

SPECIALIST HOUSING APPLICATION FORM



PROJECT DERBY RD ETPS IMAANI KARIBU OLD VICARAGE

SURNAME

FIRST NAME

DATE OF BIRTH AGE

GENDER MALE FEMALE TRANSGENDER DECLINE TO ANSWER OTHER

ETHNIC GROUP
WHITE: English, Scottish, Welsh, Northern Irish, British Irish Gypsy, Irish Traveller Other
MIXED: White & Black Caribbean White & Black African White & Asian Other
ASIAN OR ASIAN BRITISH: Indian Pakistani Bangladeshi Other
BLACK, AFRICAN CARIBBEAN OR BLACK BRITISH: Caribbean African Other
CHINESE OR OTHER ETHNIC GROUP: Chinese Arab Other **REFUSED**

CURRENT ADDRESS

TEL N° NINO

EMAIL ADDRESS

IMMIGRATION STATUS

What is your immigration status?
Born in the UK Born in the European Union Permanent Residence Status
Limited Leave to Remain (LLR) Indefinite Leave to Remain (ILR)
Exceptional Leave to Remain (ELR) Definite Leave to Remain (DLR) Other

If born outside the UK what date did you arrive

Do you have a NASS 35 Letter & Biometric Residents Permit Card (BRP)? YES NO N/A
(Please note that if born outside of the UK but with no BRP card an offer of accommodation cannot be made)

FIRST SPOKEN LANGUAGE

CHILDREN / PREGNANCY

Are you pregnant? YES NO If yes, what date is the baby due?

Do you have any dependents? YES NO If yes, how many?

Do your dependents live with you? YES NO

Name of dependents (if applicable)

SOURCE OF REFERRAL

Please choose all that apply:

Self referral Local Authority Social Services Probation Health Visitor Support Worker Family/Friends

Health Centre/GP Other Housing Provider Voluntary Agency Other

CURRENT ACCOMMODATION

Where do you live at the moment? Select one:

Emergency Accommodation Bed & Breakfast Hostel Prison Hospital Staying with Family/Friends

Private tenant Sleeping Rough Sofa Surfing/No Fixed Abode Council tenant Housing Association tenant Other

How long at current address?

Reason for leaving last settled address:-

Select all that apply:

Evicted for Anti Social Behaviour Evicted for Arrears Overcrowding End of NASS Accommodation Leaving Prison

Leaving Care Relationship Breakdown Asked to leave by Family/Friends Domestic Violence (inc Honour Based)

End of tenancy Evicted for threats of violence Harassment Disrepair/Poor Property Other

Please provide last 2 addresses and how long you lived at each address

SUPPORT AND WELFARE

Do you have a support worker or receive help & support from anyone YES NO

Please choose all that apply:

Health Worker Social Worker Youth Justice Worker Probation Officer Careers Advisor Family

Friends Other None

OFFENDING HISTORY

Have you been convicted of a criminal offence, cautioned or have a court case pending? YES NO

Nature of the offence(s) Arson Burglarly Robbery / Theft Drug Related Offences Driving Offences Homicide Violence (with injury) Violence (without injury) Threats to Kill, Manslaughter Car Related Offence(s) Handling Stolen Goods Anti-Social Behaviour Sexual Offences Child Abuse Fraud Other

If yes, please provide further details:-

Are you currently in prison/detention centre? YES NO

Are you under any statutory supervision orders or been served with an ASBO? YES NO

If, yes, when does the supervision order or ASBO end?

MEDICAL HISTORY

GP'S NAME & TELEPHONE NUMBER

Do you have a disability or suffer from any illnesses? YES NO

If yes, please provide further details (inc medication):-

Do you have any difficulties in the following areas? YES NO

Please choose all that apply:

Mental Health Alcohol Issues Drug Misuse Legal Highs Violent Behaviour Self Harm

Physical Disability Non physical disability Physical Health Other

ECONOMIC STATUS

Are you in employment? YES NO

Please choose all that apply:

Student Part time Work Full Time Work Apprenticeship Job Seeker Retired Long Term Sick/Disability
Other

Please state your source(s) of income

Please choose all that apply:

Salary/ wages Self employed Job Seekers Allowance Employment Support Allowance Hardship Allowance
Social Services Personal Independent Payment Disability Living Allowance Sickness Benefit State Pension
Occupational Pension Child Tax Credit Child Benefit Working Tax Credit Universal Credit Student Grant/
Loan Volunteer Expenses No recourse to public funds No Benefits in Place Other

TOTAL INCOME (Weekly/Monthly)

£ per week / month

EDUCATION & TRAINING

Are you in Education Training Unpaid Work YES NO

Please choose all that apply:

Apprenticeship Part Time Course Full time Course Volunteering Other

HOUSING

Are you registered with other housing providers? YES NO

Please choose all that apply:

Homelink Private Landlords Housing Associations Other

PERSONAL DEVELOPMENT - What help are you looking for?

Please choose all that apply:

Form Filling Budgeting Debts Fines Drug Misuse Alcohol Misuse Gambling Health Issues Sickness
Benefit Claiming Benefits Finding Employment Education Training Emotional Support Cooking
Cleaning/Housework Looking After Yourself Housing Hobbies Social Activities Other

DECLARATION

I confirm that the information provided is true and accurate. I understand that false information may lead to termination of a licence or tenancy agreement at a later stage.

Signature: **Date**