

Housing Application- part 1

**Scheme\_\_\_\_\_\_\_\_\_\_\_\_ | App ID no\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | App Rec’vd\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | H/V Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Office use only |**

Lench’s Trust operates Supported Housing accommodation, which is accommodation that is provided with individual support or care required to assist residents live as independently as possible, either through financial hardship or social isolation.

Housing Benefit is paid under Supported Exempt Accommodation criteria, as per their rules. Housing Benefit will initially be paid and then suspended after 2 months by the Council so that an assessment can be completed to ensure any care, support, social isolation or supervision that the claimant requires can be offered by the Trust and the claimant is participating.

It is therefore important that you complete this form honestly and if offered accommodation, complete and accept a support plan and continued support to live as independently as possible.

Please note as applicant(s), the information that you have included on your application form will require verification and proof by the Trust; availability of proof will be required should a home assessment visit take place.

**Privacy Notice**

Lench’s Trust will respect and safeguard the confidentiality of all the information included in your application form and we will endeavour to responsibly protect personal and sensitive data at all times., in accordance with the Data Protection Act 1998 and General Data Protection Regulation (GDPR) 2018. A copy of our Privacy notice is published on our website. [www.lenchs-trust.co.uk](http://www.lenchs-trust.co.uk)

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| Applicant details | **YOU** | **JOINT APPLICANT** |
| **Title (Mr, Mrs, Ms, etc.)** |  |  |
| **Surname** |  |  |
| **Forename/s** |  |  |
| **Date of Birth** |  |  |
| **National Insurance Number** |  |  |

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| **Relationship Status (Single, Married, Divorced, Widowed, etc.)** |  |  |
| **Ethnic origin (White British, Black Caribbean, etc.)** |  |  |

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| --- | --- | --- |
| **Current Address** |  |  |
| **Post Code** |  |  |

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| --- | --- | --- |
| **Home Telephone No.** |  |  |
| **Mobile Telephone No.** |  |  |
| **Email Address** |  |  |

**Housing requirement details**

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| **Which scheme would you like to live at? (Number in order of preference – tick if you only have one preference)** | |
| **QUINTON,** William Lench Court |  |
| **MOSELEY,** Lench’s Close |  |
| **SUTTON COLDFIELD,** Tanner’s Close |  |

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| **If your choice is Moseley and/or Sutton Coldfield, please state floor preference** | | |
| **GROUND FLOOR** | **FIRST FLOOR** | **NO PREFERENCE** |

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| **Number of bedrooms required** **(Quinton only)** | |
| **ONE** | **TWO** |
| **If only requested 2 bed, please supply reason why** |  |

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| **Please indicate the main reasons for wanting accommodation (tick applicable)** | |
| 1. Present accommodation required for improvement/redevelopment. |  |
| 1. Loss of tied accommodation. |  |
| 1. Eviction or repossession. |  |
| 1. End of short-term tenancy. |  |
| 1. Domestic violence. |  |
| 1. Relationship breakdown with partner (non-violent). |  |
| 1. Required/asked to leave by family or friends. |  |
| 1. Overcrowding in your current home. |  |
| 1. Racial Harassment. |  |
| 1. Harassment (non-racial) or neighbour nuisance. |  |
| 1. Problems with health or disability. |  |
| 1. Feeling isolated, insecure, worried about personal safety. |  |
| 1. Poor condition of current home. |  |
| 1. Financial/mortgage difficulties. |  |
| 1. Unable to physically manage present accommodation. |  |
| 1. To be closer to family/friends. |  |
| 1. Need for support with accommodation (sheltered). |  |
| 1. To be closer to your place of work. |  |
| 1. Homeless. |  |
| 1. Other (specify). |  |

**Accommodation details**

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| **Please tick your current accommodation status:** | | | |
| Council tenant |  | Supported Housing |  |
| Housing association |  | Sheltered or retirement housing |  |
| Private rent |  | Residential care home |  |
| Tied home or renting with job |  | Hospital |  |
| Own or buying |  | Staying with friends |  |
| Jointly owned |  | Homeless |  |
| Living with family |  | Other |  |

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| **How long have you lived at your current address? (if less than 5 years, please provide your previous addresses.)** |  |
| **Property type (3 bed house, 2 bed 1st floor flat etc)** |  |
| **Previous address/s details for last 5 years (please supply full address and dates at address)** |  |

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| **Are you or have you ever been a resident of Birmingham? If yes, please provide dates** | **From -** | **To –** | |
| **If you do not currently live in Birmingham, please state your reason for moving to Birmingham?** |  | | |
| **Do you have any immediate family or friends living in the area?** | **Yes** | | **No** |
| **Do you have a relative/friend living at Lench’s Trust? If yes, please state their details and the Scheme name)** |  | | |

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| **Has your landlord given you Notice to vacate? If yes, please supply date and reason. (Written proof will be required at home assessment)** |  |
| **Have you ever been evicted or served written notice from a previous tenancy?**  **If yes, supply details, including address, landlord, dates and reasons.** |  |

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| **Please provide your landlord’s contact details:**  **If we offer you a property, we will request a Landlord reference. This relates to your current rent account, any anti-social behaviour, tenancy breaches and property condition. (Approval will be dependent on a satisfactory reference)** |
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| **Do you or your partner currently own a property either in the UK or abroad? If yes, give details.** |  |
| **Did you or your partner own a home that has subsequently been sold or gifted to your children? If yes, give details.** |  |

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| **How much is your rent (weekly)?** | **£** | |
| **Are you claiming Housing Benefit/ Universal credit?** | **YES** | **NO** |
| **If yes, please supply amount and payment frequency (proof will be required at home assessment)** | **£** | **Weekly** |
| **Fortnightly** |
| **4 weekly** |
| **Monthly** |

**Personal details**

|  |  |  |  |
| --- | --- | --- | --- |
| **YOU** | | **JOINT APPLICANT** | |
| **Employment Status (please tick)** | **Full time Employment**  **Part time employment**  **Unemployed**  **Retired** | | **Full time Employment**  **Part time employment**  **Unemployed**  **Retired** | |
| **Do you own a car?** | **Yes** | **No** | **Yes** | **No** |
| **Do you own a pet? (If yes, please state type, breed & age)** | **Yes** | **No** | **To be answered jointly** | |
|  | |  | |
| **Name, Address and contact of GP** |  | |  | |
| **Names and contact of any involved support or health professional agency (CPN, Social Worker, age concern, probation officer etc)** |  | |  | |

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| **Next of Kin** | | **Emergency contact other than Next of Kin** | |
| **Name:** |  | **Name:** |  |
| **Address:** |  | **Address:** |  |
| **Telephone:** |  | **Telephone:** |  |
| **Email:** |  | **Email:** |  |
| **Relationship:** |  | **Relationship:** |  |

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| **Do you confirm that Lench’s Trust may contact your next of kin and/or Emergency contact when necessary using the information you have provided above.** | |
| **YES** | **NO** |

**Criminal Convictions**

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| **Have you or the joint applicant been convicted of ‘offences against the person’, meaning you have committed a crime causing direct physical harm or force being applied to another person, including but not limited to fatal or sexual offences, assault and injury or ‘crimes against property’, including arson, theft, burglary, robbery and fraud.**  **Please tell us if any of these are ‘spent’ under the Rehabilitation o Offenders Act 1974** | |
| **Yes** | **No** |
| **If YES, please supply details below, stating Name, date & reason of conviction and id ‘spent’.** | |

**Income**

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| --- | --- | --- | --- |
| **Please give details of your current income (please state per week, per month, 2 weeks)** | | | |
|  | **Applicant** | **Joint Applicant** | **Frequency** |
| **Take home pay (wages)** | **£** | **£** |  |
| **State Pension/ Pension Credit** | **£** | **£** |  |
| **Occupational/ Private Pension/s** | **£** | **£** |  |

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| **Please detail below the State Benefits you receive (If you receive DLA/PIP, AA, ESA, Universal Credit, additional pensions etc.)** | | | | |
|  | **Applicant** | | **Joint Applicant** | **Frequency** |
|  | | **£** | **£** |  |
|  | | **£** | **£** |  |
|  | | **£** | **£** |  |
|  | | **£** | **£** |  |

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| **Total Income** | **£** | **+ £** | **= £** |

**Bank Account & Savings**

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| **Applicant** | | |
| **Do you have a bank account/s?** | **YES** | **NO** |
| **Balance on account/s** | **Debit £** | **Credit £** |
| **Saving, investments, ISA’s, any other (list type and amount)** | **Name** | **£** |
| **Owned Property in UK or abroad (please specify)** | **Property Address** | **Equity £** |
| **TOTAL** | | **£** |

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| **Joint Applicant** | | |
| **Do you have a bank account/s?** | **YES** | **NO** |
| **Balance on account/s** | **Debit £** | **Credit £** |
| **Saving, investments, ISA’s, any other (list type and amount)** | **Name** | **£** |
| **Owned Property in UK or abroad (please specify)** | **Property Address** | **Equity £** |
| **TOTAL** | | **£** |

**Health**

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| **Please tick any boxes which apply to either applicant’s current health issues:** | | |
| **Wheelchair User** | **Limited Mobility** | **Hearing/ Sight impairment** |
| **Depression** | **Stroke/Heart Attack** | **COPD/ Breathing problems** |
| **Mental Health Issues** | **Arthritis** | **Dementia/ Alzheimer’s** |
| **Please give details and list any further health, disability or mobility problems, also list any aids and adaptations you have or require in your new home as determined by your GP or Occupational Therapist.** | | |
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| **Please list all current medication** | |
| **Applicant** | **Joint Applicant** |
|  |  |

**Care & Domestic calls**

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| **If you/joint applicant receives care or domestic calls, please give details below of your current package (including hours per week):** |
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| **Please give details of your current care/ domestic providers:** |
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| **If you do not currently receive a care or domestic package but would like us to provide one (William Lench Court only) please state what you would require: (Please refer to the Care leaflet.)** |
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| **Reason for application (\*Must be completed)** |
| **Please give below the reasons why you need to move any further information you may wish to give in support of your application (add additional information at the end of the application if required)** |
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| **How did you hear about Lench’s Trust?** | |
| **Friends/ family** |  |
| **Online media (website, social media etc.)** |  |
| **Word of mouth** |  |
| **Health professionals** |  |
| **Birmingham City Council** |  |
| **Other (please specify):** | |

**PLEASE ENSURE YOU READ THE FOLLOWING PAGES CAREFULLY BEFORE SIGNING**

**Authorisation to be signed by all applicants**

|  |  |  |  |
| --- | --- | --- | --- |
| **I/we give permission for Lench’s Trust to ask my current or previous landlord, next of kin and emergency contact, and any relevant professional agency, such as Police, benefits services, care, support or health professional, including your GP, for information to support or check your application form and to help support you to sustain your tenancy if you are successfully housed with Lench’s Trust.** | | | |
| **Applicant Signature** |  | **Second Applicant Signature** |  |
| **Name** |  | **Name** |  |
| **Date** |  | **Date** |  |

**Declaration to be signed by all applicants**

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| **I/we declare that as far as I/we know the answers I/we have given on this form are true and I/we understand that if I/we have knowingly given false answers this may be ground for setting aside an appointment, whereby i/we would lose my/our home.**  **I/we declare that I/we have no other bank accounts, savings, investments, property or any other monetary value than I/we have not listed on this form** | | | |
| **Applicant Signature** |  | **Second Applicant Signature** |  |
| **Name** |  | **Name** |  |
| **Date** |  | **Date** |  |

**Completion of Form**

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| **If this form has been completed by someone other than yourself, please complete the following:** | |
| **Person completing form:** |  |
| **Contact details:** |  |
| **Relationship to Applicant:** |  |
| **Reason for completing form:** |  |
| **Person’s signature confirming they have understood the declaration and explained this to you:** |  |

Please ensure **ALL** sections of the form have been completed. Following receipt of the completed form the Allocations Manager will check you meet the criteria for housing at Lench’s Trust and you will be notified of this.

If you meet the criteria, the Allocations Manager will begin Stage 2 of the process, which is part of and will adhere to the above Privacy notice. This involves a visit to our home to complete a Home Assessment form and verification of any supporting documents required to support your application.

**Return completed form:**

**By post By email**

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| **Lench’s Trust Head Office**  **Ms Annemarie Walker, Allocations Manager**  **William Lench Court,**  **80 Ridgacre Road. Quinton**  **Birmingham B32 2AQ** | **Housing@lenchs-trust.co.uk** |

**ADDITIONAL INFORMATION IF REQUIRED**

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