

Date Application Received	
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APPLICATION FOR HOUSING RELATED SUPPORT

Housing Related Support can be either be:

Short-term supported housing - This is where you have accommodation and there is on-site support to assist you to gain the skills to live independently and to find and maintain your own accommodation

OR

Floating support – This provides you with support to access and maintain your own independent accommodation. This support can be provided in the community or in your own home depending on your needs

If you are accepted for housing related support, the support that you will get will depend on what your needs are. A support plan will be agreed with you and you will work with your support worker to address your needs and meet your goals.

If you need help to complete this form, or if you need it in a different language or format, please ring the Housing Access Team on 01454 865555

Please tick which of the services you wish to apply for:

Short-term supported Housing **Floating Support**

To receive any of these services, you must have a local connection with South Gloucestershire. Please tick here to confirm that you have and state what that connection is.

.....

Your Details		
Your Name	Date of Birth	Gender
NI Number	Address	
Email		
Tel/Mobile		
Preferred Language	Preferred method of contact	

About other members of your household			
Name	Date of birth	Relationship	Do they live with you?

If you or anyone you live with is pregnant, please tell us who and their due date:

Name:..... Due date:.....

Do you have any family living in South Gloucestershire? If so give details below:

Name	Address	Relationship to you

Who is your emergency contact:

Name	Address	Telephone Number	Relationship to you

Do you have any pets?

Yes

No

If yes, please give details:.....

SUPPORTING INFORMATION

If there is already information available in relation to your support needs, this makes it easier to consider your application.

Is anyone helping / supporting you at the moment?

Yes

No

If yes, please provide their details below, by listing you are expressing consent for us to contact them in relation to your application

Agency	Name	Contact Details
Leaving Care team/ Other social services		
Probation/YOT worker		
Health/mental health professional		
Other (name of agency)		

Where you have been living

Please tell us where you are living now and where you have been living during the last five years and give the dates you lived at each address (include any periods of homelessness / staying with friends etc)

Address (including postcode)	From	To	Why did you leave

Are you homeless now or at risk of homelessness?

Yes No

If yes, please give reasons:.....

.....

What is your housing situation?

.....
.....
.....
.....
.....

FINANCIAL INFORMATION

Please use either weekly or monthly amounts.

INCOME	AMOUNT	EXPENDITURE	AMOUNT
Wages - your pay		Rent	
partner's pay		Mortgage	
		Buildings insurance	
Benefits -		Home contents insurance	
Income Support		Life insurance / Pension	
Job Seekers Allowance		Council Tax	
Employment & Support Allowance		Water/sewerage rates	
Maternity Allowance		Gas	
Working Tax Credits		Electricity	
Child Tax Credits		Food / housekeeping	
Child Benefit		TV rental / licence	
Incapacity Benefit		Court fines	
Disability Living Allowance / PIP		Maintenance payments	
Housing Benefit		Travel - petrol	
Council Tax Benefit		tax/insurance	
Pension – state		car repairs	
private		bus fares	
Maintenance		School meals	
Family contributions		Clothing	
Other – please list income type and amount		Telephone/Mobile	
		Childcare	
		Prescriptions	
		Cigarettes	
		Children's pocket money	
TOTAL		TOTAL	

HOW YOU MANAGE YOUR MONEY

Have you ever had problems paying your rent?

Yes No

- have you lost accommodation because of this?
- have you been unable to find accommodation because of this?

If yes, please give details:.....

.....

Have you ever had problems paying for other essential living costs? Council tax/electric/gas/heating/food/travel costs/expenses associated with health or welfare?

Yes No

If yes, please give details:.....

.....

Do you have any debts? Yes No

If yes, please give details

What	Who to?	Payment plan Amount Weekly/monthly
Rent / Mortgage		
Gas		
Electricity		
Water Rates		
Council Tax		
Fines		
OTHER (give details)		
TOTAL		£

Have you sought debt advice? Yes No

Agency:

Advice Worker:

EDUCATION, TRAINING AND EMPLOYMENT

Are you currently employed or in education or training/an apprentice?

Yes

No

If YES, please give details below:

Employer/college name and address	
How many hours do you work/attend?	

If no to the above, would you like signposting to an agency to assist you to find training / employment?

Yes

No

ABOUT THE SUPPORT YOU ARE LOOKING FOR

What support are you looking for and why?

Support Needed (Please Tick)	Why do you need the support?
Support to find a property e.g. how to search online for accommodation; how to present yourself to a landlord; preparing finances and information for a tenancy	
Support with financial management to run a tenancy e.g. budgeting, paying rent, accessing benefits, referrals to debt management agencies and signposting to access to work schemes	
Support to be a responsible tenant e.g. maintaining a property, ASB, nuisance, reporting repairs	
Support to engage with other professionals e.g. DWP, HMRC, health care, social work, probation	

Other Support Needs

Do you feel you are able to look after yourself and your home?

Yes

No (please state below)

.....

Do you feel confidence dealing with other agencies? For example utility companies, doctor, landlord?

Yes

No

.....

Do you have problems with reading and writing or do you need help managing your paperwork;

Yes (please give details)

No

.....

Do you know where to get help if you need to:

Yes (please give details)

No

.....

Do you have any mobility problems?

Yes (please state below)

No

.....

Are you receiving any medical treatment at the moment?

Yes (please state what)

No

.....

Do you take medication on a regular basis?

Yes

No

If yes, what is it and what it is it for?

.....

Is there a risk if you stop taking any medication?

Yes No

Home Environment

Do you feel safe in your home? If No, please give details

Yes No

.....

Is your property in a safe condition:

Yes No

.....

Your Behaviour

Has any action been taken against you for damage to property?

Yes (please give details) No

.....

Has any action been taken against you due to your behaviour towards others, including neighbours?

Yes (please give details) No

.....

Risk

1. Are you at risk from other people?

Yes (please give details) No

.....

2. Do you think that any visitors to your home could cause a risk to others?

Yes (please give details)

No

.....

3. Have you ever been the victim of violence, hate crime or harassment in your home?

Yes (please give details)

No

.....

4. Do you feel that others could take advantage of you?

Yes (please give details)

No

.....

Substance misuse

Do you have any current or historic alcohol dependency issues?

Yes

No

.....

Do you use or have you used illegal drugs?

Yes

No

If yes, what.....

Convictions

Have you any of the following against you:

- | | | | | |
|-------------------|-----|--------------------------|----|--------------------------|
| Injunction | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| ASBO | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| ABC | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| Restraining Order | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |

If yes, please give details

.....
.....

If you have previous any convictions what were they for? When did they occur?

Conviction:.....Date:.....

Conviction:.....Date:.....

Have you re-offended?

- Yes No

If yes, please explain

.....
.....

Have you any outstanding court cases against you?

- Yes No

If yes, please explain

.....
.....

Is there any other information that we may need to know in relation to your application?

.....
.....
.....
.....

DECLARATION & CONSENT

➤ **Declaration**

The information I have given on this form is complete and true. I agree to it being used by South Gloucestershire Council to assess my application for housing related support.

Signed (First Applicant)

Signed (Joint Applicant)

➤ **Consent**

I consent to South Gloucestershire Council or any partner agencies seeking additional information from other agencies, or people, to assist my application for Supported Housing. I consent to South Gloucestershire Council sharing the information that I have given, or that has been given about me, with relevant partner agencies in relation to my application.

Signed (First Applicant)

Signed (Joint Applicant)

If this form has been filled in by someone other than the person applying for this service please tell us why you are completing the on their behalf. Feedback will be given to this person once a service has started. By signing the above you consent to this.

.....

Name of person who filled in the form

Contact Tel: Contact Email:

Completed forms should be emailed to: HousingRelatedSupport@southglos.gov.uk

Or return to: South Gloucestershire Council, Department for Children Adults and Health,
Homechoice - Housing Access Team, PO Box 1955, Bristol BS37 0DE
Tel: 01454 865555

Privacy Statement

Your privacy is important to us, and we take great care to protect it. Any personal information you supply us, or which is supplied to us about you, will be held by South Gloucestershire Council in accordance with the Data Protection Act 1998 and will be treated as confidential. It will only be used by us and our partner agencies and bodies for the purposes of dealing with your housing application. It will not be passed to any other organisation without your permission or consent.

We would only share your information without your consent in the most exceptional circumstances, such as if there is a risk of harm, threat to life, or where we are legally obliged to do so.

We may also provide your personal information to anti-fraud organisations and other bodies so they can use it to match against computer records held by other public bodies to identify potentially fraudulent claims and payments (<http://www.southglos.gov.uk/council-and-democracy/performance/value-for-money/data-sharing-prevention-of-fraud/>).

We may also use your personal information to identify, understand, and meet the needs of individuals who will benefit from a multi-agency response (<http://southglos.gov.uk/health-and-social-care/care-and-support-children-families/families-in-focus/>).

Equal Opportunities Monitoring

Gender: Male Female

Do you consider yourself to be a disabled person? Yes No

Ethnic Origin:

Asian or Asian British

Indian Pakistani

Pakistani Bangladeshi

Other Asian background

Other Asian background

Other

Mixed

White & Black Caribbean

White & Black African

White & Asia

Other

Black or Black British

Caribbean African

Other black background

White

British Irish

Other White background

Chinese

Chinese

Other Ethnic Group

Gypsy / Traveller

Irish Traveller

British Romany Gypsy

Other

I decline to answer this question

Religion

Buddhist Christian

Hindu Jewish

Muslim Sikh

No religion Other

Sexual Orientation

Bisexual

Gay man

Lesbian / gay woman

Heterosexual / straight

Other

