 **Application for housing**

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| --- | --- | --- | --- | --- |
| **Guidance notes:** | | | | |
| Please complete all sections of this form. If a section does not apply, write “not applicable” or N/A”. We cannot consider incomplete applications. Please read and sign the declaration in section 13 to confirm your understanding and acceptance of our application terms. If you need help completing this form, please contact us using the details in section 16. This section also includes instructions for submitting your form by email or post.  **When returning your form, please include:**  **Proof of address** (e.g. utility bill, bank statement, or a government letter dated within the last 3 months.  If your application proceeds, we will require proof of your income and bank statements covering the last two months and **identification documents** as required by Right to Rent legislation. We will contact you when we need sight of your identification, to verify and retain a copy of your ID for the duration of any tenancy and for one year after it ends. If you do not have the legal immigration status required to rent property in England, please contact us for advice.  **Returning the form electronically (our preferred method):**  This Word document is designed for electronic completion. After downloading, select 'enable editing' to fill it out. We recommend saving the form to your device before you begin, saving as you complete. When finished, follow the steps below to add your signature.   * Select 'Insert' (third tab along the tool bar at the top) * Select 'Shapes' and under the section named 'Lines' go the last line names 'Freeform: * **Scribble'**https://www.howtogeek.com/wp-content/uploads/2019/07/freeform-and-scribble-in-shapes.png * Move the cross with your mouse or finger (depending on your device) to draw your signature section 13.   Remember to save your form before returning your completed form. | | | | |
| **If you are completing the form on behalf of the applicant(s) please complete the section below, if not , go to section 1:** | | | | |
| Name of person if completing on behalf of applicant (s) | Click or tap here to enter text. |  | Telephone numbers | Click or tap here to enter text. |
| Address (if completing on behalf of applicant (s) | Click or tap here to enter text. |  | Email | Click or tap here to enter text. |
|  | Relationship | Click or tap here to enter text. |
|  | Organisation (if applicable) | Click or tap here to enter text. |
| If you have completed this section, please ensure the applicant reads and signs the declaration in section 13. If the applicant lacks capacity to do this, please contact us for assistance. | | | | |

| **Section 1: Applicant details** | | | | | | | |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  | Full Name | Click or tap here to enter text. |  | Date of Birth | | Click or tap here to enter text. |  |
|  | | | | | | | |
|  | Home and mobile telephone numbers | Click or tap here to enter text. |  | | Email | Click or tap here to enter text. |  |
|  | | | | | | | |
|  | National Insurance Number | Click or tap here to enter text. |  | National Health Number | | Click or tap here to enter text. |  |
|  | | | | | | | |
|  | Have you been known by a different name? | Choose an item. |  | If yes, please include | | Click or tap here to enter text. |  |
|  | | | | | | | |
| **Joint applicant (if not applicable, if not go to Section 2)** | | | | | | | |
|  | | | | | | | |
|  | Full Name | Click or tap here to enter text. |  | Date of Birth | | Click or tap here to enter text. |  |
|  | | | | | | | |
|  | Home and mobile telephone numbers | Click or tap here to enter text. |  | | Email | Click or tap here to enter text. |  |
|  | | | | | | | |
|  | National Insurance Number | Click or tap here to enter text. |  | National Health Number | | Click or tap here to enter text. |  |
|  | | | | | | | |
|  | Have you been known by a different name? | Choose an item. |  | If yes, please include | | Click or tap here to enter text. |  |
|  | | | | | | | |
|  | Do you live with the main applicant? | Choose an item. |  | If no, please confirm address. *(We may need to send you a separate form)* | | Click or tap here to enter text. |  |

| **Section 2: Current address** | | | | | | | | | | | | | | |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | | | | | | | | | | | | | | |
|  | Current address | Click or tap here to enter text. | | | | | |  | | Postcode | | | Click or tap here to enter text. |  |
|  | | | | | | | | | | | | | | |
|  | Date moved in Month/Year) | Click or tap here to enter text. | | | | | |  | | | | | | |
|  | | | | | | | | | | | | | | |
| Why is your current home not suitable? | | | | | | | | | | | | | | |
| Click or tap here to enter text. | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | |
|  | Reason for applying | Choose an item. | | | | | |  | | | | | | |
|  | | | | | | | | | | | | | | |
|  | Please provide further details | | | | Click or tap here to enter text. | | | | | | | | |  |
|  | | | | | | | | | | | | | | |
|  | Tenure | Choose an item. | | | | | |  | | Name of landlord *(If applicable)* | | | Click or tap here to enter text. |  |
|  | | | | | | | | | | | | | | |
|  | Landlord contact details (if applicable) | Click or tap here to enter text. | | | | | |  | | *Note: If you currently rent your home, we will contact your current and previous landlords for references.* | | | |  |
|  | | | | | | | | | | | | | | |
| Please provide details of anyone else currently living with you (other than a joint applicant) | | | | | | | | | | | | | | |
| Name | | |  | Relationship to you | |  | Moving with you | |  | | National Insurance Number |  | Date of Birth |  |
| Click or tap here to enter text. | | | Click or tap here to enter text. | | Click or tap here to enter text. | | Click or tap here to enter text. | Click or tap here to enter text. |
| Click or tap here to enter text. | | | Click or tap here to enter text. | | Click or tap here to enter text. | | Click or tap here to enter text. | Click or tap here to enter text. |
| Click or tap here to enter text. | | | Click or tap here to enter text. | | Click or tap here to enter text. | | Click or tap here to enter text. | Click or tap here to enter text. |
| Click or tap here to enter text. | | | Click or tap here to enter text. | | Click or tap here to enter text. | | Click or tap here to enter text. | Click or tap here to enter text. |

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| **Section 3: Previous address history (for the past 5 years)** | | | | | | | |
| Please contact us if this is a joint application with different address history. | | | | | | | |
| Address |  | From (Month/Year) |  | To (Month/Year) |  | Reason for leaving |  |
| Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
|  | | | | | | | |
| Address |  | From (Month/Year) |  | To (Month/Year) |  | Reason for leaving |  |
| Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
|  | | | | | | | |
| Address |  | From (Month/Year) |  | To (Month/Year) |  | Reason for leaving |  |
| Click or tap here to enter text. |  | Click or tap here to enter text. |  | Click or tap here to enter text. |  | Click or tap here to enter text. |  |
|  | | | | | | | |
| Please use section 15, the additional comment section to record any additional address history for the last 5 years. | | | | | | | |

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| **Section 4: Pets (if not applicable, go to section 5)** | | | | | |
| We consider housing applications with pets on an individual basis in accordance with our pet ownership policy. Please ask for a copy of our pet ownership factsheet summarising this policy. | | | | | |
| Do you have a pet? | Choose an item. | Type of pet | Choose an item. | Age of pet | Click or tap here to enter text. |
| *If you have answered yes, we will get in touch with you, to discuss further.* | | | | | |

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| **Section 5: Financial circumstances** | | | | | | | |
| If a joint application, please combine your finances. If your financial circumstances are different please record in section 15, or contact us for an additional form. | | | | | | | |
| Savings £ | Click or tap here to enter text. | Do you own your own home? | Choose an item. | Current value £ | Click or tap here to enter text. | Equity £ | Click or tap here to enter text. |
|  | | | | | | | |
| Please list any other financial interest in property | | | | | | | |
| Click or tap here to enter text. | | | | | | | |

| **Section 6: Monthly income and outgoings** | | | | | | | | |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| If a joint application, please combine your income and outgoings. | | | | | | | | |
| **Income** | | | | | | | | |
|  | | | | | | | | |
| Income source | Amount £ per month |  | Income source | Amount £ per month |  | Income source | Amount £ per month |  |
| Choose an item. | Click or tap here to enter text. | Choose an item. | Click or tap here to enter text. | Choose an item. | Click or tap here to enter text. |
| Choose an item. | Click or tap here to enter text. | Choose an item. | Click or tap here to enter text. | Choose an item. | Click or tap here to enter text. |
| Choose an item. | Click or tap here to enter text. | Choose an item. | Click or tap here to enter text. | Choose an item. | Click or tap here to enter text. |
| Total monthly income £ | | Click or tap here to enter text. | | | | | |
|  | | | | | | | |
| **Expenditure** | | | | | | | | |
| Rent/mortgage | Amount £ per month |  | Council Tax | Amount £ per month |  | Gas, electricity, water | Amount £ per month |  |
| Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| Food and household | Amount £ per month | Transport | Amount £ per month | Mobile phone/ internet | Amount £ per month |
| Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| Other | Amount £ per month | Total expenditure | Amount £ per month |  | | |
| Click or tap here to enter text. | Click or tap here to enter text. |
|  | | | | | | | |

| **Section 7: Debts and other financial commitments** | | | | |
| --- | --- | --- | --- | --- |
| Please indicate any debts or financial commitments you have (tick all that apply). If applicable, we will get in touch and discuss any debt before accepting you onto our housing register. | | | | |
|  | Add the cross, in the box below if this applies to you | Type | Further details (to include £ outstanding amount, reason, and confirm if arrangements in place to pay the debt) | |
|  |  | *A cross in the box (by clicking the box) means you have outstanding debt.* |  |
|  | Rent arrears | Click or tap here to enter text. |
|  | Council tax arrears | Click or tap here to enter text. |
|  | Loan repayments | Click or tap here to enter text. |
|  | Credit card debts | Click or tap here to enter text. |
|  | Benefit overpayments | Click or tap here to enter text. |
|  | Gas, electricity, water debt | Click or tap here to enter text. |
|  | Other (please detail) | Click or tap here to enter text. |
|  | | | | |

| **Section 8: Health and medical needs** | | | | | | | | | |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | | | | | | | | | |
|  | Do you use mobility aids? | Choose an item. | Can you use stairs on a day-to-day basis? | | Choose an item. | Could you use stairs in an emergency (i.e. if the lift is out of order)? | | Choose an item. |  |
|  | | | | | | | | | |
|  | Do you need any special equipment or adaptations? | | Choose an item. | | | | | |  |
|  | | | | | | | | | |
|  | Please detail the nature of any adaptations. | | Click or tap here to enter text. | | | | | |  |
|  | | | | | | | | | |
|  | Health condition | | **Applicant one:** Add a cross in the box below if this applies to you. | **Applicant two:** Add a cross in the box below if this applies to you. | | | Details | |  |
|  |  |  | | | *A cross in the box (by clicking the box) means you have this health condition.* | |  |
|  | Physical disability | |  |  | | | Click or tap here to enter text. | |  |
| Visual impairment | |  |  | | | Click or tap here to enter text. | |  |
|  | Hearing impairment | |  |  | | | Click or tap here to enter text. | |  |
|  | Speech impairment | |  |  | | | Click or tap here to enter text. | |  |
|  | Mental health impairment | |  |  | | | Click or tap here to enter text. | |  |
|  | Dementia / cognitive impairment | |  |  | | | Click or tap here to enter text. | |  |
|  | Learning difficulties | |  |  | | | Click or tap here to enter text. | |  |
|  | Age related illnesses | |  |  | | | Click or tap here to enter text. | |  |
|  | | | | | | | | | |
|  | Please add any additional information regarding your mobility | | Click or tap here to enter text. | | | | | |  |
|  | | | | | | | | | |
|  | Please add any additional information regarding your health | | Click or tap here to enter text. | | | | | |  |
|  | | | | | | | | | |
| *Please note some of our schemes are not suitable for using or storing mobility scooters. If offered a new home with us, you will need to apply for permission to store and charge a mobility scooter and this is subject to a risk assessment to ensure any fire risks associated with mobility scooters are sufficiently controlled. We also ask for copies of maintenance records and mobility scooter insurance each year.* | | | | | | | | | |

| **Section 9: Support needs** | | | | | | | |
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| Support focuses on enabling and encouraging independence by providing help, assistance, tools and opportunities for someone to manage aspects of their tenancy. This is available at Brick Kiln Place, Diamond Place, Hutchings Way, Lauriston Court, Olsen Court Phases 1-3, and Worth Court. | | | | | | | |
|  | Do you currently receive support?  (If yes, click on the relevant box opposite, so that it is crossed). | Choose an item. |  | If yes, is this | Currently received | My/our support need is currently unmet |  |
| Financial assistance |  |  |
| Support claiming benefits |  |  |
| Do you currently have unmet support needs?  (If yes, click on the relevant box opposite, so that it is crossed) | Choose an item. | Advocacy |  |  |
| Liaising with GP, adult social care |  |  |
| To maintain a tenancy |  |  |
|  | | | | Support with mental health or anxiety |  |  |
| Support with cognitive ill health |  |  |
|  | | | | | | | |
| If you currently receive support, please detail the type of help you received and the frequency (per week) | | | | | | | |
| Click or tap here to enter text. | | | | | | | |
|  | | | | | | | |
| If you need support, please detail the type of help you will need and the frequency (per week) | | | | | | | |
| Click or tap here to enter text. | | | | | | | |
|  | | | | | | | |

| **Section 10: Care needs** | | | | | | |
| --- | --- | --- | --- | --- | --- | --- |
| If a joint application, please combine your response to each question. | | | | | | |
| **Current care arrangements** | | | | | | |
|  | Do you currently receive care? | Choose an item. |  | If yes, is this | Choose an item. |  |
|  | | | | | | |
|  | Total number of care hours, per week | Click or tap here to enter text. |  | Care organisation and contact details | Click or tap here to enter text. |  |
|  | | | | | | |
| If yes, please detail the care you currently receive, including the frequency (per week) | | | | | | |
| Click or tap here to enter text. | | | | | | |
|  | | | | | | |
|  | | | | | | |
| **Unmet care arrangements** | | | | | | |
| If a joint application, please combine your response to each question. | | | | | | |
|  | Do you need, or been assessed as needing, care but not currently receiving? | Choose an item. |  | If yes, is this | Choose an item. |  |
|  | | | | | | |
|  | Total number of care hours, needed per week | Click or tap here to enter text. |  | | | |
|  | | | | | | |
| If you need care, please describe and include the frequency (per week) | | | | | | |
| Click or tap here to enter text. | | | | | | |
| *If you are applying for Brick Kiln Place, Diamond Court, Olsen Court or Worth Court we will require a copy of the Adult Social Care Assessment as part of the pre tenancy assessment.* | | | | | | |

| **Section 11: Social needs** | | |
| --- | --- | --- |
|  | | |
| Do you currently lack access to social facilities, including hobbies, community events and friendship groups? | Choose an item. | If yes, please provide details below. |
| Click or tap here to enter text. | | |
|  | | |
| Do your social needs affect your health and wellbeing? | Choose an item. | If yes, please provide details below. |
| Click or tap here to enter text. | | |
|  | | |

| **Section 12: Scheme information** | | | | | | |
| --- | --- | --- | --- | --- | --- | --- |
| Having reviewed our scheme information on our website or in our brochure, please tell us which of our schemes you would like to consider for your future housing needs. We class our housing schemes as either housing for older people, housing with access to care, or shared ownership for older people. **To consider Brick Kiln Place, Olsen Court Phase 1 and Worth Court you must have a care and support need.**  **To consider Diamond Place and Olsen Court Phase 2 you must have a support need.** | | | | | | |
|  | The type of housing I am applying for | Choose an item. |  | The name of each scheme that I would like to join the housing register for | Click or tap here to enter text. |  |
|  | | | | | | |
|  | I require housing with support available to me. This is available at Brick Kiln Place, Diamond Place, Hutchings Way, Lauriston Court, Olsen Court Phases 1-3, and Worth Court. | Choose an item. |  | I require housing with access to planned care from an onsite care provider. This is available at Brick Kiln Place, Diamond Place, Olsen Court Phase 1, and Worth Court. | Choose an item. |  |
|  | | | | | | |
|  | The accommodation (floor level) I wish to consider is | Choose an item. |  | I require a scheme that will allow me to store and charge a mobility scooter | Choose an item. |  |
|  | |  | |
| I require accommodation that allows me to have a pet | Choose an item. |  | | | |

| **Section 13: Declarations** | | | | | | | | | |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | | | | | | | | | |
| Declaration | | **Applicant one:** Add a cross in the box below if this applies to you. | | | **Applicant two:** Add a cross in the box below if this applies to you. | | | Details | |
|  | | |  | | | *A cross in the box (by clicking the box) means you are declaring this statement applies.* | |
| Are you a member of Lace staff or Board? Alternatively, are you related to, or a friend of, a Lace staff or Board member? | |  | | |  | | | Click or tap here to enter text. | |
| Do you have any conviction not spent under the Rehabilitation of Offenders Act 1974 | |  | | |  | | | Click or tap here to enter text. | |
| Do you have any court orders, which have resulted in legal action against you, including antisocial behaviour? | |  | | |  | | | Click or tap here to enter text. | |
| Have you ever been evicted? | |  | | |  | | | Click or tap here to enter text. | |
| Are you on, or likely to be on, the Sex Offenders Register? | |  | | |  | | | Click or tap here to enter text. | |
| Have you ever shown any form of violence that may prevent our staff from visiting you in your own home? | |  | | |  | | | Click or tap here to enter text. | |
|  | | | | | | | | | |
| If yes, please provide details below | | | | | | | | | |
| Click or tap here to enter text. | | | | | | | | | |
|  | | | | | | | | | |
| **GDPR and confidentiality** | | | | | | | | | |
| The information you provide is used to:   * Assess your eligibility for housing with us. * Understand your housing, care, and support needs in relation to your current circumstances. * Match your needs and preferences with available homes, now and in the future. * Assess your ability to afford and maintain a tenancy. * Support internal monitoring and statistical reporting requirements (Government CORE return). * Lace Housing has a legal duty to help prevent and detect fraud. We may share your information with relevant organisations or authorities to verify accuracy or investigate potential criminal activity, in accordance with the General Data Protection Regulation (GDPR). | | | | | | | | | |
| **Marketing material:** | | | | | | | | | |
| We would like to keep you informed about new housing schemes and support services. If you agree, please tick your preferred contact method(s) below. You can change your contact preferences at any time by letting us know. | | | | | | | | | |
|  | Post | | |  | | | Click or tap here to enter text. | |  |
| Email | | |  | | | Click or tap here to enter text. | |
| Telephone | | |  | | | Click or tap here to enter text. | |
| Text message | | |  | | | Click or tap here to enter text. | |
| If you change your mind about being contacted in the future, please let us know. | | | | | | | | | |
| To help us improve outreach and awareness of our services, please tell us how you heard about Lace Housing. | | | | | | | | | |
|  | Word of mouth | |  | | | Click or tap here to enter text. | | |  |
| Already known to me | |  | | | Click or tap here to enter text. | | |
| Website | |  | | | Click or tap here to enter text. | | |
| Magazine or press article | |  | | | Click or tap here to enter text. | | |
| Other (please detail) | |  | | | Click or tap here to enter text. | | |

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Please read through the following statement and sign to confirm your understanding and compliance with:   * I/we confirm that all information provided in this application is accurate and complete. I/we agree to inform Lace Housing of any changes in my/our circumstances. * I/we give permission for Lace Housing to contact current or previous landlords for references and, if needed, to seek relevant information from professionals involved in my/our care or support (e.g. GP, consultants, support worker, or care provider). * I/we understand that Lace Housing may request details of any relevant unspent criminal convictions or police involvement in line with our legitimate interests to ensure tenant and employee safety and for legal compliance under the Data Protection Act. * I/we acknowledge that withholding or providing false information may result in the cancellation of this application. I/we confirm there is nothing further to disclose. * I/we understand that refusal to consent to necessary reference checks may prevent this application from progressing. * I/we confirm we have the legal immigration status required to rent property in England. | | | | | | | | | |
| **Signatures** | | | | | | | | | |
|  | Applicant One | |  | | | Applicant Two |  | |  |
| Date | | Click or tap to enter a date. | | | Date | Click or tap to enter a date. | |
|  | | | | | | | | | |
| **Requesting a representative to act on my behalf** | | | | | | | | | |
| Please send my correspondence to the person acting on my behalf. | | | | | | | | | |
| I would like a representative to act on my behalf | | Choose an item. | |  | This is the person named on page 1, if not please detail below. | | | Choose an item. | |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Name | Click or tap here to enter text. |  | Telephone numbers | Click or tap here to enter text. |
| Address | Click or tap here to enter text. |  | Email | Click or tap here to enter text. |
|  | Relationship | Click or tap here to enter text. |
|  | Organisation (if applicable) | Click or tap here to enter text. |

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| **Section 14 Equal opportunities monitoring** | | | | | | | |
| We are committed to meeting the aims and commitments set out in our Equality, Diversity and Inclusion policy. This includes not discriminating under the Equality Act 2010 and by building an accurate picture of the make-up of our residents and applicants, so we can monitor our services and performance to make sure everyone has an equal opportunity to live in one of our homes and receive our services. | | | | | | | |
| **Applicant one** | | | | | | | |
|  | Ethnic group | Choose an item. | Ethnic background | Choose an item. | Nationality | Choose an item. |  |
| Do you class yourself as disabled? | Choose an item. | Nature of your disability | Click or tap here to enter text. | Religion | Choose an item. |
| Gender | Choose an item. | Sexual orientation | Choose an item. |  | | |
| **Applicant two (if not applicable, go to section 15)** | | | | | | | |
|  | Ethnic group | Choose an item. | Ethnic background | Choose an item. | Nationality | Choose an item. |  |
| Do you class yourself as disabled? | Choose an item. | Nature of your disability | Click or tap here to enter text. | Religion | Choose an item. |
| Gender | Choose an item. | Sexual orientation | Choose an item. |  | | |
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| **Section 15 Any other information (if not applicable, go to section 16)** |
| Please use this section to provide any additional information where requested during this application form. |
| Click or tap here to enter text. |

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| **Section 16 Contact us** |
| If you are applying for housing at Brick Kiln Place, Diamond Place, Olsen Court, or Worth Court, please return using the scheme contacts below. For all other applications, please return using the Diamond Place contact details or if emailing use the [housing@lacehousing.org](mailto:housing@lacehousing.org) email address.  Brick Kiln Place, Caunt Road, Grantham, Lincs. NG31 7GJ [brickkilnplace@lacehousing.org](mailto:brickkilnplace@lacehousing.org)  Diamond Place, Hutchings Way, Welton, Lincs. LN2 3GF [diamondplace@lacehousing.org](mailto:diamondplace@lacehousing.org)  Olsen Court, 4 Olsen Rise, Lincoln. LN2 4UZ [olsencourt@lacehousing.org](mailto:olsencourt@lacehousing.org)  Worth Court, Willoughby Road, Bourne, Lincs. PE10 9LD [worthcourt@lacehousing.org](mailto:worthcourt@lacehousing.org) |
|  |