

Royal British Legion Industries. Charity No. 210063.

Housing Application Form

**ROYAL BRITISH LEGION INDUSTRIES | HOUSING ASSESSMENT FORM**

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| **Personal Details** | | | | | | | | | | | | |
| **Surname:** | |  | | | | **Forename** | | |  | | | |
| **Contact Email:** | |  | | | | | | | | | | |
| **Contact**  **Number(s):** | | ***(Home)*** | | | | | ***(Mobile)*** | | | | | |
| **Date of**  **Birth:** | | **\_ \_ / \_ \_ / \_ \_ \_ \_** | | | | | | | | | | |
| **Service Connection Details** | | | | | | | | | | | | |
| Which Service | | | |  | | | | | | | |
| Regt/Branch/Arm | | | |  | | | | | | | |
| Rank (on discharge) | | | |  | | | | | | | |
| Service Number | | | |  | | | | | | | |
| Enlistment Date | | | |  | | | | | | | |
| Discharge Date | | | |  | | | | | | | |
| **Reason for Discharge** | | | | | | | | | | | |
|  | | | | | | | | | | | |
| **Active Service Details** | | | | | | | | | | | |
|  | | | | | | | | | | | |
| **Evidence of Identity**  **(You must provide original documentation to verify your identity and your family including children)** | | | | | | | | | | | |
| Title | Surname | | First Name | | M/F | | | Relationship  to applicant | | DOB | National  Insurance Number |
|  |  | |  | |  | | | APPLICANT | |  |  |
|  |  | |  | |  | | |  | |  |  |
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| **Current Accommodation** | | | |
| **Current Address:** |  | | |
|  | | |
|  | | |
|  | **Postcode:** |  |

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| --- | --- | --- |
| Type of Accommodation  House: ❒  Flat: ❒  Bungalow ❒  Other ❒ | Floor level:  Ground ❒  First ❒  Other ………………..  Number of bedrooms:……………….. | Current Accommodation Facilities:  Access to a Bathroom: Yes ❒ No ❒  Access to a kitchen: Yes ❒ No ❒  Wet room facilities: Yes ❒ No ❒  Hand support rails: Yes ❒ No ❒  Disabled Access: Yes ❒ No ❒ |

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| Dates: | From: | | | | | To: |
| Landlord address and phone number: | | | | | | |
| Local authority | |  | Reason for leaving: | | | |
| Housing Association | |  |
| Private Rental | |  |
| Family/Friend | |  |
| Other | |  |
| What type of tenancy do you have? | | | |  | | |
| When does your tenancy expire? | | | |  | | |
| How much is your rent? Weekly/monthly? | | | |  | | |
| Is your tenancy linked to your employment? | | | |  | | |
| Are you in arrears with your rent/mortgage repayments? | | | | Yes ❒ No ❒  (If yes, how much) £ | | |
| Do your receive housing benefits | | | | Yes ❒ No ❒  (If yes, how much) £ | | |
| Do you own your home? Yes ❒ No ❒ | | | | | If yes do you have a mortgage? Yes ❒ No ❒ | |
| How much is your monthly mortgage payment? | | | | | £ | |
| How much do you owe on your mortgage? | | | | | £ | |
| What is the approximate value of your home? | | | | | £ | |

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| **Previous Accommodation**  **(if you have lived in your current accommodation for less than 3 years, please provide previous addresses)** | | | | |
| Dates: | From: | | | To: |
| Landlord address and phone number: | | | | |
| Owner | |  | Reason for leaving: | |
| Local authority | |  |
| Housing Association | |  |
| Private Rental | |  |
| Family/Friend | |  |
| Other | |  |

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| **Eviction and Anti-Social Behavior** | |
| Have you or any member within your household been evicted in the past five years? Yes ❒ No ❒ |
| Name of person/s evicted: |
| Name of housing association/local authority, landlord or mortgage lender: |
| Address of property evicted from: |
| Date and reason for Eviction: |
| Have you or any member of your household been subject of an investigation or formal action due to anti-social behavior? Yes ❒ No ❒ |
| Name of person involved: |
| Address where this occurred: |
| Date and reason for action: |

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| **REHABILITATION OF OFFENDERS ACT 1974** |

Royal British Legion Industries will not discriminate against ex-offenders with criminal records. We do have a duty of care to consider all offences disclosed and the safeguarding implications of other vulnerable individuals currently residing on the village.

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| **Convictions** | |
| Have you or any other member/s of your household been convicted of a criminal offence?  Yes ❒ No ❒ |
| Name of person/s convicted: |
| Crime they were convicted of? |
| Are you currently attached to the probation service? Yes ❒ No ❒  (if yes, please provide name and contact details of probation worker) |
| Please list any restrictions attached to any offence that may impact on your accommodation |

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| --- | --- | --- | --- |
| **Your Employment details** | | | |
| Job Title | Employer | Work address |
|  |  |  |
| Start date: | Average take home pay:  £ | Weekly/Monthly amount:  £ |
| **Partners Employment details** | | | |
| Job Title | Employer | Work address |
|  |  |  |
| Start date: | Average take home pay:  £ | Weekly/Monthly amount:  £ |

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| **Immigration service** | |
| Have you or any member of your household lived outside of the UK during the last 5 years, even if you or they have lived here prior to the period? Yes ❒ No ❒ |
| Do you and all household members have full leave to remain and access to public funds  Yes ❒ No ❒ |

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| **ASSESSMENT OF SUPPORT NEEDS** |

**INDEPENDENCE SKILLS**

|  |  |  |
| --- | --- | --- |
| High level of support needed ❒ | Minimal support needed ❒ | No support needed ❒ |
| Please give an example why you have rated your level of need: | | |
| Will you need additional support with the following  Support regarding cultural or racial harassment Yes ❒ No ❒  Support with anti-social behavior Yes ❒ No ❒  Maintain safety and security within the home Yes ❒ No ❒ | | |

**SELF CARE SKILLS**

|  |  |  |
| --- | --- | --- |
| High level of support needed ❒ | Minimal support needed ❒ | No support needed ❒ |
| Please give example why you have rated your level of need: | | |
| Are you able to manage your daily health needs, cooking, cleaning, washing and personal hygiene  Yes ❒ No ❒  Do you need support to achieve a healthy life style Yes ❒ No ❒  Do you smoke (cigarettes/cannabis) Yes ❒ No ❒  Are you able to make positive life choices and keep yourself safe from harm Yes ❒ No ❒  Do you require the use of a mobility scooter? Yes ❒ No ❒ | | |

**BUDGETING & BENEFITS**

|  |  |  |
| --- | --- | --- |
| High level of support needed ❒ | Minimal support needed ❒ | No support needed ❒ |
| Please give example why you have rated your level of need: | | |
| Will you need additional support with the following  Understanding your housing/tenancy responsibilities Yes ❒ No ❒  Help understanding your rent/mortgage arrears Yes ❒ No ❒  Managing your finances and benefit claims Yes ❒ No ❒ | | |

**SUBSTANCE MISUSE**

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| --- | --- | --- | --- | --- | --- |
| High level of support needed ❒ | | Minimal support needed ❒ | | No support needed ❒ | |
| Please provide contact details of any key workers/agencies that are currently supporting you: | | | | | |
| How would you describe your alcohol consumption? | | | | | |
| Moderate/Controlled ❒ | Binges ❒ | | Regular heavy use ❒ | | Continuous ❒ |

**EMOTIONAL OR MENTAL HEALTH SUPPORT**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| High level of support needed ❒ | | Minimal support needed ❒ | | No support needed ❒ | |
| Please provide contact details of any key workers/agencies that are currently supporting you with your mental health needs): | | | | | |
| Are you currently on any prescribed medication: Yes ❒ No ❒ | | | | | |
| Please list medication: | | | | | |
| Do you suffer from episodes of confusion or distress: Yes ❒ No ❒ | | | | | |
| Have you been diagnosed by a medical professional with anxiety, depression or PTSD: Yes ❒ No ❒ | | | | | |
| How often do you display outbursts of anger or aggression towards others or yourself? | | | | | |
| Often ❒ | Occasionally ❒ | | Rarely ❒ | | Never ❒ |

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| **Declaration of finances** | | | |
| BENEFITS | AMOUNT RECEIVED | |
|  | APPLICANT | PARTNER |
| Universal Credit |  |  |
| Jobseekers allowance |  |  |
| Employment support Allowance |  |  |
| Income support |  |  |
| State pension |  |  |
| Private Pension |  |  |
| Pension Credit |  |  |
| Personal independence payment (PIP) |  |  |
| Incapacity Benefit |  |  |
| Disability living allowance - carer |  |  |
| Disability living allowance – mobility |  |  |
| Attendance Allowance |  |  |
| Sever Disablement allowance |  |  |
| Child benefit |  |  |
| Child tax credit |  |  |
| Working tax credit |  |  |
| Housing benefit |  |  |
| Council tax redemption |  |  |
| Carers allowance |  |  |
| Child maintenance (payout) |  |  |
| Industrial injury benefit |  |  |
| Other benefits |  |  |
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| INCOME RECEIVED | AMOUNT RECEIVED | |
|  | APPLICANT | PARTNER |
| Income from tenants (adult/children) |  |  |
| Salary |  |  |
| Child maintenance (received) |  |  |
| Rent received via tenant |  |  |

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| SAVINGS | AMOUNT RECEIVED | |
|  | APPLICANT | PARTNER |
| Savings account |  |  |
| Additional bank account |  |  |
| ISA |  |  |
| **TOTAL RECEIVED** | £ | £ |

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| --- | --- | --- | --- |
| **Monthly budget** | | | |
| **Outgoings (expenditure)** | AMOUNT | |
|  | APPLICANT | PARTNER |
| Rent |  |  |
| Mortgage |  |  |
| Gas |  |  |
| Electric |  |  |
| Water Rates |  |  |
| Sewage rate |  |  |
| Council tax |  |  |
| Household Insurance |  |  |
| TV License |  |  |
| Cable TV |  |  |
| Credit Cards |  |  |
| Store cards |  |  |
| Car Insurance |  |  |
| Car Tax |  |  |
| Petrol/Diesel |  |  |
| Food |  |  |
| Public transport fees |  |  |
| School fees |  |  |
| clothing |  |  |
| Food |  |  |
| Entertainment/outings |  |  |
| TOTAL EXPENDITURE |  |  |

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| **Referral Source** | | | | | | |
| TRBL |  | SAFFA |  | CAB |  |
| HOUSING AUTHORITY |  | ADULT SOCIAL SERVICES |  | RCEL |  |
| NHS SERVICES |  | WORD OF MOUTH |  | OTHER |  |
| Do you know anyone that lives on the village Yes ❒ No ❒  Do you have any family that lives on the village Yes ❒ No ❒  Do you know anyone that works for RBLI Yes ❒ No ❒ | | | | | |

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| **References**  **(we require two references – one of which will be your current landlord)** | | | |
| Name | Address | Contact number |
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| **Reason for apply for accommodation** | |
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| **Housing Requirements** | | | | |
| Total number of adults who will be living at the property (including applicant) |  | Total number of dependents who will be living at the property |  |
| 1 bedroom ❒ 2 bedroom ❒ 3 bedroom ❒ 4 bedroom ❒ | | | |
| Ground Floor Only ❒ Level Access (i.e. Apartment with lift access) ❒ Wet Room ❒ | | | |
| Do you currently own any pets that you would like to bring with you when you move?  Yes ❒ No ❒ | | | |
| If yes, please tell us below what type of animal it is.  Cat ❒  Dog ❒  Rodent e.g. Guinea Pig, Gerbil ❒  Other ❒ please describe | | | |

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| **Additional Documents (Please do not send originals)**  **(In addition to your application, we also require the below documents. Please tick to show you have included each one)** | | |
| Photographic ID – either driving license or passport |  |
| 3 months bank statements |  |
| Proof of income – either Payslip or Benefits |  |
| Proof of service |  |

I confirm that the information given within this form is true to the best of my knowledge and is an honest reflection of my circumstances. I will inform you of any changes in my current circumstances or in relation to anyone with my household. I understand that any false or misleading information within my statement will result in my application being declined.

|  |  |
| --- | --- |
| Name of Applicant | Name of partner |
| Signature: | Signature |
| Date: | Date: |

**DECLARATION OF AUTHORITY**

In order to assess your application, we may need to contact those people or organisations whose details you have provided, or other parties who may be relevant to your application. We can only do this if we have your written consent.

Therefore to avoid any unnecessary delay please complete the details below:

This may include:

Cross checking the information you have given with local authorities and government agencies, including the department for work and pensions.

Current and previous landlords.

Sharing information with housing associations that provide affordable housing.

Carrying out Tenancy Referencing checks with credit reference agencies. These agencies will record details of any search made whether or not this application proceeds. Information held about you by the credit reference agencies may already be linked to records relating to your current or any previous partner. For the purposes of this application you may be treated as financially linked and your application will be assessed with reference to any associated person. You have the right of access to your personal records held by credit and fraud agencies. We will supply the names and addresses of any agencies we use on request.

Other third parties considered relevant to your application, this may include the NHS, GP or mental health services.

Liaising with our Welfare team and support staff who would be involved in the STEPIN Programme so that they can offer you advice and assistance as and when required throughout your application.

I/we agree to the terms and use of information declared within this application pack.

I /we agreed and give authorisation for Royal British Legion Industries to make all necessary enquiries with third parties as deemed necessary.

|  |  |
| --- | --- |
| Name of Applicant | Name of partner |
| Signature: | Signature |
| Date: | Date: |

Please return your application to:- Property Services

RBLI

Hall Road

Aylesford

Kent

ME20 7NL