**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