



HOUSING APPLICATION FORM

Please fill in all sections of this form in **BLOCK CAPITALS** using **black ink** and then send it to: **Housing Management, Future Health & Social Care Association, 13th Floor Cobalt Square, 83-85 Hagley Road, Birmingham, B16 8QG.**

All details that are added to this form are treated as **Confidential** and will only be used to assess your application for housing.

Please ensure that you complete Section 9 Information Sharing to enable us to obtain any relevant information to support your application.

Please note that if you do not complete all sections of the form then we will not be able to process your housing application.

Please also provide any additional information requested such as proof of income such as benefit or bank statements in order to prevent any delays in processing your application.

SECTION 1 – YOUR DETAILS			
1. APPLICANT			
Surname:		Title:	
First Name(s):		Date of Birth:	
National Ins No:		Gender:	
Current Address with Post Code:			
Contact Number:			
Are you working?	Yes/No: (*Delete as appropriate)	If Yes:	Current Salary £
If No:	What benefits are you in receipt of: Type: Amount: Type: Amount:		
Proof of Income:	<i>Please enclose a bank statement or benefit statement /letter</i>		
Correspondence /Mailing Address	If you do not want any mail from us being sent to the address above please tell us where you want it sent:		
2. NEXT OF KIN / APPOINTEE / POWER OF ATTORNEY*			
Surname:		Title:	
First Name(s):			
Current Address with Post Code:		Contact Number:	
		Relationship to you:	
<i>* If you have an Appointee or Power of Attorney who represents you please include a copy of the relevant documentation.</i>			
3. OTHER CONTACT INFORMATION			
Name of GP:		Mental Health Team:	
Address of Surgery:		Contact Name and Address:	
Contact No:		Contact No:	
Are you a Smoker:	*YES/NO (*Delete as appropriate)		
Do you have any pets?	*YES/NO (*Delete as appropriate) If yes what pet(s) do you have?		

SECTION 2 – SUPPORT	
Are you currently receiving Support?	*YES/NO (*Delete as appropriate)
If yes, please provide the name and address of your support provider:	
Contact Name of Support Worker:	
Telephone Number:	
Email Address:	
What Support are you currently receiving? For example help with finances, shopping, education, training, benefits, etc.	

SECTION 3 – YOUR CURRENT ACCOMMODATION**What Best Describes Your Current Circumstances?**

Please tick which applies:

A Council Tenant	<input type="checkbox"/>	A Home Owner	<input type="checkbox"/>
A Housing Association Tenant	<input type="checkbox"/>	Living in Tied Accommodation	<input type="checkbox"/>
B & B/Temp Accommodation/Hostel	<input type="checkbox"/>	LCS (Leaving Care Service)	<input type="checkbox"/>
A Tenant with a Private Landlord	<input type="checkbox"/>	Living in Supported Accommodation	<input type="checkbox"/>
Living with Friends/family	<input type="checkbox"/>	Homeless	<input type="checkbox"/>
Other, Please specify:	<input type="text"/>		

If you are a tenant please give us the name and address of your landlord:

Name:	<input type="text"/>
Address:	<input type="text"/>
Contact Number:	<input type="text"/>
Whose name/s is on the tenancy?	<input type="text"/>
Are you in arrears with your rent?	*YES/NO (*Delete as appropriate) If yes how much by? £ <input type="text"/>
Do you have an arrangement in place to repay the arrears:	*YES/NO (*Delete as appropriate) If yes how much are you paying to clear the arrears and how often: £ <input type="text"/> per <input type="text"/>
How long have you lived at your current address:	Years: <input type="text"/> Months: <input type="text"/>

Previous Addresses: please list your previous addresses for the past three years:

Previous Address	From	To	Landlord contact Details (name/address/telephone number)	Reason for Leaving

Please continue on separate sheet if required

SECTION 4 – REASON FOR YOUR HOUSING APPLICATION

Tell us why you are applying for housing by ticking at least one of the following reasons:

I live in a Hostel/ B&B, Refuge, Council Homeless Accommodation	
I have been given Notice to Quit from my Landlord (please send a copy)	
I am living with family/friends and have been given a date to leave	
I am in Prison/Hospital, other Institution with no home to go to on my release	
I require accommodation with a care/support provider	
To be close to college/family/centres etc	
I Require a smaller property	
I am being Harassed/Threatened	
LCS (Leaving Care Service)	

Tell us what type of Accommodation you are living in at the moment by ticking the relevant box:

House		Maisonette		Flat	
Bungalow		Bedsit		Bed & Breakfast	
Hospital		Prison		LCS	

What type of Property would you need (please tick only one)?

House		Maisonette		Flat	
Bungalow		Bedsit		Shared*	

* In you are allocated shared accommodation you will be asked to pay a contribution of £20 per week towards utility costs. This payment can be made by standing order or deducted from your benefit.

Which area would you like to live in?

First Choice:

Second Choice:

Third Choice:

Are there any areas that you wish to avoid and if so why?

SECTION 5 – HEALTH & DISABILITY

Do you consider yourself to have a disability or long term illness? *YES/NO (*Delete as appropriate) If yes, please tick the boxes that apply to you

Mental Health Illness		Learning Disabilities	
Wheelchair User		Poor Mobility	
Audio Impairment		Visual Impairment	
Other illness, (give details)			

Please provide your medical history (this will only be used to assess your application)

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Will you require a separate room for staff to sleep in/use? *

YES/NO (*Delete as appropriate)

Do you have children that will be living with you?

YES/NO (*Delete as appropriate)

If yes, how many children and what are their ages and gender:

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SECTION 6 – FURTHER INFORMATION

It would be helpful if you could give more information for the reasons why you require accommodation from us and what has lead to your current needs/situation:

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SECTION 7 – FINANCIAL INFORMATION

Income (weekly/monthly) Wages/salary	£
Benefit (please state the benefit type, amount received, and frequency of payments).	
Money from other people	£
Other	£
Total income	£
Outgoings (weekly/monthly)	£
Mortgage/rent	
Secured Loans and credit card repayments	£
Ground rent/service charges	£
Buildings/contents insurance	£
Life insurance/endowment	£
Council tax	£
Gas	£
Electricity	£
Water	£
Food/housekeeping	£
Travel	£
Car insurance	
internet and or TV package Sky/virgin/BT etc	
Telephone	£
TV licence/rental	£
Clothing/emergencies	£
Prescriptions/health costs	£
Other	£
Total outgoings	£
Total Income	£
Minus Total outgoings	£

SECTION 8 – DECLARATION

Details of your application will not be discussed with anyone else other than yourself, however if you want someone else, for example Social Worker, Family, Friend, Support Worker to contact us or to act on your behalf, please give their name and office address and telephone number:

Please contact:

SECTION 9– APPLICANT STATEMENT

I declare that to the best of my knowledge and belief, all the information given by me on this application is true.

I understand that should I give false or misleading information my application may be cancelled and any offer of accommodation already made withdrawn.

I give permission to Future Health & Social Care to verify any information supplied on this form (with my landlord, local authority, Social Worker, Support Worker etc).

I will notify Future Health & Social Care in writing of any change which may affect my application form.

I also give permission to Future Health & Social Care to approach my current landlord or former landlord(s) to disclose tenancy details.

Applicant Signature:

Date:

Please remember to enclose all relevant documents to support your application for housing.

All original documents will be returned to you.

SECTION 10 – INFORMATION SHARING DECLARATION FOR APPLICANTS AND CUSTOMERS

As you have applied for housing with Future Health and Social Care, we need to assess your application carefully to ensure that all of your Housing Needs are taken into account. To do this, we may need to contact various organisations. We may also need to contact your support provider to see how they are currently supporting you. These may include landlords, social Services (various departments), Probation, Mental Health Teams, Prison Service, voluntary Organisations and other Support Services. We will advise you of which services we need to contact and why this is necessary. We will advise them that you have applied to us for services, or are a customer of our Services and explain why we are contacting them.

We would like for you to give us your permission to gain relevant information about your circumstances. We may not be able to assess your application fully or help you to get the housing you need if we are unable to obtain relevant information, and we would explain this to you at the time, should this be the case.

Applicant Declaration

I (full name)_____ D.O.B_____

Current Address _____

Have read and understood the above explanation and (delete as appropriate):

- (a) Agree to Future Health & Social Care contacting the persons/organisations identified as part of the Housing Application process and for information relating to me personally to be shared with Future Health & Social Care for the reasons detailed above.

- (b) DO NOT Agree to Future Health & Social Care contacting the person(s)/organisations identified as part of the Housing Application Process or for this information relating to me personally to be shared with Future Health & Social Care for the reasons detailed above.

Customer signature: _____ Date: _____ / _____ / _____

Advocate Signed: _____ Date: _____ / _____ / _____

Advocate Contact Details: _____

FHSC Staff Signature: _____

Position: _____

SECTION 11 – EQUAL OPPORTUNITIES

The Association is committed to an Equal Opportunities Policy to ensure that all applicants receive equal treatment. We keep records of this information to help us carry out this policy. The details you provide are for information only and are not used to access your application. Please help us by answering the following question by ticking the box that best describes you.

WHITE:	
British	
Irish	
Other: (Please state)	
BLACK	
British	
Caribbean	
African	
Other: (Please state)	
MIXED:	
White & Black Caribbean	
White & black African	
White & Asian	
Other: (Please state)	
ASIAN OR ASIAN BRITISH:	
Indian	
Pakistani	
Bangladeshi	
Other: (Please state)	
CHINESE or OTHER ETHNIC GROUP	
Chinese	
Other: (Please state)	
Prefer not to say	

Nationality: _____

SEX: MALE / FEMALE (please delete)

FOR OFFICE USE ONLY			
Date Received:		Date of Housing Interview:	
Housing Refused - if so give reason for refusal:	Reason for refusal:		
Accepted - properties offered			
Offer 1 Address		Refusal Reason	
Offer 2 Address		Refusal Reason	
Offer 3 Address		Refusal Reason	

INTERVIEW NOTES

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HOUSING FORM ID CHECK LIST

Driving Licence	
Passport or Birth Certificate	
Proof of Income/benefit entitlement	
Proof of address	