** Tenant Application Form**

The following **eligibility criteria** should be satisfied in order to be accepted on to the WomenCentre Homes waiting list:

* Must be a woman
* Must be at risk or have experienced harm and be in housing need
* Must need supported housing and agree to actively engage with a Housing Support Worker

**Referrer details:**

|  |  |
| --- | --- |
| Date of application: |  |
| Referring Agency |  |
| Name of referrer: |  |
| Contact Details: | Address:  Phone:  Email: |

**Applicant details:**

|  |  |
| --- | --- |
| **Title:** |  |
| **First Name:** |  |
| **Last Name:** |  |
| **Date of Birth:** |  |
| **National Insurance Number:** |  |
| **Contact Phone Number:** |  |
| **Email Address:** |  |
| **Current Address and Postcode** |  |
|  |  |

Do you want us to send your correspondence to a different address? If so, please give the address and postcode:

|  |
| --- |
|  |

**Your Preferred housing area:**

|  |
| --- |
|  |

**Area(s) Considered:**

|  |
| --- |
|  |

**Your current home:**

Do you have a tenancy of any residential property ? Yes  No

If yes, who owns the property?

|  |  |
| --- | --- |
| Landlord name |  |
| Telephone number |  |
| Tenancy from: |  |
| Landlord email address |  |

Do you have any arrears at your current address? Yes  No

If yes, state how much you owe to your landlord at the date of this application.

£……………………………..

Do we have permission to contact your landlord/housing provider ? Yes  No

**About your household:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **First Name** | **Last Name** | **Sex M/F** | **Date of Birth** | **Relationship to you** |
| **1.** |  |  |  |  |

Is this person living with you now? Yes  No

Will this person be moving with you ? Yes  No

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **First Name** | **Last Name** | **Sex M/F** | **Date of Birth** | **Relationship to you** |
| **2.** |  |  |  |  |

Is this person living with you now? Yes  No

Will this person be moving with you ? Yes  No

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **First Name** | **Last Name** | **Sex M/F** | **Date of Birth** | **Relationship to you** |
| **3.** |  |  |  |  |

Is this person living with you now? Yes  No

Will this person be moving with you ? Yes  No

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **First Name** | **Last Name** | **Sex M/F** | **Date of Birth** | **Relationship to you** |
| **4.** |  |  |  |  |

Is this person living with you now? Yes  No

Will this person be moving with you ? Yes  No

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **First Name** | **Last Name** | **Sex M/F** | **Date of Birth** | **Relationship to you** |
| **5.** |  |  |  |  |

Is this person living with you now? Yes  No

Will this person be moving with you ? Yes  No

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **First Name** | **Last Name** | **Sex M/F** | **Date of Birth** | **Relationship to you** |
| **6.** |  |  |  |  |

Is this person living with you now? Yes  No

Will this person be moving with you ? Yes  No

Are you or anyone who lives with you pregnant? Yes  No

If yes, when is the due date ? ……/…../…..

**Housing need and history:**

Are you homeless or at risk of being homeless? Yes  No

What is the main reason you are leaving ?

|  |
| --- |
|  |

Have you had or are you currently in an abusive relationship ? Yes  No

If yes, when did it end or is it ongoing ?

|  |
| --- |
|  |

Are you still at risk ? Yes  No

Have you received support or do you have professional(s)

supporting you ? Yes  No

If yes, from which agency/agencies do you receive support ?

|  |  |  |  |
| --- | --- | --- | --- |
| **Agency Name** | **Profession** | **Address** | **Contact details** |
|  |  |  |  |

Is the support ongoing ? Yes  No  If no, when did the support end ? …./…./….

|  |  |  |  |
| --- | --- | --- | --- |
| **Agency Name** | **Profession** | **Address** | **Contact details** |
|  |  |  |  |

Is the support ongoing ? Yes  No  If no, when did the support end ? …./…./….

|  |  |  |  |
| --- | --- | --- | --- |
| **Agency Name** | **Profession** | **Address** | **Contact details** |
|  |  |  |  |

Is the support ongoing ? Yes  No  If no, when did the support end ? …./…./….

Do you regularly use alcohol or substances ? Yes  No

If yes, are you receiving support for this ? Yes  No

If yes, from which agency/agencies ?

|  |  |  |  |
| --- | --- | --- | --- |
| **Agency Name** | **Profession** | **Address** | **Contact details** |
|  |  |  |  |

Is the support ongoing ? Yes  No  If no, when did the support end ? …./…./….

|  |  |  |  |
| --- | --- | --- | --- |
| **Agency Name** | **Profession** | **Address** | **Contact details** |
|  |  |  |  |

Is the support ongoing ? Yes  No  If no, when did the support end ? …./…./….

**Your situation and history:**

In your own words tell us about your experience of domestic abuse, how it has affected you and why you are applying for a tenancy with WomenCentre Homes.

|  |
| --- |
|  |

Tell us why you need to move to a new property. For example, how high a priority is it for you to move and what are the risks if you do not move?

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**Housing support needs:**

To be eligible for our supported accommodation you must have housing support needs and agree to actively engage with a housing support worker.

Below are examples of housing support needs. Do you need help with any of the following?

**Literacy and numeracy** Yes  No

If yes, please state the type of support you need:

|  |
| --- |
|  |

**Setting up a tenancy, ensuring the property is ready for**

**occupation** Yes  No

If yes, please state the type of support you need:

|  |
| --- |
|  |

**Finances, such as paying bills and debt management** Yes  No If yes, please state the type of support you need:

|  |
| --- |
|  |

**Maintaining the property** Yes  No

If yes, please state the type of support you need:

|  |
| --- |
|  |

**Making sure the property is safe and secure** Yes  No

If yes, please state the type of support you need:

|  |
| --- |
|  |

**Communication with neighbours, resolving disputes** Yes  No

If yes, please state the type of support you need:

|  |
| --- |
|  |

**Do you have other support needs ?** Yes  No

If yes, please state the type of support you need:

|  |
| --- |
|  |

**Disabilities:**

Do you or anyone living with you consider themselves to have a disability? Yes  No

|  |  |
| --- | --- |
| **Disability** | **Household member affected**  **(name please)** |
| I use a wheelchair |  |
| I have mobility problems but do not use a wheelchair |  |
| I am blind or partially sighted |  |
| I am deaf or have hearing loss |  |
| I have a learning difficulty |  |
| My mental health has an impact on my day to day life |  |
| I have a long term health issue |  |
| I have a disability not mentioned about |  |
| Prefer not to say |  |

**Adaptations**

Do you require any special adaptations to your property ? Yes  No

If yes, please indicate the special adaptations you need:

Walk-in shower  Ramps  Grab rails

24-hour emergency call system  Lever taps  Stairlift

Door-entry system

|  |
| --- |
| Other – please detail |

**Your financial and work status:**

**Work Status**

**Please tell us whether or not you work ?** Please tick the box that you think is most relevant.

Work full time  Work part-time

In full-time education at school,  On government-supported training

College or University

Self-employed  Unemployed

Doing something else  Permanently sick or disabled

Prefer not to say

**Name and address of employer:**

|  |
| --- |
|  |

**Benefits**

**Which of the following benefits do you receive ?** Please tick all boxes that apply.

I do not receive any benefits  Carer’s Allowance

Universal Credit  Personal Independence Payment

Job Seekers Allowance  Disability Living Allowance

Income Support  State Pension

Employment Support Allowance  Pension Credit

Incapacity Benefit  Attendance Allowance

Child Benefit  Housing Benefit

Child Tax Credit  Counsel Tax Benefit

Working Tax Credit  Prefer not to say

**Bank and Building Society accounts**

Do you have a bank, building society, savings or cheque account ? Yes  No

**Previous addresses**

What are your previous addresses? (please give 5 years previous history).

Please start with the most recent before your current address.

1. Previous address

Name and address of landlord: …………………………………………………………

………………………………………………………………………………………………

………………………………………………………………………………………………

Tenancy dates: From: ………………….......…… To: ……………………………..

Reason for leaving: ………………………………………………………………………

………………………………………………………………………………………………

Did you have arrears at this address ? Yes  No

If yes, please tell us how much you owed: £………………………

1. Previous address

Name and address of landlord: …………………………………………………………

………………………………………………………………………………………………

………………………………………………………………………………………………

Tenancy dates: From: ………………….......…… To: ……………………………..

Reason for leaving: ………………………………………………………………………

………………………………………………………………………………………………

Did you have arrears at this address ? Yes  No

If yes, please tell us how much you owed: £………………………

1. Previous address

Name and address of landlord: …………………………………………………………

………………………………………………………………………………………………

………………………………………………………………………………………………

Tenancy dates: From: ………………….......…… To: ……………………………..

Reason for leaving: ………………………………………………………………………

………………………………………………………………………………………………

Did you have arrears at this address ? Yes  No

If yes, please tell us how much you owed: £………………………

1. Previous address

Name and address of landlord: …………………………………………………………

………………………………………………………………………………………………

………………………………………………………………………………………………

Tenancy dates: From: ………………….......…… To: ……………………………..

Reason for leaving: ………………………………………………………………………

………………………………………………………………………………………………

Did you have arrears at this address ? Yes  No

If yes, please tell us how much you owe: £………………………

1. Previous address

Name and address of landlord: …………………………………………………………

………………………………………………………………………………………………

………………………………………………………………………………………………

Tenancy dates: From: ………………….......…… To: ……………………………..

Reason for leaving: ………………………………………………………………………

………………………………………………………………………………………………

Did you have arrears at this address ? Yes  No

If yes, please tell us how much you owe: £………………………

**Other details**

Do you have any pets that are living with you ? Yes  No

|  |
| --- |
| If yes, what are they ? |

Are you or anyone living with you a smoker ? Yes  No

Is anyone living with you planning on claiming for asylum? Yes  No

|  |
| --- |
| If yes, please provide details: |

Is anyone that will be living with you subject to immigration control? Yes  No

|  |
| --- |
| If yes, please provide details: |

Have you been made subject of any County Court Judgement? Yes  No

|  |
| --- |
| If yes, please provide details: |

Have you been made bankrupt or subject to any insolvency arrangements or agreements? Yes  No

|  |
| --- |
| If yes, please provide details: |

**References**

Please provide the names of two referees, including a previous or current landlord

1. Name: ……………………………………………………………………………………...

Relationship (Landlord): …………………………………………………………………

Contact telephone number: ……………………………………………………………..

Address/Contact details: ...………………………………………………………………

1. Name: ……………………………………………………………………………………...

Relationship e.g. Employer, Support Worker)…………………………………………

Contact telephone number: ……………………………………………………………..

Address/Contact details: ...………………………………………………………………

**Proof of identity?** Yes  No

Form of identity e.g. passport/driving licence : ……………………………………………

Seen and copied:

Name: ……………………………………………. Initials: …………………………

Name: ……………………………………………. Initials: …………………………

**Your Next of Kin**

Name: ………………………………………………………………………………………….

Relationship to you: ………………………………………………………………………….

Contact telephone number: …………………………………………………………………

Address/Contact details: …………………………………………………………………….

…………………………………………………………………………………………………..

**Declaration**

I confirm that to the best of my knowledge and belief that above details are true and correct at the time of completion.

I consent to sharing the information held within this application form with the referring agency, WomenCentre services, WomenCentre Homes Allocation Panel and WomenCentre Homes Housing Team for the purposes of housing allocation.

I hereby authorise the landlord (WomenCentre Homes) to seek references from those named above and to make whatever further enquiries and credit checks he/she deems necessary to confirm my identity and good standing, and to contact those listed above as my employer and referees in respect of my application.

I understand that I can request the names of any credit reference agencies used by the landlord so that I may verify the information held about myself, but also that should I default on any tenancy agreement I enter into with the landlord, the information contained in this application may be released to authorised credit recovery agencies.

Name: ………………………………………………………………………………………….

Signed: ………………………………………………………………………………………...

Date: ………………………….

**Note:** Knowingly or recklessly making false statements to a landlord in order to obtain a tenancy are legal grounds for ending that tenancy.

**If this form has been filled in by someone other than the person making the application:**

Please tell us why you are filling in this form for the applicant.

|  |
| --- |
|  |

I declare that as far as possible, I have confirmed with the person applying that the answers written on this form are correct.

Name: ………………………………………………………………………………………….

Signed: ………………………………………………………………………………………...

Date: …………………………. Relationship to applicant: ………………………………..

**Ethnic Origin**

WomenCentre Homes is committed to being an equal opportunity housing provider. Applicants are treated equally irrespective of race, colour, ethnic or national origin or religion, political views or membership, sexuality, age, marital status, disability, gender reassignment, or pregnancy/ recent childbirth. Please complete the questionnaire below to assist in monitoring our applicants and for no other reasons. This information will be kept strictly confidential. After recording the data for statistical purposes, the form will be shredded/ deleted. This form will not be seen by or used during the selection process.

To carry out this approach, we need your assistance and would be grateful if you would provide the information requested. None of the questions are compulsory.

|  |  |  |  |
| --- | --- | --- | --- |
| Asian British |  | Mixed/multiple ethnic group: White & Black Caribbean |  |
| Asian/Asian British: Bangladeshi |  | Mixed/multiple ethnic group: White & Black African |  |
| Asian/Asian British: Indian |  | Mixed/multiple ethnic group – other |  |
| Asian/Asian British: Pakistani |  | Other ethnic group – Arab |  |
| Asian/Asian British: Chinese |  | Other ethnic group – Japanese |  |
| Asian background: other |  | Other ethnic group – Korean |  |
| Black British |  | Other ethnic group – other |  |
| Black/Black British: African |  | Roma |  |
| Black/Black British: Caribbean |  | White British |  |
| Black/Black British: European |  | White Irish |  |
| Black/Black British: Rest of the World |  | White: English/Welsh/Scottish/Northern Irish |  |
| Black background: other |  | White: European |  |
| Gypsy or Irish Traveller |  | White: Rest of the World |  |
| Mixed/multiple ethnic group: Black & Asian |  | White background: other |  |
| Mixed/multiple ethnic group: White & Asian |  | Prefer not to say |  |