**SPECIALIST HOUSING APPLICATION FORM**  

DERBY RD ETPS IMAANI KARIBU/SHARED  OLD VICARAGEPROJECT 

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SURNAME

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FIRST NAME

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DATE OF BIRTH AGE

MALE  FEMALE  TRANSGENDER DECLINE TO ANSWER OTHER 

GENDER

**WHITE:** English, Scottish, Welsh, Northern Irish, British Irish Gypsy, Irish TravellerOther 

**MIXED:** White & Black Caribbean  White & Black African  White & Asian  Other 

ETHNIC GROUP  **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** 

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CURRENT ADDRESS

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|  | NINO |  |

TEL No

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EMAIL ADDRESS

**IMMIGRATION STATUS**

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| 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 |

What is your immigration status?

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)

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FIRST SPOKEN LANGUAGE

# CHILDREN / PREGNANCY

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

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

Do your dependents live with you? YES  NO 

Name of dependents (if applicable)

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# 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 

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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 

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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):-

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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 

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| --- | --- | --- | --- | --- | --- | --- |
| **£** |  |  |  |  |  | per week / month |

TOTAL INCOME (Weekly/Monthly)

# EDUCATION & TRAINING

Are you in Education  Training  Unpaid Work YES NO 

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| 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 …………………………………………………………….**