

Please return to:

Housing Action , 43 High Street, Saxmundham, Suffolk, IP17 1AJ

(Office Use Only) Date Returned

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Housing Action Application Form

Section 1 – General Information

Your Name Date of Birth: National Insurance No	Your address
Telephone Contact details: Home Mobile:	Email Address:

Other Household Members included in this application for housing

Names	Male or Female	Age	Date of Birth	Relationship to Applicant
	M/F			
	M/F			
	M/F			
	M/F			
	M/F			

Please continue on a separate sheet if required

Do you have any pets? Yes/No If Yes what and how many
Please tick all Local Areas where would you prefer to live and list any specific locations Great Yarmouth <input type="checkbox"/> Lowestoft <input type="checkbox"/> Waveney <input type="checkbox"/> Suffolk Rural <input type="checkbox"/> Suffolk Coastal <input type="checkbox"/> Ipswich <input type="checkbox"/> Preferred Locations: Please state anywhere you would not like to be housed and why:

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Please answer the questions on this form by ticking the boxes that apply to you:

Section 2 – Current Housing Situation

Are you Homeless or threatened with Homelessness? Yes No

Homeless	<input type="checkbox"/>	Hostel or shared house	<input type="checkbox"/>
Local Authority Tenant	<input type="checkbox"/>	Residential care home	<input type="checkbox"/>
Housing Association Tenant	<input type="checkbox"/>	Hospital	<input type="checkbox"/>
Living with family or friends	<input type="checkbox"/>	Prison	<input type="checkbox"/>
Temporary accommodation	<input type="checkbox"/>	Private tenant	<input type="checkbox"/>
Owner occupier	<input type="checkbox"/>	Other (please state)	

Section 3 – Your support needs

Do you need help finding new accommodation?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Are you under threat of eviction?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Are you behind on your rent / mortgage payments?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Do you find it difficult to manage your money?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Are you in any disputes with your neighbours	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Do you need help with security of your home?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Do you feel safe in your home?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Do you have difficulties filling in forms?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Do you have difficulties in reading or writing letters?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Do you need help to arrange social activities, training or educational opportunities?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Do you need help to make and keep appointments?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Do you need help with living skills such as, cooking?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Are you without electricity, gas or water?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Do you have any court cases pending?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Are you registered with a G.P?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Do you have an issue with welfare benefits e.g. have they been stopped?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

Please tell us about any other support needs that you are aware of:

If you are Homeless or threatened with Homelessness please tell us what issues have led to your current situation:

Section 4 – Your Income

Do you have a job? Yes <input type="checkbox"/> No <input type="checkbox"/>	Hours per week
Approx pay (please state weekly/monthly/gross/net)	Employer

Income Support:	£	JSA – Income based	£
Disability Living Allowance	£	JSA – Contribution based	£
Child Benefit	£	Incapacity Benefit	£
Working Tax Credit	£	Housing/Council Tax benefit	£
Child Tax Credit	£	No recourse to public funds	£
Pension	£	Carers allowance	£
Wages	£	Child Maintenance	£
Other	£	Other	£

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Section 5 Risk Assessment Please note the following statement:

**Answering these questions will not affect your application in any way
These questions are to ensure you get the most suitable accommodation.**

Are you subject to a court order? Yes No

Are you subject to requirements under an anti-social behaviour order? Yes No

Have you ever been charged, cautioned, convicted, awaiting trial or sentencing for any of the following? Yes No **If yes please give details below.**

Offence	Date	Offence	Date
Domestic Abuse		Harassment / Stalking	
Racially motivated crime		Sexual Offence against an adult	
Vagrancy offences		Offence against a child	
Criminal damage		Violence	
Property Offences		Assault / Battery	
Arson		Actual Bodily Harm (ABH)	
Drugs offences		Grievous Bodily Harm (GBH)	
Fraud / Corruption / Forgery		Offensive weapons	
Theft or Burglary		Firearms offences	
Handling stolen goods		Murder or Manslaughter	

Have you got any current or previous issues with the following?

History of Domestic Abuse	Yes <input type="checkbox"/> No <input type="checkbox"/>	Alcohol Misuse	Yes <input type="checkbox"/> No <input type="checkbox"/>
Mental Health Issues	Yes <input type="checkbox"/> No <input type="checkbox"/>	Tobacco	Yes <input type="checkbox"/> No <input type="checkbox"/>
Suicidal Attempts	Yes <input type="checkbox"/> No <input type="checkbox"/>	Misused Prescribed Drugs	Yes <input type="checkbox"/> No <input type="checkbox"/>
Self Harm/Injury	Yes <input type="checkbox"/> No <input type="checkbox"/>	Any use of needles	Yes <input type="checkbox"/> No <input type="checkbox"/>
Substance Misuse	Yes <input type="checkbox"/> No <input type="checkbox"/>	Other	Yes <input type="checkbox"/> No <input type="checkbox"/>

If any of the above answers are yes, please give details below:

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Section 6 – Additional Information

How did you hear about Housing Action?

How would you prefer to be contacted

Letter
email

Phone call
Text

Do you have any problems with

Sight
Language

Hearing
Mobility

How would you describe yourself?

White/British	<input type="checkbox"/>	White/Irish	<input type="checkbox"/>
White/Other	<input type="checkbox"/>	Mixed white/black Carribean	<input type="checkbox"/>
Mixed white/black African	<input type="checkbox"/>	Mixed white/black African	<input type="checkbox"/>
Mixed white/Asian	<input type="checkbox"/>	Mixed white/other	<input type="checkbox"/>
Asian/Asian British Indian	<input type="checkbox"/>	Asian/Asian British Pakistani	<input type="checkbox"/>
Asian/Asian British Bangladeshi	<input type="checkbox"/>	Asian/Asian British other	<input type="checkbox"/>
Black/Black British Carribean	<input type="checkbox"/>	Black/British African	<input type="checkbox"/>
Black/Black British other	<input type="checkbox"/>	Chinese	<input type="checkbox"/>
Other	<input type="checkbox"/>	Refused	<input type="checkbox"/>

Is there anything our staff would need to know about your home before they visit? (e.g. Do you have pets in the home, Is parking a problem, is the area well lit at night)

If there is any additional Information that you would like to add please continue on a separate sheet of paper.

Referrer Information if you have been referred through another organisation:

Organisation:	Name of Referrer:
Contact Numbers:	
E- mail address:	
Contact Address:	

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Section 7 – Any other support you receive

Please provide details of anyone involved in your support (e.g. Social worker, probation officer) To make sure we can provide you with the right level of Resettlement Support we sometimes need to check with people who know you or are already involved in supporting you at the moment.

Name	Name
Contact details	Contact details

Please complete the next section to allow us to get in touch with the people listed, you can withdraw this consent at any time.

(Please print your name) I, Will allow Housing Action to contact the above people in relation to my support needs.

Your signature:

Date

Section 8 Your Declaration

Please complete this section to confirm that the information on this application is accurate. If someone else has completed this for you then they can sign on your behalf.

I confirm that the information supplied on this form is true and complete to the best of my knowledge. Should I be offered support I understand that providing false or misleading information may lead to my support being terminated.

All information kept by Housing Action is covered by our confidentiality policy, within the provisions of data protection act. By signing below I agree to Housing Action keeping electronic and manual records about my case. I understand that these are available for me to read and copy.

Your signature

Date

If you have completed the form on behalf of the applicant please complete below:
I confirm the details on this form are accurate and I have discussed these with the applicant. I read the declaration to them before they signed it.

Name:

Signature:

Date

Organisation (If applicable)

Private & Confidential

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HOUSING ACTION - LETTER OF AUTHORITY

Full name:.....

Address:.....

.....

By signing this letter of authority, I give you my permission to deal with all claims for benefits. You may also make enquiries about my debt problems, current and future housing, and services to my home (such as gas, electric or water supplies) at this and any new address. I also give you permission to contact the following agencies to collect and share any information about me.

- The police
- The Probation Service
- Suffolk County Council
- Great Yarmouth Borough Council
- Suffolk Coastal District Council
- Waveney District Council
- The Community Drugs Team
- The Community Mental Health Team
- Norfolk Community Alcohol Services (NORCAS)
- Previous or current landlords
- The Department for Work and Pensions
- Registered social landlords (housing associations)

I understand that if I refuse to allow you to contact these agencies, you may not be able to help me. You will keep my information strictly confidential under your confidentiality procedure. However, I understand that if you are concerned about me being at risk of harm, or about someone else being at risk, you will report this to social services or other relevant agencies.

I do not want you to contact the following people or organisations.

.....
.....

This letter of authority will stay in force until I write to you to cancel it.

Your signature:.....

Signed on behalf of Housing Action:.....

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HOUSING ACTION Confidentiality statement

We are committed to providing you with a confidential advice and support service. We will not give information about you to any outside person or organisation, without your permission beforehand.

- Our workers and volunteers will make sure that you sign a letter of authority before we take any action on your behalf.
- We will keep the case files about you in a secure place
- Our computerised records will be protected by a confidential password.
- Our managers will make sure that any statistical records we give to outside people or organisations (for example, to support funding applications) do not contain any information about you that would allow you to be identified.
- You are entitled to read your file at our office. You should discuss this with the relevant worker and arrange a convenient time to see your file. If there is information from other agencies marked 'confidential' in your file, or reports that relate mainly to other people, we will remove these from your file before your appointment unless those agencies or people have given us their permission for you to see them.
- We will respect your need for privacy by not acknowledging you outside the project unless you acknowledge us first. For example, if we see you in the street or while we are with another client.
- Our workers and volunteers will check with you whether they can write to you or phone you at work or home to discuss your case.
- We will ask you if we can identify ourselves to anyone who answers a phone number you have given us.
- Our workers and volunteers will check with you whether they can visit you, call you or write to you at home or work about your case.
- If you are between 16 and 18, we do not have to contact your parent or carer to confirm details or to discuss your problem. If you ask us not to contact your parent or carer, this may limit the help we can offer you.

Exceptions

There are some circumstances where we will have to break confidentiality and talk to other agencies or people even if you do not want us to. We recognise that breaking confidentiality may damage the reputation of our services. Here are some examples of where we might have to do this.

- If we think you may harm yourself or someone else, we will contact the police and social services.
- If you are under 18 and tell us you have been abused, we will contact social services to ask for their guidance.
- We must report any known instances of drug dealing from any of the houses where our clients are living in homes managed by HOUSING ACTION. However, we will always tell you beforehand what we plan to do.
- If we find out that you are fraudulently claiming benefit, we will no longer be able to help you until you claim legally.

**I have read the above statements (or)
Housing Action's Confidentiality Statement has been explained to me**

Signature:.....Date:.....