Housing Application Form

Please return to your local Housing Office:
e-mail: enquiry@impacthousing.org.uk

FOR OFFICE USE ONLY Reference No: _____

Total Points: _____ Date Received: _____

Areas of of Choice: 1. _____
2. _____
3. _____

☐ **Impact Housing Association Ltd**
Nook Street, Workington
Cumbria CA14 4EH
Tel: 01900 842100

☐ **Impact Housing Association Ltd**
47 Nelson Street, Carlisle
Cumbria CA2 5NE
Tel: 01228 633600

☐ **Impact Housing Association Ltd**
The Oval Centre, Salterbeck
Workington, Cumbria CA14 5HA
Tel: 01946 833100

Section One — Applicant Details

A. YOUR DETAILS

Please indicate your application type.

☐ New Application ☐ Impact Transfer ☐ Mutual Exchange ☐ L.A. Nomination

APPLICANT	JOINT APPLICANT (if applicable)
Title: Mr / Mrs / Miss / Ms	
First Name:	
Surname:	
Address:	
Post Code:	
Tel. Home:	
Tel. Work:	
Date of Birth:	
National Insurance Number:	

B. EQUAL OPPORTUNITIES

1. Ethnic Origin - Do you consider yourself to be: (Please tick the box which applies to you)

Column A

1. African ☐
2. Asian (Pakistani, Bangladeshi, Indian, Sri Lankan) ☐
3. British ☐
4. Caribbean ☐
5. European ☐
6. Irish ☐
7. South East Asian (Chinese, Vietnamese, Malaysian, Thai) ☐
8. Other ☐
9. A combination of the above groups ☐

Column B

1. Black ☐
2. White ☐
3. Mixed ☐
4. Other ☐

C. HOUSEHOLD DETAILS

Please list all the people who are living at your current address

Title	First name	Surname	Date of Birth	Relationship to applicant	Tick if to be rehoused with you

Are you, or anyone who wants rehousing, pregnant? Yes ☐ No ☐

If yes, please give name

Please give the date when the baby is due / /

D. EMPLOYMENT

Are you/joint applicant employed? Applicant Yes ☐ No ☐ If yes: Part Time ☐ Full Time ☐

Joint Applicant Yes ☐ No ☐ ☐ ☐

Please give your Job Title and Name and Address of Employer

Applicant	Job Title:
	Employer:
Joint Applicant	Job Title:
	Employer:

E. FINANCIAL DETAILS

Please give details of any income you receive and any savings you have.
If you are in receipt of any benefits please state what type, e.g. income support, DLA, etc.

	Earnings (Wkly) £	Private Pensions £	State Pensions & Benefits Benefits Type	Amount £	Savings & Shares £
Applicant					
Joint applicant					
Include other members of household					

F. PRESENT SITUATION

1. Are you currently homeless? Yes ☐ No ☐

If yes, please give details.

No fixed abode ☐

Leaving hospital, care home, other institution and no home to go to ☐

Living in short stay accommodation, e.g. refuge, hostel, bed & breakfast ☐

Family living apart ☐

Living temporarily with friends/relatives ☐

Other (please state) ☐

Please give further details.

Please give the date when you became homeless / /

2. Are you threatened with homelessness? Yes ☐ No ☐

If yes, tick one of the following boxes

House must be sold ☐

Relationship breakdown ☐

Having to leave tied accommodation ☐

Notice to quit ☐

Asked to leave by friends/relatives ☐

Physical abuse ☐

Other (please state) ☐

Please give further details.

PLEASE NOTE, YOU WILL NEED TO PROVIDE EVIDENCE OF ANY CIRCUMSTANCES INDICATED ABOVE, e.g. NOTICE FROM LANDLORD, WITH THIS FORM, BEFORE WE CAN GIVE YOUR APPLICATION POINTS.

When must you leave your accommodation by? / /

3. Are you fleeing domestic violence? Yes ☐ No ☐

If yes, please give details.

G. SHARED ACCOMMODATION

Are you sharing any of these facilities with people who are not to be rehoused with you?

Inside toilet	☐	Kitchen	☐
Bath or shower	☐	Bedrooms	☐
Living room	☐		

H. PRESENT DETAILS

1. Please give details of your present accommodation

Owner / occupier	☐	Joint owner - occupier	☐
Licencee	☐	Tied tenant	☐
Accommodation with job - not tied	☐	Living with parents	☐
Lodger (but not with relatives)	☐	Living with relatives	☐
Living in a bed & breakfast	☐	Living in a hostel	☐
Living in care home	☐	No fixed abode	☐
Private tenant	☐	HM Forces	☐
Shorthold tenancy (private landlord)	☐		

Council tenant (please give name of authority)

Housing Association tenant (please specify name of Housing Association)

What type of property do you live in?

How many bedrooms do you have in your current property?

Do you have your own separate bedroom? Yes ☐ No ☐

If you live in a flat what floor do you live on?

2. If Rented

Do you have a tenancy/licence agreement? Yes ☐ No ☐

If yes, please specify giving the name and address of the landlord and details of any time limit and/or restricted protection.

Weekly rent due £

Do you owe rent arrears or have any other outstanding debt with either your current or previous landlord? Yes ☐ No ☐

If yes, please give full details, i.e. the amount owing, address at which arrears occurred & details of any payment agreements in place.

3. If you are an Owner Occupier:

(i) What is your monthly mortgage payment?
(ii) What is the value of your property?
(iii) How much is your mortgage outstanding?

4. Do you consider your current accommodation affordable? Yes ☐ No ☐

If no, please tell us why.

I. PROPERTY CONDITION

State of Repair

Does your current accommodation suffer from any of the following, please tick which applies to your home

Extensive dampness?	☐	Inadequate supply of clean water?	☐
Poor facilities for cooking?	☐	Inadequate heating, lighting, ventilation?	☐
Inadequate bathroom/shower facilities?	☐	Poor drainage system?	☐
Is your property in serious disrepair?	☐	Poor located toilet?	☐
Some damp?	☐	Poor plaster?	☐
Leaking roof?	☐	Serious condensation?	☐
Faulty or poor wiring?	☐	Rotting woodwork?	☐
Other minor repairs required?	☐		

If you have ticked any of the above, please give further details.

J. HEALTH PROBLEMS

1. Do you or any member of your household wishing to be rehoused have any of the following?

A physical disability	☐	A sensory disability	☐
Learning disability	☐	Mental ill health	☐
Long term illness	☐	Other (please specify)	☐

Name of person with illness or disability

Brief details of illness or disability.

How long has this person had this medical condition? (Approximate month/year)

Do they have difficulty climbing stairs? Yes ☐ No ☐

Are special aids used? e.g. walking frame or wheelchair. Yes ☐ No ☐

If yes, please give details.

Is this person registered disabled? Yes ☐ No ☐

Have any special adaptations been carried out in your current home? Yes ☐ No ☐

If yes, please give details, e.g. stairlift, walk in shower, ramps, handrails.

K. PREVIOUS ADDRESS DETAILS

1. Please tell us where you have been living for at least the past three years.

Address	State whether House, Flat, etc.	State whether with parents, lodger, private tenant, owner, council etc.	Date from Date to	Reason for leaving

2. Have you ever been evicted or had action taken by a previous landlord for rent arrears or anti-social behaviour?

Yes ☐ No ☐

If yes, please give details.

L. HARASSMENT

Have you or anyone who wants rehousing been subject to threatening or abusive behaviour by neighbours or other person?

Yes ☐ No ☐

If yes, please give details.

M. ANNOYANCE

Have you or anyone who wants rehousing been persistently annoyed/disturbed by the behaviour of others?

Yes ☐ No ☐

If yes, please give details.

N. ISOLATION

Do you or anyone who wants rehousing, need to be nearer any of the following?

Workplace ☐ School ☐

Shops ☐ Community facilities ☐

To be near family ☐

If you have ticked any of the above, please give more details.

O. STRAINED RELATIONSHIPS

Are you experiencing difficulty or strained relationship with people you live with?

Yes ☐ No ☐

If yes, please give details.

P. NEED FOR SUPPORT

Do you or anyone who lives with you have difficulty managing without support, which would be assisted by moving near to family/friends?

Yes ☐ No ☐

If yes, please give details.

Q. ELDERLY WITH DIFFICULTIES

Are you elderly and have difficulty looking after your home?

Yes ☐ No ☐

If yes, please give details.

R. SPECIALIST SUPPORT

Do you or anyone who requires rehousing receive any specialist support from, for example, Social Services, Probation Service etc.?

Yes ☐ No ☐

If yes, please give details, including name & contact address of support worker.

S. PARENTS LIVING APART FROM CHILDREN

Are you a parent who is separated from your partner/and or children but need your own accommodation to enable access visits?

Yes ☐ No ☐

If yes, please give details.

A. WHICH AREA DO YOU WANT TO LIVE IN?

1. Please look at the list of properties supplied with this form. Check that we have the property type you need in the areas you choose.

Please indicate below which areas you prefer

	Area
1st Choice	
2nd Choice	
3rd Choice	

Please read the attached leaflets for information to where Impact has properties. If you have any queries please check with your local Impact office.

2. Community Lettings Policy

Please note that Impact operates a Community Lettings Policy for certain areas. This means that you will be given a higher priority if you have a strong local connection to the area you have chosen.

Please answer the following;

Have you lived in the area you have indicated a preference for, for more than 5 years?

Yes ☐ No ☐

Have you lived in the area you have indicated a preference for, for between 1 and 5 years?

Yes ☐ No ☐

Have you a strong commitment or connection in the area which you have indicated a preference for?

Yes ☐ No ☐

If yes, please give details.

Do you have or have you secured employment in the area in which you have indicated a preference for?

Yes ☐ No ☐

If yes, please give details.

B. PROPERTY TYPE

1. Please tick the types of property you would consider, (one or more).

House ☐ Flat ☐

Bungalow ☐ Bedsit ☐

2. What type of property do you want to live in?

If you require special accommodation because of your age, ill health or disability, please indicate which features you require, (one or more).

Accommodation for disabled	☐	Accommodation for elderly	☐
Ground floor accommodation	☐	Good neighbour/tenant support worker	☐
Wheelchair facilities	☐	Furnished accommodation (subject to circumstances and including an additional charge to the rent for the property)	☐
Young peoples supported accommodation (16-26yrs)	☐		

3. Please state the number of bedrooms you require ☐ minimum ☐ maximum

4. Do you need a property which is specially adapted?

Yes ☐ No ☐ If yes, please tell us what kind of adaptations you need.

Walk in shower (if you are disabled)	☐	Wheelchair ramps to front	☐
Grabrails	☐	Other	☐

If you have ticked 'Other' please specify.

5. Do you intend to keep pets or animals at home?

Yes ☐ No ☐

If yes, what type of pets do you intend to keep and how many?

C. PERSONAL SUPPORT

Impact Housing Association provides a range of support services. If you feel you need support with your tenancy, please tick what type of support you would require.

Young Person – 16 to 26 ☐ Over 55's ☐ Domestic Violence ☐ Other ☐

Please give brief details why you require support.

Section Three — Further Details

A. RELATIONSHIP TO STAFF OR COMMITTEE

1. Are you an employee or member of Impact committee, or a relative of one?

If yes, please give further details.

B. NEXT OF KIN

1. Please give details of your next of kin.

Name:
Address: Tel. No:

C. SUPPORTING INFORMATION

1. Do you have any other relevant information which you feel will support your application?

Please give details. *Please continue on a separate sheet if necessary*

Please check that the answers and information you have given are correct.
Please read the following statement and sign below.

DECLARATION BY APPLICANT

I/we understand that the information on this form is true and correct.
I/we understand that any false or misleading information may lead to:

a) My application being cancelled.
b) If an offer of accommodation has been made it may be withdrawn.
c) If you have been given a tenancy, an application may have to be made to the Courts for a possession order to evict you.

I/we must inform Impact Housing Association of any changes in my/our circumstances.

All the information given will be placed on Impact Housing Associations current Housing Register. By signing this form I am consenting to the use of the information relating to my application under the terms of the Data Protection Act 1984.

I/we give permission for Impact Housing Ltd. to request references/information from previous landlords and to check criminal records with the police, where deemed necessary to support any information given.

Signed ..... Date .....

For joint applicants

Signed ..... Date .....

Thankyou for filling in this form. Please do not forget to enclose any medical evidence if necessary.
Please return this form to your local Impact Housing Association Ltd. Office.

For Office Use Only

NEEDS ASSESSMENT / POINTS FORM

Homeless		
Priority	150	☐
Non-Priority	100	☐
Temporary Supported Accommodation	80	☐
Shared Accommodation	40	☐
Insecure Accommodation	30	☐
Property Condition		
Uninhabitable/Serious Disrepair	70	☐
Needing Major Repairs/Improvement	30	☐
Poor Condition	15	☐
Medical Need		
Acute	50	☐
Urgent	30	☐
Poor Health	15	☐
Need for Independence		
Urgent	40	☐
Moderate	20	☐
Overcrowded	15	☐
Underoccupying	5	☐
Lacking Amenities	15	☐
Social Need		
Harrassment	50 or 25	☐
Nuisance/Annoyance	30 or 15	☐
Isolation	15 or 10	☐
Strained Relationship	15 or 10	☐
Need for Support	10	☐
Elderly & Difficulties Managing a House	5	☐
Parents Living Apart from Children	10	☐
Other Social Need	10 or 15	☐
Unaffordable Accommodation	30 or 15	☐
Local Connection		
Lived on the Estate/Area continuously for last 5 years or more	20	☐
Lived on the Estate/Area continuously for last 1-5 years	15	☐
Lived previously on the Estate/Area for 5 years or more. Strong Commitment/ Positive Reasons for living on the Estate/Area	15	☐
Has secured permanent employment	15	☐
Vulnerable		
Dependent children under 10 years	15	☐
Dependent children over 10 years	10	☐
Pregnant Women	15	☐
Elderly over pensionable age	5	☐
Elderly over 75	10	☐
Personal Support		
Young Person – 16 to 26		☐
Over 55's		☐
Domestic Violence		☐
Other		☐
POINTS TOTAL		☐