**Ref. No. *(for office use only)***

 **Housing Application Form**

Please fill in this form clearly and return to: SHAP, 2nd Floor, Lakeside Building, Alexandra Park, Prescot Road, St Helens WA10 3TP. If you have difficulty completing the form someone can help you, or they can complete the form on your behalf. Alternatively, if you wish to speak to someone in SHAP, please call 01744 454056 for further assistance.

When completing this form please click on either the YES or NO boxes and they will automatically be filled in with a cross.

1. **Personal Details**

Title: [ ]  Mr [ ]  Mrs [ ]  Miss [ ]  Ms [ ]  Other

Full name:

Any other names you have

previously been known by:

Current address (including

post code):

Telephone number:

Date of birth:

First language:

Do you speak English? [ ]  Yes [ ]  No

Ethnic origin:

Have you applied to SHAP before? [ ]  Yes [ ]  No

If yes, when?

Contact address (if different from above):

If you have no permanent address or prefer for

letters to be sent to a friend’s or relative’s home,

please provide an address where we can contact

you.

Do you have any criminal convictions? [ ]  Yes [ ]  No

NB: We ask this question so that we can properly assess your support needs. Please contact our Central Business Unit on 01744 454056 if you would like to know more about why this information is required and how it will be used.

Do you have children? [ ]  Yes [ ]  No

If yes, how many?

Are you expecting a baby? [ ]  Yes [ ]  No

If yes, when is the baby due?

Are you suffering from harassment or [ ]  Yes [ ]  No

domestic violence?

Are you applying with anyone else? [ ]  Yes [ ]  No

If yes, please complete:

Name(s):

Relationship to you:

Please indicate the best method of

contact for you:

1. **Previous addresses**

Please list all the addresses you have lived at for the past 5 years. Start with the address you live at now. We may use this information to get references from previous landlords.

|  |  |  |
| --- | --- | --- |
| **Address** | **Dates** | **Landlord** |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

Do you have arrears from any property you [ ]  Yes [ ]  No

have previously lived at?

If yes, what is the amount?

Have you ever been evicted? [ ]  Yes [ ]  No

If yes, please give details:

1. **Income details**

Please tick the box that best describes you and give full details below:

Working full-time (over 16 hours) [ ]  Long term sick or disabled [ ]

Working part-time [ ]  Not looking for work [ ]

Looking after children [ ]  Full-time student [ ]

Seeking employment [ ]  Apprenticeship [ ]

If you are working / training, please give the following details:

Name of employer / training agency:

Address:

Weekly income:

If no income, please explain:

Are you receiving benefit? [ ]  Yes [ ]  No

If yes, what benefit(s)?

(e.g. Jobseekers Allowance, DLA)

How much do you receive each week?

1. **Present housing**

Which of the following best describes your situation? Please tick one box in each column.

**Type of occupancy Type of accommodation**

Council tenant [ ]  House [ ]

Private tenant [ ]  Maisonette [ ]

Housing Association tenant [ ]  Flat [ ]

Owner occupier [ ]  B&B [ ]

Living with friends or family [ ]  Hospital [ ]

Lodger [ ]  Bungalow [ ]

Hospital or residential care [ ]  Bedsit [ ]

Custody [ ]  Caravan or mobile home [ ]

Accommodation with job [ ]  Hostel [ ]

Member of armed forces [ ]  Sheltered or supported housing [ ]

Homeless [ ]  Other (please give details): [ ]

Rough sleeper [ ]

Other (please give details): [ ]

Are you a tenant at your current home? [ ]  Yes [ ]  No

If you pay rent or charges, please give the name, address and contact number of the person you pay:

Name:

Address:

Phone number:

1. **Reasons why you need re-housing**

Split up from partner [ ]  Neighbourhood problems [ ]

Losing home with job [ ]  Health reasons [ ]

Landlord selling property [ ]  Overcrowding [ ]

Want to move to a better area [ ]  Asked to leave by friends/relatives [ ]

Victim of crime / fear of crime [ ]  Cannot afford present housing [ ]

Need a smaller property [ ]  To be near employment [ ]

To leave home [ ]  To give support [ ]

To be nearer friends/family [ ]  To receive support [ ]

Eviction order [ ]  Leaving Care [ ]

Harassment [ ]  Domestic violence [ ]

Is there a date when you have to leave your current property? [ ]  Yes [ ]  No

If yes, please give date:

Where would you like to live? (for further details of the types of accommodation available see our website: [www.shap.org.uk](http://www.shap.org.uk)

**KNOWSLEY ST HELENS LIVERPOOL**

Kirkby [ ]  Supported accommodation [ ]  Teen parent accommodation [ ]

Huyton [ ]  SOLO (Teen parent accommodation) [ ]

 Newton (supported accommodation) [ ]

Reasons:

1. **Support needs**

SHAP provides supported housing which means that as well as normal services such as rent collection and repairs, you will receive other services in order to help you manage and maintain your accommodation.

Please tick the following boxes to indicate whether you have experienced, or think you may experience difficulties when living independently:

Managing your money [ ]  Any other issues [ ]  (please give details):

Dealing with loneliness/isolation [ ]

Dealing with agencies e.g. DWP [ ]

Neighbour nuisance / harassment [ ]

Health issues [ ]

Harassment from others [ ]

Burglary, arson or similar [ ]

Drug / alcohol use [ ]

Feeling unsafe [ ]

Your behaviour towards other people [ ]

1. **General information**

**Professional support**

Do you have any professional support such as a [ ]  Yes [ ]  No

Social Worker, Probation Officer working with you?

If yes, please give names, addresses and contact details:

|  |  |  |  |
| --- | --- | --- | --- |
|  **Agency** |  **Contact Name** |  **Address** |  **Number** |
|  |  |  |  |
|  |  |  |  |

**Disability**

Do you have any disability that requires [ ]  Yes [ ]  No

particular arrangements or assistance?

If yes, please give details:

Are you a wheelchair user? [ ]  Yes [ ]  No

**Pets**

Do you have any pets at home? [ ]  Yes [ ]  No

If yes, what type of animal?

Please explain why you are leaving your current address and wish to be rehoused by SHAP. It is important that you complete this section of the form for us to assess your current situation. If you have a Support Worker / Social Worker, they may fill in this section on your behalf.

Are you employed by, or related to any [ ]  Yes [ ]  No

Board member or staff member of SHAP?

If yes please give details:

SHAP will register the information you give on your housing application form in line with the Data Protection Act. We may ask for references from previous landlords. It is important that the information you give is accurate. We may use information on your form to check the accuracy with the DWP, Police, Probation, Social Services or other registered social landlords. SHAP may also use the information you have given for research and analysis.

**Please read and sign to say you agree:**

I hereby authorise SHAP to make the necessary enquiries before offering me a tenancy. I am aware that this will involve SHAP contacting various agencies (as appropriate) on my behalf. This may include:

* DWP
* Doctors
* Police
* Social Services
* Local Authority
* Probation Service
* Previous Landlords

Signature:

**Please read and sign the declaration below:**

As far as I know, the answers I have given on this form are true. I understand that I may lose any housing or tenancy if I have given false information. I understand that all the information given may be held on computer. I will inform SHAP if there is any change to the circumstances I have told you about on this form.

Name:

Date:

Signature:

**Equal Opportunities**

Please assist us by completing and returning the attached monitoring form with your application

 **Ref. No. *(for office use only)***

 **Equal Opportunities Monitoring Form**

This form will be detached from your application upon receipt but if you are subsequently offered a service by SHAP then we may retain it on your file. The information on this form will be used for monitoring purposes only and will play no part in the application process.

SHAP is committed to fighting discrimination and inequality in our service to the public. To help us monitor the success of our Equal Opportunities and Diversity Policy it would be helpful if you could fill in this form. We will not pass on the information you give us to anyone else and will only use it to monitor, develop and improve our support policies and procedures.

If you do not wish to answer any question(s), this will not affect your application in any way.

1. **Gender – how do you identify? (please tick):**

[ ]  Male [ ]  Female [ ]  Transgender [ ]  Non-binary

[ ]  In another way (please specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ [ ]  Prefer not to say

1. **Age:**

[ ]  16-18 [ ]  19-24 [ ]  25-29 [ ]  30-34 [ ]  35-39 [ ]  40-44 [ ]  45-49

[ ]  50-54 [ ]  55-59 [ ]  60-64 [ ]  65+ [ ]  Prefer not to say

1. **Ethnicity – How would you describe your ethnicity?**

**White: Black or Black British:**

[ ]  British (English, Scottish or Welsh) [ ]  Caribbean

[ ]  Irish [ ]  African

[ ]  Gypsy / Traveller / Show [ ]  Any other Black background

[ ]  Other White background

**Asian or Asian British: Mixed Race:**

[ ]  Indian [ ]  White & Black Caribbean

[ ]  Pakistani [ ]  White & Black African

[ ]  Bangladeshi [ ]  White & Asian

[ ]  Chinese [ ]  Any other mixed background

[ ]  Any other mixed background

[ ]  **Any other ethnic group (please specify):** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ [ ]  **Prefer not to say**

1. **Disability:**

The Equality Act 2010 defines a disability as a ‘physical/mental impairment which has a substantial and long-term effect on a person’s ability to carry out normal day-to-day activities’. An effect is long-term if it has lasted or is likely to last more than 12 months. Do you consider that you have a disability under the Equality Act (please tick)?

[ ]  Yes [ ]  No [ ]  I used to have a disability but have now recovered [ ]  Prefer not to say

Do you have any other specific needs or health problems that we should be aware of:

[ ]  No [ ]  Yes (please specify)

1. **Sexual Orientation: I would describe myself as (please tick):**

[ ]  Heterosexual/Straight [ ]  Bisexual [ ]  Gay [ ]  Lesbian [ ]  Prefer not to say

1. **Religion/Belief:**

How would you describe your religion?

My religion is:

[ ]  I am not religious [ ]  Prefer not to say

Thank you for your time and co-operation in completing our form