

**Application for over 50’s Accommodation**

Please complete the form carefully and answer all questions. Incomplete forms cannot be considered and will be returned to you.

If you need help completing this form, or you require a copy in Braille, large print or in translation, please ask at reception.

The confidential information provided in this form is subject to the provisions of the Data Protection Act and will not be passed onto any other person or organisation without your consent.

If you are between the age of 50-55 you will only be considered for this accommodation if you have a severe illness or disability.

APPLICATION NUMBER -

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| FOR OFFICE USE ONLY | | | | | | |
| DATE RECEIVED: | | | | | | |
| PROCESSED BY: | | | | | | |
| ACCEPTED: YES / NO | | | | | | |
| IF REJECTED PLEASE GIVE REASON: | | | | | | |
| POINTS: | | | | | | |
| RISK IDENTIFIED? YES / NO | | | | | | |
| LIST ALL IDENTIFIED RISKS:  Would the applicant put other tenants at risk? Yes/No  Would the applicants support needs negatively affect current tenants? Yes/No  Are there any risks to staff relating to safety? Yes/No  Would the tenant be at risk from the local community? Yes/No  Is there a likelihood of property damage? Yes/No | | | | | | |
| ACTION TO BE TAKEN ON RISKS: | | | | | | |
| FURTHER EVIDENCE REQUIRED:  DATE LANDLORD REFERENCE REQUESTED (IF REQUIRED):  SIGNED:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  (STAFF MEMBER) | | | | | | |
| PERSONAL DETAILS | | | | | | |
| Surname | First  Name(s) | Sex | Marital  Status | Date of  Birth | Nat. Ins.  Number |  |
|  |  |  |  |  |  | Applicant |
|  |  |  |  |  |  | Joint  Applicant |
| Current Address | | | | | | |
|  | | | | | | |
| Post Code | | | | | | |
| Telephone No: Landline........................................................................    Mobile............................................................................  Email address:.......................................................................................  Preferred Contact Method: Phone/text/email/post (delete as appropriate) | | | | | | |

Details of those to be housed with you:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Surname | First  Name(s) | Sex | Date of  Birth | Nat. Ins.  Number | Relationship to you |
|  |  |  |  |  |  |
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If you have children aged over 16 living with you are they:

Working/studying/unemployed (please delete as appropriate).

Please note: In the case of shared custody you will only be allocated a bedroom for a child that you are in receipt of Child Benefit for, we will ask for proof of this.

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| --- | --- | --- | --- | --- | --- |
| Do all of those who wish to be rehoused with you live with you now on a full time basis? | | | YES | | NO |
| If you have answered NO please give the following details: | | | | | |
| Name | How often do they live with you? | At what other address do they live? | | Reason they do not live with you all the time? | |
|  |  |  | |  | |
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| If you or anyone to be housed with you is pregnant, please state:  Name:...............................................Date when baby is due:................... |
| Please provide a copy of the certificate of expected due date |

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| --- | --- | --- |
| IMMIGRATION STATUS |  |  |
| Have you or anyone on your application come to the UK from another country? | YES | NO |
| IF YES PLEASE ANSWER THE QUESTIONS BELOW |  |  |
| Do you or others on your application have indefinite leave to remain in the UK? | YES | NO |
| Do you or others on your application have exceptional extended leave to remain in the UK? | YES | NO |
| Have you or others on your application been accepted as a refugee? | YES | NO |
| Are you or others on your application an asylum seeker awaiting a decision on your asylum application? | YES | NO |
| Did you or others on your application enter the UK on a sponsorship undertaking? | YES | NO |
| If you answered YES to any of the above, proof of immigration status will be required. | | |

|  |  |
| --- | --- |
| YOUR CURRENT ACCOMODATION | |
| How many bedrooms are in your current accommodation?  Floor Level? Is the there a lift? Y / N  How many bedrooms do you and your family use? | |
| Please tick which applies to you: | |
| You are living in temporary or bed and breakfast accommodation provided by the Council. | |
| You are living in a hostel. | |
| You are living in private rented accommodation where you have your own room but share kitchen and bathroom facilities with other  people not related to you. | |
| You are living in private rented accommodation which is self  contained (e.g you do not share a kitchen or bathroom with anyone  else). | |
| You have a licence agreement or an assured shorthold tenancy agreement. | |
| You are living with friends. | |
| You are living with family. | |
| You are living in accommodation that is too small for your families needs (to be assessed in line with our policy). | |
| You are living in accommodation that is too large for your families  needs (to be assessed in line with our policy). | |
| You have received written notice to leave your current property. | |
| You need to find alternative accommodation to escape serious harassment or violence. | |
| You need to move home for medical reasons as your current  property is not suitable for your needs. | |
| Your home is in disrepair and the landlord is not complying with his responsibilities. | |
| You have children and no access to a garden. | |
| You have children and share a garden with other persons. | |
| Other reasons (please specify) | |
| How long have you lived at your current address?­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  If you have lived at your address for less than five years please provide details of previous addresses for this time:   |  |  |  | | --- | --- | --- | | Address | Type of tenancy  (e.g rented, living with family, council) | Reason for leaving | |  |  |  | |  |  |  | |  |  |  |   If you were evicted from any of the above tenancies please provide details of why and give landlord address and phone number: |

If you are renting your current home please provide us with your landlord’s details so that we may obtain a reference:

|  |  |
| --- | --- |
| Landlord’s Name | Landlord’s full address and telephone number. |
|  | Address:  Postcode:  Telephone number: |

|  |
| --- |
| How much is your current rent? |
| How do you pay your rent at present? |
| Do you or your partner have any rent arrears for YES NO  the home in which you currently live? £  outstanding |
| If you have answered YES please give details explaining why you have arrears and what payments you have made towards them. |
| Do you or any member of your household have, or YES NO  have previously had, a legal or financial interest  in any rented or owned property in this country  or abroad. |

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| HEALTH AND DISIBILTY |
| If you, or anyone living with you have health problems that are being made worse by your current accommodation please complete the section below. Evidence will be required. |

|  |  |  |  |
| --- | --- | --- | --- |
| Name of person | What is the medical problem? | Do you take medication? | How does your current accommodation make your condition worse? |
|  |  |  |  |
|  |  |  |  |
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If you or anyone included in your application has a disability and your present accommodation is unsuitable, please provide brief details below:

|  |  |  |  |
| --- | --- | --- | --- |
| Name of person | What is the disability? | Why is your present accommodation unsuitable? | Do you have a report from an Occupational Therapist or Doctor? |
|  |  |  |  |
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Please specify any adaptations you would require in a property to make this suitable (e.g handrails, lever taps, walk in shower etc).

..............................................................................................................................................................................................................................

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| --- | --- | --- |
| Do you require ground floor accommodation only?  Please provide evidence of this | YES | NO |
| Do you require accommodation where there is a regular visiting member of staff? | YES | NO |
| EMPLOYMENT AND INCOME | | |

Are you or any members of your household currently employed? Yes No

|  |
| --- |
| Who in the household is employed?  Please provide details of employers: |

What is the average weekly income for yourself and others in your household (rounded to the nearest pound)?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1st Resident 2nd Resident Household member

|  |  |  |  |
| --- | --- | --- | --- |
| Earnings from employment |  |  |  |
| Universal Credit |  |  |  |

OR

|  |  |  |  |
| --- | --- | --- | --- |
| DLA/PIP |  |  |  |
| ESA Support Component |  |  |  |
| Working Tax Credit |  |  |  |
| Child Benefit |  |  |  |
| Child Tax Credit |  |  |  |
| Occupational Pension |  |  |  |
| State Pension |  |  |  |
| Income Support |  |  |  |
| Job Seekers Allowance |  |  |  |
| ESA Contribution Based |  |  |  |
| Incapacity Benefit |  |  |  |
| Total other state benefits |  |  |  |
| If other Benefit state which |  |  |  |
| Other Income |  |  |  |
| Total |  |  |  |

|  |  |  |
| --- | --- | --- |
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Please provide details of any savings

|  |
| --- |
| Will you qualify for Universal Credit? Yes No Unsure  If “Yes”, will you be making -  A new Universal Credit Application or  A change of circumstances application? |
| Will you be paying rent directly yourself? Yes No Partially |

|  |
| --- |
| Financial Management  Do you have any debts including benefit arrears? Yes No  Do you have a bank account? Yes No  Would you set up a direct debit for your rent payments? Yes No |
| HOUSING REQUIREMENTS |
| Please describe in your own words why you wish to be housed: |
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| Please state if you will have pets living with you and list type and amount: |

Please select your preferences for housing area below. More than one area can be selected. You should ensure that you only select areas where you are prepared to live as the Association has a policy of making one reasonable offer only. This means that if you unreasonably refuse a property you will be removed from the waiting list.

|  |  |
| --- | --- |
| South Luton |  |
| Farley |  |
| Barton Le Clay |  |

Please note our accommodation in South Luton only has a Visiting Officer on site at times during the week.

OTHER HOUSING OPTIONS

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Are you registered with Bedfordshire Homefinder Choice Based Lettings Scheme? | YES | | NO | | |
| If YES, what Band have you been placed in? Please circle as appropriate. | | 1 | 2 | 3 | 4 |
| Have you been bidding? YES NO  If yes where have you been coming on results?  If no, please advise why. | | | | | |

|  |  |  |
| --- | --- | --- |
| Have you had housing advice from  Luton Borough Council, Central Bedfordshire Council or the Citizens Advice Bureau? | YES | NO |

|  |  |  |
| --- | --- | --- |
| Are you registered with Homeswapper or any other mutual exchange scheme? | YES | NO |

|  |  |
| --- | --- |
| How did you find out about Squared? | |
| Local Council |  |
| Friends/relatives |  |
| From an LCH Tenant |  |
| From the internet |  |
| Citizens Advice Bureau |  |
| Other (please state) |  |

|  |  |  |
| --- | --- | --- |
| Are you or any of the people to be housed with you related to a committee member of Squared or a staff member, or are you a current or previous staff member of Squared? | YES | NO |
| If yes to any of the above please give details: | | |
|  | | |
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RISK ASSESSMENT

If an agency or support worker is helping you to fill in this form please state their name and who they work for in the space below:

|  |
| --- |
| Name:  Organisation:  Contact Details: |

The table below is a list of the type of things you might need support for. We need to know which of these issues affect you, or have affected you in the last three years so that we can ensure you will be provided the correct support if you are offered a tenancy. We also need to know so that we can prepare our staff for any risk that may be posed.

Please tick each issue that affects you and then tick in the box to indicate how much support you think you will need.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| TYPE OF NEED | Affected by | A little  support | Some  support | A lot of  support |
| Domestic Abuse |  |  |  |  |
| Learning Difficulties |  |  |  |  |
| Mental Health Issue |  |  |  |  |
| Alcohol Misuse |  |  |  |  |
| Drug Misuse |  |  |  |  |
| Emotional Wellbeing |  |  |  |  |
| Refugee |  |  |  |  |
| Language/cultural support |  |  |  |  |
| Physical Disability or mobility issues |  |  |  |  |
| Young and in need of support |  |  |  |  |
| Offending Issues |  |  |  |  |
| Chronic (long term) illness |  |  |  |  |
| Parenting support |  |  |  |  |
| Elderly person and in need of support |  |  |  |  |
| Sight/hearing difficulties |  |  |  |  |
| Debt problems/handling finances |  |  |  |  |
| Unable to sustain a tenancy |  |  |  |  |
| Risks from Associates |  |  |  |  |
| Living Skills |  |  |  |  |
| Other |  |  |  |  |

If you have ticked any of the above please give more details below:

|  |
| --- |
|  |

Please tell us if you have concerns with any of the following? Please tick all that apply.

|  |  |
| --- | --- |
| Feeling safe and secure within your home and the community. |  |
| Developing skills and interests and getting a job. |  |
| Managing your home, arranging gas, electricity and water supplies, arranging for someone to maintain or repair your home. |  |
| Managing your money (e.g. paying bills, budgeting, claiming benefits, filling in forms). |  |
| Help with going to the doctor, dentist, meeting your social worker and so on. |  |
| Help with medical or personal care such as washing and bathing or taking your tablets at the right time. |  |

What other sort of things might you need help with?

|  |
| --- |
|  |

Are you currently receiving help from an organisation or service?

Yes No

If yes, please fill out the relevant details in the box below:

|  |  |  |
| --- | --- | --- |
| Organisation  or service | Please  Tick | Name and contact details of support worker |
| Community Psychiatric  Nurse (CPN) |  |  |
| Community Mental  Health Team |  |  |
| Social Services or  Children’s Services |  |  |
| Housing Options Advisor  Or Housing Officer |  |  |
| Voluntary Agency |  |  |
| Probation Office or  Youth Offending Team |  |  |
| Health professionals  such as a nurse |  |  |
| Occupational Therapist |  |  |
| Other (please say) |  |  |

RELEVANT CONVICTIONS

Squared takes the safety of its staff and its residents very seriously. Please fill in the tables below if they apply to anyone (including children) included in your application.

Please provide details and dates of any convictions against you or anyone on your application form involving offences against the person, including offences of a sexual nature. You do not need to include convictions which are spent under the Rehabilitation of Offenders Act 1974.

|  |  |  |
| --- | --- | --- |
| Name of person convicted | Date of conviction | Nature of conviction |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

Please note that if you do not provide this information it may affect your application. Squared may contact the Police or Probation Authorities for verification of information given.

Are you or anyone on your application subject to an ASBO (anti-social behaviour order), CRASBO (criminal anti-social behaviour order), ASBI (anti social behaviour injunction) or Acceptable Behaviour Contract? If yes please give details below:

|  |  |  |
| --- | --- | --- |
| Name of person | Type of order | Date of order |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

TO BE SIGNED BY YOU

As far as I know, all the information I have given is true and correct. I understand that providing false information may lead to my application being refused or that I may lose my home if I have already taken on a tenancy.

I agree to the association making further enquiries that may be necessary in connection with this application for housing.

I understand that the information I have provided on this form will be used to assess my eligibility for housing.

If I accept a tenancy with Squared, I understand that this information will be used to provide details for my tenancy records.

I agree to inform Squared of any changes to the information that I have provided here.

I understand that I can ask to see the information that is held about me at any reasonable time, provided that I make the request in writing.

I understand if I accept a tenancy with Squared I will be asked to pay a minimum of two weeks rent in advance and be signed to the Rental Exchange Scheme.

If a support worker has helped you to fill in this form we also need them to sign below to confirm that the details supplied are correct.

Signed (applicant)....................................................................

Signed (joint applicant)............................................................

Date.........................................................................................

Signed (support worker if applicable)........................................

Date..........................................................................................

|  |
| --- |
| Consent form  In order to ensure we have the full picture of your support needs and areas of risk, we will need to contact other professionals involved in your support. Please sign below to indicate your permission for us to do this.  I hereby give permission for relevant information to be given to Squared in respect of my application for accommodation:  Signed (Applicant).....................................................................  Print Name................................................................................  Signed (Joint Applicant)............................................................  Print Name................................................................................  Date.......................................................................................... |
|  |

EQUALITY INFORMATION

## It is against the law to discriminate against anyone.  We are an equal opportunities organisation and wish to ensure that all applicants are considered fairly regardless of age, being or becoming a transsexual person, being married or in a civil partnership, being pregnant or having a child, disability, race or religion.  You are not required to give the following information if you do not wish to but if you do volunteer, it will be used collectively and anonymously to monitor equal opportunities.

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | | | | | | | | | | |
| Date of birth | | |  | | | | |  | | |
| Marital status: | Single  Partnered  Married  Separated  Divorced  Widowed | | | | | | | | | |
| Work status:  Working full time  Working part time  Job seeker Retired  Full time student Not seeking work  Long term sick/disabled | | | | | | | | | |  |
|  | | | | | | | | | | |
| Religion/Faith/Belief: | | | 🞎 Christian 🞎 Muslim 🞎 Buddhist 🞎 Sikh 🞎 Jewish  🞎 Catholic 🞎 Hindu 🞎 Rastafarian 🞎 Other 🞎 Prefer not to say | | | | | | | |
| Sexual orientation: | | Lesbian | |  | Heterosexual | |  | | | |
| Gay man | |  | Transgender | |  | | | |
| Bisexual | |  | Prefer not to say | | | |  | |
|  | | | | | | | | | | |
| Do you consider yourself to have a disability?  Yes  No | | | | | | | | | | |
| Hearing impaired | | | | | | Wheelchair user | | | | |
| Visually impaired | | | | | | Limited mobility | | | | |
| Speech impaired | | | | | | Drug or alcohol problem | | | | |
| Learning difficulty | | | | | | Long term illness | | | | |
| Mental health problem | | | | | |  | | | | |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | White English/British/Welsh/Scottish/  Northern Irish |  | Irish |  | Mixed White and Black Caribbean |
|  | Mixed White and Black African |  | Mixed White and Asian |  | Mixed Other |
|  | Asian or Asian British Indian |  | Mixed Asian or Asian British Pakistani |  | Mixed Asian or Asian British Bangladeshi |
|  | Black/Black British Caribbean |  | Black/Black British African |  | Black/Black British Other |
|  | Chinese |  | Arab |  | Other |
|  | Gipsy, Romany, Irish Traveler |  | Eastern European |  |  |

INFORMATION REQUIRED

PLEASE NOTE THAT YOUR APPLICATION CANNOT BE PROCESSED UNLESS YOU PROVIDE THE FOLLOWING DOCUMENTARY EVIDENCE (PLEASE DO NOT SEND ORIGINALS THROUGH THE POST).

|  |  |
| --- | --- |
| Evidence required  Must include with your application  Two passport sized photographs with your name on reverse | Please Tick |
| For the main applicant and joint applicant where applicable: |  |
| Passport/driving licence |  |
| Proof of National Insurance Number such as your NI number card, Payslips or P45/P60, benefit awards letters |  |
| A recent utility bill or bank/credit card statement in your name and showing your current address |  |
| Must include with your application  Two passport sized photographs with your name on reverse |  |
| Where applicable, a letter from the Immigration Office/copy of passport showing Immigration status |  |
| For children: |  |
| Copies of all birth certificates |  |
| Child benefit book/letters or bank statement if benefit paid straight into bank |  |
| Confirmation of pregnancy |  |
| About your household’s income and savings/investments– the following are required for all family members where applicable: |  |
| Proof of all state benefits received |  |
| Confirmation of earnings (last two payslips if paid monthly or last four if paid weekly/fortnightly) |  |
| Evidence of any other income |  |
| Bank/building society statements showing the last two months transactions |  |
| Share Certificates |  |
| Premium Bonds |  |
| National Savings Certificates |  |
| ISA/PEP/TESSA statements |  |
| Redundancy notice |  |
| About your current accommodation: |  |
| Copy of your tenancy agreement, including evidence of Tenancy Deposit Protection Scheme |  |
| Copy of rent statements/rent book |  |
| If you have been asked to leave your accommodation, a copy of the notice to quit/possession order/letter from your Landlord |  |
| If you have health or disability problems made worse by your current accommodation, a letter from a doctor, occupational therapist, CPN etc |  |
| If your current home is in disrepair, a letter of confirmation from Environmental Health or copy of repairs notice or photographs |  |

Squared is a Registered Social Landlord based at Bramingham Business Centre, Unit 2B Enterprise Way, Luton, Bedfordshire LU3 4BU - tel: 01582 391053 / e-mail: [office@squared.co.uk](mailto:office@squared.co.uk)*.*

Registered under the Co-operative and Community Benefit Societies Act 2014

with charitable status: Registration No 19688R. A member of the National Housing Federation Homes & Community Agency: Registration No.L1518. Luton Community Housing Limited trading as Squared.