing will be treated less favourably than anyone else because of their race, ethnic or national origin, sex, sexual orientation, disability, age, appearance or marital status.

41. How would you describe the ethnic origin of your household? Please box:

White

- British Irish Traveller of Irish Heritage Gypsy/Traveller
- Any other white background

Mixed

- White and Black Caribbean White and Black African White and Asian
- Any other mixed background

Asian or Asian British

- Indian Pakistani Bangladeshi Any other Asian background

Black or Black British

- Caribbean African Any other Black background

Chinese

Any other ethnic background

I do not wish to answer

SECTION E - ADDITIONAL INFORMATION

You are required to complete this section.

Tell us why you want to be re-housed and explain your housing situation in more detail. Also tell us about any problems not mentioned elsewhere on the form. *(Please continue overleaf and/or use a separate sheet of paper if necessary)*

NOTES

The submission of an application for does not guarantee that accommodation will be offered to you, nor, if an offer is made will the accommodation necessarily be in the area of your choice, or have all the characteristics you prefer.

There is an extreme shortage of vacancies within Association housing stock. You are therefore advised to continue to look for other solutions to your housing problems and to explore the availability of accommodation through other avenues.

Responsibility for dealing with homelessness lies with the Isle of Wight Council. If you are homeless or threatened with homelessness you should contact Isle of Wight Council Tel (01983) 821000.

Data Protection Act 1998

Some or all the information you give us on this form may be placed on computer. You may ask to see all the details on the computer about your application.

Access to Personal Files Act 1987 & Housing Act 1985

The above act gives an applicant certain rights to see personal information held about him / herself in any format. The request to see this information must be made in writing.

I / We declare that all the answers given on this form are full and complete.

I / We understand that any false information may invalidate the application.

Signed (Applicant) _____ Date _____

Signed (Joint Applicant) _____ Date _____

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