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| --- | --- | --- | --- | --- |
| **C:\Users\edonaldson\AppData\Local\Microsoft\Windows\INetCache\Content.Outlook\Q3RM98QY\New Logo.jpg** | LH24 | Housing Application Form | Version No. | Date of last version |
| Function: Housing & Support | 3.6 | July 2020 |

Please complete the form by answering all questions as fully as possible. We may contact you to provide us with further information if necessary. If you need to add any further pages, please make sure they are clearly marked with your name.

Please see the check list on the final page to ensure you enclose any additional information required. Please return this application form to: Lace Housing Limited, Lace House, 2 Olsen Rise, Lincoln, LN2 4UZ. If you need further help, please contact us on 01522 514444

|  |
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| **Applicant Details** |
|  | **Applicant** | **Second Applicant** |
| Title (tick as appropriate) | Mr □ Mrs □ Miss □ Ms □ | Mr □ Mrs □ Miss □ Ms □ |
| First name(s) |  |  |
| Surname |  |  |
| Previous surname |  |  |
| Date of birth |  |  |
| National Insurance number |  |  |
| National Health number |  |  |
| Nationality |  |  |
| Are you subject to immigration control? | Yes □ No □  | Yes □ No □ |
| Main language |  |  |
| **Contact details**It is important you provide at least one telephone number so that we can contact you.In the event we are unable to make contact, your application may be suspended or overlooked for a vacancy. If any of your contact details change, please let us know. If you provide an email address we will use this to send information and acknowledgements. |
|  | **Applicant** | **Second Applicant** |
| Email |  |  |
| Home telephone |  |  |
| Work telephone |  |  |
| Mobile telephone |  |  |

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| **Address of property where you live now** |
|  | **Applicant** | **Second Applicant** |
| House number/name |  |  |
| Street |  |  |
| Village/Town |  |  |
| County |  |  |
| Postcode |  |  |
| Date you moved into this address |  |  |

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| **Correspondence Address** |
| If you would like post sent to a different address or someone else to act on your behalf for example a relative, social worker or advocate, please provide details below:Do you want: your post sent to a different address □ please tick if required someone else to act on your behalf □ please tick if required |
| Contact name |  |
| Relationship to applicant |  |
| AddressPostcode |  |
| Telephone numbers: |  |  |
| Email address |  |
| Can we contact them on your behalf? | **Yes □** | **No □** |
| If you decide at a later date that you wish to withdraw this consent or that you would like someone else to deal with your application, you should inform us in writing, giving this person permission to act on your behalf. |

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| **Information about your current home** |
| **Type** | **Applicant** | **Second Applicant** |
|  | Please tick | No of bedrooms | Please tick | No of bedrooms |
| Ground floor bedsit |  |  |  |  |
| Above ground floor bedsitWith lift? Yes □ No □ |  |  |  |  |
| Ground floor flat |  |  |  |  |
| Above ground floor flatWith lift? Yes □ No □ |  |  |  |  |
| Maisonette |  |  |  |  |
| House |  |  |  |  |
| Bungalow |  |  |  |  |
| Mobile home  |  |  |  |  |
|  |
| **Tenure** | **Tick** |  | **Tick** |
| Private rented |  | Owner occupier |  |
| Council tenant |  | Housing Association tenant |  |
| Renting a room |  | Living with friends |  |
| Living with relatives |  | Lodging with resident landlord |  |
| Tied tenant |  | Armed forces accommodation |  |
| Other (please state) |  |  |  |
| **If you rent your home please provide contact details of the landlord as we will request a reference** |
| Landlord name |  |
| AddressPost code |  |
| Telephone numbers |  |
| Email address |  |

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| **Facilities in your current home** |
|  | **Have now (please tick)** | **Will need in new home (please tick)** |
| Stair lift |  |  |
| Tray shower |  |  |
| Level floor shower |  |  |
| Wheelchair access |  |  |
| Through floor lift |  |  |
| Downstairs toilet |  |  |
| Other (please state) |  |  |
| Please tick if you have access to the following facilities, or you have to share any of the following facilities with someone who is not part of your household |
| **Facilities** | **Yes** | **No** | **Share** | **Facilities** | **Yes** | **No**  | **Share** |
| Any form of heating in the living room |  |  | **N/A** | Hot water supply |  |  | **N/A** |
| Any form of heating in bedrooms |  |  | **N/A** | Bath or shower |  |  |  |
| Kitchen/cooking facilities |  |  |  | Internal toilet |  |  |  |
| A downstairs toilet |  |  |  |  |  |  |  |
| **Local Connection**Some of our properties require you to have a local connection to the area you have chosen. Please provide us with information to help us with your application.  |
| How long have you lived in the area |  | How long did you live in the area in the past |  |
| Have you worked in the area and if so how long |  | Do you have family in the area that you need to support you |  |
| Any other local connection |  |
| If you have answered any of the above, please give full details  |  |
| **Previous Addresses**Please provide full details of all previous addresses that you have lived at in the past five years. We may contact all previous landlords for tenancy references.**Main Applicant** |
| **Address** | **Date from** | **Date to** | **Tenure** | **Landlord name and address** | **Reason for leaving** |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
| **Second applicant**Are all of your addresses for the past five years the same as the main applicant? If not please provide full details of all the previous addresses you have lived at in the past five years, please note we may contact all landlords for tenancy references |
| **Address** | **Date from** | **Date to** | **Tenure** | **Landlord name and address** | **Reason for leaving** |
|  |  |  |  |  |  |
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| **Your Household**Please provide details of everyone living with you now and if they will be moving with you |
| First Name | Surname | Relationship to applicant | SexM F | Date of birth | Living with you nowY N | Will they move with youY N |
|  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
| Do you have anybody who regularly needs to stay overnight with you, i.e. a carer – please provide details |
| First name | Surname | Relationship to applicant | Date of birth | Sex |
|  |  |  |  |  |
|  |  |  |  |  |
| Do you have any pets? Lace Housing do not usually allow pets except under exceptional circumstances. If however you would like us to consider your application with your pet moving with you please give details below. |
| What type of pet | Would you like this pet to move with you? |
|  |  |

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| **Your income and other finances**Please provide details of all that apply |
|  | **Applicant** | **Second Applicant** |
| **Savings and assets** |
| Do you have any savings or assets (excluding your home)If so, how much is their net worth | Y □ N □£ | Y □ N □£ |
| If you own your home, are you selling? If so how much equity do you expect to release? | Y □ N □£ | Y □ N □£ |
| Do you own or have any financial interest in a property other than your current home anywhere in the worldIf so, please give details | Y □ N □ | Y □ N □ |
| **Income** |
|  | **£**  | **Weekly/ monthly** | **£**  | **Weekly/ monthly** |
| Income from employment |  |  |  |  |
| Working tax credit |  |  |  |  |
| State pension |  |  |  |  |
| Private pension/s |  |  |  |  |
| Pension credit |  |  |  |  |
| Attendance allowance |  |  |  |  |
| Personal independence payment |  |  |  |  |
| Employment & support allowance |  |  |  |  |
| Carers allowance |  |  |  |  |
| Job seekers allowance |  |  |  |  |
| Housing benefit |  |  |  |  |
| Universal credit |  |  |  |  |
| Other |  |  |  |  |

Lace Housing Limited is a ‘not for profit’ organisation with charitable status. It does not discriminate between older people who fully self fund and those who receive contributions from Housing Benefit, Social Services or any other source.

|  |
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| **Debts and other financial commitments (only include those above £200)** |
|  | **£****Total outstanding** | **£****Total outstanding** |
| Rent arrears (past or present) |  |  |
| Housing related debt, i.e. water rates, overpayment of housing benefit etc. |  |  |
| Personal Loans |  |  |
| Credit cards |  |  |
| Store cards |  |  |
| Fines |  |  |
| Other |  |  |

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| **Reason for applying – please tick all boxes that apply:** |
|  | Tick |  | Tick |
| Asked to leave by family or friends |  | Given notice by landlord |  |
| Behind with mortgage paymentsor loan secured on property |  | Notice to leave tied accommodation |  |
| Leaving hospital |  | Leaving residential care |  |
| Risk of violence or harassment |  | Relationship breakdown |  |
| Need additional bedroom |  | Need a smaller property |  |
| Currently sharing facilities |  | Your home has been assessed as below tolerable standard by the local authority |  |
| Property currently lacks essential facilities (i.e. toilet/hot water etc) |  | Need adaptations that I do not have and cannot be supplied to current accommodation |  |
| The property has stairs and I have mobility problems |  | Difficulty accessing parts of the home, i.e. bathroom |  |
| **Reason for applying (continued) – please tick all boxes that apply:** |
| Your Home needs major repairs |  | Your home has major dampness |  |
| Need to move for support from family or other |  | Unable to receive care due to current location, e.g. rural area |  |
| Facing financial difficulties  |  | Experiencing abuse or harassment |  |
| Living in an isolated area with no facilities, transport etc. |  | Other |  |
| If you have ticked any of the reason(s) in the previous boxes, please give full details below: |
| If you are not currently in your own home, i.e. in hospital, respite care, with family or friends; is your health/disability preventing you from returning to your own home? Yes □ No □ If you have answered yes, please give details:  |

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| **Support and Agencies working with you.**If you currently receive support from any other organisation, for example health & social care, a health agency, housing support, voluntary organisation etc. please provide details below: |
| **Applicant**  |
| **Organisation** | **Name** | **Address** | **Telephone No.** |
|  |  |  |  |
|  |  |  |  |
| **Second Applicant** |
| **Organisation** | **Name** | **Address** | **Telephone No.** |
|  |  |  |  |
|  |  |  |  |

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| **Health and Medical Needs**Please give details of any health problems or disabilities |
|  | **Applicant** Please tick | **Second Applicant** please tick | **Details** |
| Physical disability |  |  |  |
| Visual impairment |  |  |  |
| Total or partial deafness |  |  |  |
| Mental health problems |  |  |  |
| Dementia/Cognitive needs, i.e. short term memory loss |  |  |  |
| Learning disability |  |  |  |
| Autism/Aspergers |  |  |  |
| Age related physical infirmity |  |  |  |
| Problem with alcohol use |  |  |  |
| Problem with drug use |  |  |  |
| Other |  |  |  |
| **Please describe how your health/disability makes your current accommodation unsuitable** |
|  |

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| **Support** |
| **What type of support do you currently get or need? Please tick any boxes that apply** |
|  | Financial assistance | Support with Benefits  | Advocacy  | Liaising on your behalf, i.e. with G.P hospital, adult social care etc. | Support with mental health needs | Support with Dementia/and or cognitive needs |
| **Applicant** |  |  |  |  |  |  |
| How Often? |  |  |  |  |  |  |
| **Second applicant** |  |  |  |  |  |  |
| How Often? |  |  |  |  |  |  |
| If you have ticked any of the above, please give any further information below. If you have any additional support needs in addition to those listed above, please also give details below: |

|  |
| --- |
| **Social**  |
| **Do you currently have access to social facilities including hobbies, community events, friends etc. and if so, how often? If not, please say how this impacts on your health and wellbeing** |
| **Applicant** | **Details:** |
| **Second Applicant** | **Details:** |
| **Would you like to increase social contact with other people from outside your household?**Yes□ No □ |

|  |
| --- |
| **How would you describe the way your current social contact is impacting on your health?**not at all □ slightly □ to quite a degree □ it severely affects me □ |
| **Can you access amenities from your home, i.e. shops, post office, bus stop? If not, please say how this impacts on your health and wellbeing** |
| **Applicant** | **Details:** |
| **Second Applicant** | **Details:** |

|  |
| --- |
| **Mobility and Aids** |
|  | **Applicant** | **Second Applicant** |
|  | **Yes** | **No** | **Yes** | **No** |
| Do you use a walking aid, i.e. stick, walking frame or crutches? |  |  |  |  |
| Do you use a wheelchair? |  |  |  |  |
| Is your current home adapted for a wheelchair? |  |  |  |  |
| Can you use stairs? |  |  |  |  |
| Can you get in and out of a bath? |  |  |  |  |
| \*Do you need a powered mobility scooter? |  |  |  |  |
| If you wish to add anything about the above, please write below: |

\* Please note some of our schemes only have limited storage for powered mobility scooters and some have no storage at all. You will need to apply for permission to store a powered mobility scooter on any of our schemes. There may be a waiting list.

|  |
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| **Care needs – only complete this section if you are applying for an Extra Care Scheme** |
| **If you have care needs, which of the following do you need help with:** |
| **Task** | **Applicant** | **Second Applicant** |
|  | **Yes** | **No** | **Yes** | **No** |
| Prepare meals |  |  |  |  |
| Eating |  |  |  |  |
| Using the toilet |  |  |  |  |
| Bathing or showering |  |  |  |  |
| Getting dressed or undressed |  |  |  |  |
| Getting in and out of bed |  |  |  |  |
| Managing medication |  |  |  |  |
| Other (please give details)  |  |  |

|  |  |  |
| --- | --- | --- |
| **Care hours** | **Applicant** | **Second Applicant** |
| **\*\*Total number of care hours currently being received** |  |  |
| **\*\*Total number of care hours you have been assessed as needing but not currently receiving** |  |  |
| **\*\*If you have been assessed as needing care but are unable to receive it, please let us know why** |  |  |

**\*\*Please note we will require proof of this information with your application form (see checklist)**

|  |
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| **Which accommodation/services are you applying for? Before ticking a scheme, please consider the following information:** |

**Extra care schemes**: are for those applicants who need more care and support than can be provided in a sheltered scheme. These schemes are staffed 7 days a week and have an on-site care provider providing planned or emergency care.

As well as planned care, extra care schemes also provide housing management and support to residents such as help with benefits, managing rent and service charge payments, liaising with health and social care professionals, and advocacy if needed.

These schemes also offer communal facilities such as a restaurant, laundry room, hairdresser etc. and access to events and social activities, should you wish to take part.

You may be considered for one of these schemes upon application, but a full assessment of care, support, social and housing needs will be carried out prior to any offer of accommodation.

If you are unsure if you would qualify, please contact the Support Team direct either by visiting the scheme or phoning.

**Sheltered apartments or bungalows:** on the same scheme as the Extra Care schemes provide the use of these additional facilities such as restaurant, laundry room, access to events and activities.

**Sheltered/Retirement apartments or bungalows:** dependant on the location of the sheltered or retirement accommodation, some may be able to access some floating support.

Not all of our schemes have lifts. Accommodation may be over more than one floor which will require access by stairs. Some schemes do have a platform or chair lift.

Please state your preferences:

□ I would only consider ground floor accommodation

□ I would consider any floor providing there is a lift

□ I would consider any floor even if there is no lift

**Further information is provided in our Scheme Brochure or on our website.**

**Scheme Information**

|  |
| --- |
| **Extra care schemes** provide on-site care and support and applicants are processed and assessed through a panel.  |
|  | Tickbox |  | Tick box |  | Tick box |
| **Rented Schemes** |
| \*Olsen Court, Lincoln(passenger lift) |  | \*Brick Kiln Place, Grantham(passenger lift) |  | \*Worth Court, Bourne(passenger lift) |  |
| **Leasehold/Shared Equity** |
|  |  | \*Brick Kiln Place,Grantham (passenger lift) |  |  |  |
| **Sheltered Housing – Rented** |
| Almond House, LincolnApartments (no lift) |  | Kathleen Court, North HykehamBungalows |  | Richmond House, LincolnFlats (no lift) |  |
| \*Olsen Court, Lincolnapartments (chairlift) |  | Olsen Court, Lincoln Bungalows |  | \*Lauriston Court, Grantham(passenger lift) |  |
| **Retirement Apartments – Rented** |
| Jubilee Court, Lincoln(no lift) |  | \*Navigation Court, Saxilby(no lift) |  | \*Chapman Court, Skegness(platform lift) |  |
| \*Wellington View,Ingham(platform lift) |  | \*The Burrows,Nettleham(platform lift) |  | \*Brighton Place, Washingborough(Platform lift) |  |
| **Retirement Apartments – Leasehold/Shared Equity** |
| Jubilee Court, Lincoln (no lift) |  | \*Navigation Court Saxilby(no lift) |  | Sewell Court, Lincoln(no lift) |  |
| Conisbrough Close,Granthambungalows |  | Olsen CourtLincolnapartments(passenger lift) |  | Marion Close,Washingborough Bungalows |  |
| Baker Drive,Nettleham Bungalows |  | Frith Close,Nettleham Bungalows |  |  |  |

\*Please note that some schemes have limited mobility scooter storage

**Declarations**

|  |
| --- |
| **Convictions**Have you or any members of your household who are moving with you have any of the following? |
|  | **Yes** | **No** |
| Any conviction not spent under the Rehabilitation of Offenders Act 1974? |  |  |
| Any court orders which have resulted in legal action against you including antisocial behavior orders? |  |  |
| Placed on the Sex Offenders Register? |  |  |
| If you have answered yes to any of the questions above, please provide full details below: |

|  |
| --- |
| **Forms of Identification and proof of address:**Please supply a photocopy of 1 proof of address from where you currently live with this application form.If you are successful in being offered accommodation with Lace Housing Limited, we will require to see originals of further documents to satisfy that you have the legal right to rent a property. The following documents will need to be seen prior to us letting a property to you: A UK Passport/Passport or National Identity Card showing the applicant is a national of the EEA or Switzerland or:Birth Certificate and Marriage Certificate if applicable, plus one other form of I.D. such as Driving Licence. More information can be obtained on the Gov.uk website.We will also need other information at point of offer such as proof of income, and expenditure in order for us to make a financial assessment. |

|  |  |
| --- | --- |
| **Assessment and/or visit:**A representative from Lace Housing will visit you to assess you in your current home or ask you to visit one of our schemes so you can appreciate the facilities and services available. This helps us to understand your circumstances as well to make an informed decision as to the level of care and or support you require.If you have any reason why you would not want a home visit please state why below:

|  |
| --- |
|  |

 |
| **Committee and staff connection**Please tell us if you or any person included in your application is or has been in the past 12 months:Employed by Lace Housing Limited:Yes □ No □  Is related to, or friends with a member of staff working within Lace Housing LimitedYes □ No □ Is related to, or friends with a member of the Board of Lace Housing LimitedYes □ No □ If yes, please provide details below:

|  |
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| --- | --- | --- |
| **Data protection and confidentiality:**the information you provide Lace Housing Limited with will be used to:* Decide if you are eligible for housing with us
* Assess your housing and care needs and your current housing circumstances
* Enable us to match your needs and preferences with available empty homes now and in the future
* Assess your ability to meet payments in relation to any offer of a tenancy with us
* Enable monitoring and provide statistical information as required
* We have a duty to help prevent and detect fraud. This means that we may share information provided to us with other organisations or authorities for the purposes of checking the accuracy of the information provided and to prevent or detect crime. We comply with the terms of the General Data Protection Regulation (GDPR)

**Marketing material:**We have new housing schemes and support services that we would like to tell you about. If you consent to us contacting you for this purpose, please tick to say how you would like us to contact you. Tick all boxes that you are happy for contact for this purpose:Post □ email □ telephone □ text message □If you change your mind about being contacted in the future, please let us know.**Declaration:**Please read through the following statements and sign at the bottom to show you understand and agree with them.□ I/we are eligible to apply for housing with Lace Housing Limited□ I/we will inform Lace Housing Limited of any change of circumstances□ My/our current or previous landlord(s) can be contacted for a reference□ My/our doctor, hospital consultant, health visitor, social worker, care provider, police and any other relevant person can be contacted if more information is needed for my/our housing application□ I/we understand that LACE ask about relevant unspent criminal convictions based on their legitimate interest of ensuring the safety of me/us and other tenants (for Article 6 of the GDPR) and for ‘social protection’ purposes and the prevention or detection of unlawful acts, (for Article 10 of the GDPR) as set out in Schedule 1 of the Data Protection Act.□ All information given by me/us to Lace Housing Limited is true. If I/we supply false information or keep back any information, my/our application may be cancelled□ I/we agree to receive any marketing material relevant to Lace Housing Limited, any Local Authority or Agent we partner in relation to housing or leasehold sales. If you do not tick this box, it will not disadvantage your housing application.□ I/we have answered all questions in relation to staff/committee connections□ If I/we are given a tenancy because I/we have supplied false information or I/we have kept back information I/we could lose any tenancy □ I/we confirm that there is nothing further that we would like to advise that could affect my/our ability to sustain a tenancy or the appropriateness of an offer of a particular kind of housing/location.Please be advised that if you opt out giving consent to any of the reference checks detailed above, we may not be able to progress your application.**Signature of Applicant**

|  |
| --- |
|  |

Date **Signature of second applicant**

|  |
| --- |
|  |

Date  |
|  |

**Checklist**:

□ Have you completed all relevant parts of the application form. If you return your form incomplete, this will delay the application process

□ By completing this form, you agree that you are ready to be considered for any available property that we may offer you

 □ If you are applying for an extra care scheme, we will need a copy of your current adult needs assessment to enable us to band the level of care and assess your suitability for extra care. For private care clients, we will base our assessment on any care currently being provided (please provide proof of the number of hours)

 If you have unmet care needs, we require confirmation from a health or social care professional of the number of unmet care hours.

□ Have you included a photocopy as proof of current address

□ Before we can offer a property, we will need to see sight of documents that comply with the Government Right to Rent legislation. Any person over the age of 18 living in one of our homes has to supply this documentation before we can rent a property. Please tick to state that you have, or will have all the documents required should we contact you about a potential offer of a property.

**Equal Opportunities Monitoring**

LACE wants to meet the aims and commitments set out in its equality 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 we can monitor our services and performance to make sure everyone has an equal opportunity to live in one of our homes of receive our services.

We need your help and cooperation to enable us to do this, but filling in this form is voluntary. Please tick against the relevant column:

|  | **First Applicant** | **Second Applicant** |
| --- | --- | --- |
| **What is your ethnic origin?** |  |  |
| **White**BritishIrishOther |  |  |
| **Mixed**White and Black CaribbeanWhite and Black AfricanWhite and AsianOtherPlease state  |  |  |
| **Asian/Asian British**IndianPakistaniBangladeshiOtherPlease state |  |  |
| **Black/Black British**CaribbeanAfricanOtherPlease state  |  |  |
| **Chinese** **Gypsy/Romany/Irish Traveller****Any other Ethnic Group**Please state **Prefer Not to Say** |  |  |
| **What is your nationality?**UK National resident in UKUK National resident returning from overseasCzechEstonianHungarianLatvianLithuanianPolishSlovakianSlovenianBulgarianRomanianOther European Economic CountryAny other CountryPrefer not to say |  |  |
| **How would you best describe your religion or belief?**BuddhistChristianHinduJewishMuslimSikhNo religion or belief?Prefer not to sayOtherPlease state  |  |  |
| **How would you describe your sexual orientation?**HeterosexualBisexualGay woman/LesbianGay manPrefer not to sayIf you prefer to use your own term, please state  |  |  |
| **How would you best describe your gender?**MaleFemaleIntersexNon-binaryPrefer not to sayIf you prefer to use your own term, please state |  |  |
| **Do you consider yourself to have a disability?**YesNoPrefer not to say**If yes, what is the nature of your disability?** **(tick as many boxes that apply)**Impaired speechImpaired mobilityImpaired hearingImpaired sightLearning disabilityLife limiting illnessMental illnessOtherPrefer not to say |  |  |

|  |
| --- |
| **Office Use Only:** |
| SDM No |  | Date A/F sent |  | Date A/F received |  |
| Application accepted | **Y** □ **N** □ | Reason for refusal |  |
| **Banding** |
| Housing needs | High □ | Medium □ | Low □ |
| Support needs | High □ | Medium □ | Low □  |
| Social needs | High □ | Medium □ | Low □ |
| Care needs (extra care only) | High □ | Medium □ | Low □  |
| **Comments:** |  |