



"Promoting Independence"

APPLICATION FOR RESIDENCE

Name:

Male/Female:

Date of Birth:

Age:

National Insurance Number:

Current Address:

.....

.....

.....

Telephone Number:

.....

Economic Status	
At Home/Not seeking work	
Employed Full-time 24 hours +	
Employed Part time 24 hours -	
Full-time Student	
Part-time Student	
Permanently Sick/Disabled	
Registered Unemployed	
Retired	
Other (please specify)	

Occupation/Course Title

.....

.....

Name and address of Employer:

.....

.....

.....

What is your total income each week after deductions?

.....

Does your money come from State Benefits

.....

Will you receive Housing Benefit if offered accommodation by Housing & Support Solutions Ltd

.....

Major Weekly Outgoings:	
Fines:	Hire Purchase:
Insurances:	Other:

Source of Referral:	
Citizens Advice	
Voluntary Agency	
Grimsby College	
Newspaper Advertisement	
Local Authority	
Other Housing Association	
Probation Service	
Internal Transfer	
Social Services	
Other (please specify)	

Please give details of your last 3 addresses:

Address 1:

Date From:
 Date To:

Reason for leaving:

Address 2:

Date From:
 Date To:

Reason for leaving:

Address 3:

Date From:
 Date To:

Reason for leaving:

What are your long term accommodation plans?

Have you ever stayed in a Hostel or Support Accommodation before (please tick box)

Hostel

Support Accommodation

When do you require the accommodation?

.....

Please give details of **ALL** criminal convictions and cases pending.

.....

If on probation, please supply details of your Probation Officer.

Name:

Address:

Tel No:

Next of Kin Details

Name:

Address:

Tel No:

GP Details

Name:

Address:

Tel No:

If under hospital treatment, name of Consultant and Hospital Department.

Name:

Dept:

Signature:

Date:

REASON FOR APPLYING	
Attending College Course	
Breakdown in Relationship	
Discharge from long-term Institution	
Evicted	
Financial Difficulties	
Harrassment	
Health or Medical Reasons	
Homelessness from 1985 Housing Act	
In B & B or Temporary Housing	
Living in overcrowded housing	
Need for Independence	
Need for Warden	
Physical Abuse	
Poor physical housing conditions	
Pressure from home	
Required to leave home	
To be near family/friends/job	
To move out of shared accommodation	
To take new job	
Unknown	

HEALTH PROBLEMS	
Alcohol	
Angina	
Asthma	
Deaf	
Depression	
Diabetic	
Disabled Physically	
Drugs	
Epilepsy	
General Health Problems	
Heart Problems	
Leukaemia	
Mental Health	
Multiple Sclerosis	
Nerves	
Visually Impaired	
None	
Do you need accommodation designed for a wheelchair	

PRESENT ACCOMMODATION - Tenure	
Local authority Tenant	
Housing Association	
Private Tenant	
Owning or Buying	
Living with Family or Friends	
Hostel Shared Housing (not probation or bail)	
Self-contained Supported Housing	
Children's home/foster care	
Hospital	
Prison	
Residential Care Home	
Other temporary accommodation	
Other	

CLIENT GROUP	
Physical Disability	
AIDS/HIV	
Degenerative/dehabilitating illness	
Learning Difficulties	
Mental Health problems	
Drug related problems	
Alcohol related problems	
Leaving Penal Establishments	
Refugee/Asylum Seeker	
Young person at risk or leaving care	
Vulnerable woman with children	
Woman at risk of violence	
Frail Elderly	
Single Homeless in need of support	
Other	

How long have you lived at your present address?	
Years	Months

Name and Address of Landlord
Please give details of previous accommodation problems:

OFFICE USE:	DATE
Interview with Director	
Interview with Support Manager	
Date moving in:	
Allocate to waiting list:	

LEAVER	
Date left:	

REASON IF UNSUCCESSFUL	
Does not require training	
Violent	
Prior Debt	
Prior Ban	
Over Age	

REASON FOR LEAVING	
Evicted Violence	
Evicted Bad Debt	
Absconded Violence/Bad Debt	
Found Employment	
New Relationship	
Failed to meet Training Requirements	
Move on Accommodation	

Room Allocated	
Rate: Unemployed	
Rate: Employed	
Rate: Training	

MOVED TO	
Housing Association	
Local Authority	
Private Sector	
YMCA	
Returned Home	
UHP	
Prison	
Other (please state)	



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ETHNIC MONITORING FORM

Housing & Support Solutions Ltd. seeks to ensure that no prospective tenants are discriminated against on the grounds of race, colour, nationality, ethnic or national origin, religion, disability, sexual orientation or any other personal circumstances.

We aim to eliminate possibilities of bias when considering applications.

In order to enable us to regularly monitor and assess whether equal opportunity is being achieved, we ask you to complete this form.

It will be separated from your application and will not be used for selection purposes but only for statistical monitoring.

Please tick below which best describes your ethnic origin:

- Black: Asian/SE Asian
- Black: African/Caribbean
- Black: British/Other
- White: British/European/Other
- White: Irish
- Mixed:
- Other:
- I would prefer not to answer this question.

Have you arrived in this country within the last five years? Yes/No

THANK YOU



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CONFIDENTIALITY CONSENT FORM

This form enables Housing & Support Solutions Ltd to share information with other agencies involved with current, previous and future providers of support.

Please note that if we are unable to gain appropriate information with reference to you and your support needs, we may be unable to offer you a service.

Name of person requiring service:

Name of person referring:

I agree to Housing & Support Solutions Ltd contacting other agencies to gain appropriate information about myself to enable them to process my request for a service.

Signed: Date: