

This form is designed to collect the information that EHSL requires to understand the housing needs of the person being referred for supported housing, in order that EHSL can determine whether it is able to offer accommodation to the person for whom an application has been made. Please ensure that every question is answered and that where supporting documentation is requested, that it is provided or made available. EHSL will be unable to offer accommodation or complete an application without the information required being provided. The application form must be signed or verified by a local authority professional from the department making a referral.

PART ONE	Name, Address and Contact Details												
1. <b>Prospective Tenant's name</b>	<input style="width: 100%; height: 30px;" type="text"/>												
2. <b>Date of birth (DD/MM/YYYY)</b>	<input style="width: 50%; height: 30px;" type="text"/> <span style="float: right; padding-left: 20px;"><b>Tenant / Appointee Email Address</b></span> <input style="width: 50%; height: 30px; background-color: #fff9c4;" type="text"/>												
3. <b>National Insurance Number</b>	<input style="width: 100%; height: 30px;" type="text"/>												
4. <b>Is the prospective tenant:</b> (Please tick <u>one</u> box)	<div style="text-align: right; font-weight: bold;">Section 117</div> Male <input type="checkbox"/> Female <input type="checkbox"/> Other <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/>												
5. <b>Previous address</b> (or the address the prospective tenant is moving from)	<input style="width: 100%; height: 50px;" type="text"/>												
6. <b>Type of accommodation tenant is moving from:</b> (Please tick <u>one</u> box)	<table style="width: 100%; border: none;"> <tr> <td>A private tenancy <input type="checkbox"/></td> <td>Living with family <input type="checkbox"/></td> <td>Designated temporary accommodation <input type="checkbox"/></td> </tr> <tr> <td>Social tenancy <input type="checkbox"/></td> <td>Residential school <input type="checkbox"/></td> <td>Residential Care <input type="checkbox"/></td> </tr> <tr> <td>Supported Housing <input type="checkbox"/></td> <td>A hostel <input type="checkbox"/></td> <td>Long stay Hospital <input type="checkbox"/></td> </tr> <tr> <td>Other <input type="checkbox"/></td> <td></td> <td></td> </tr> </table>	A private tenancy <input type="checkbox"/>	Living with family <input type="checkbox"/>	Designated temporary accommodation <input type="checkbox"/>	Social tenancy <input type="checkbox"/>	Residential school <input type="checkbox"/>	Residential Care <input type="checkbox"/>	Supported Housing <input type="checkbox"/>	A hostel <input type="checkbox"/>	Long stay Hospital <input type="checkbox"/>	Other <input type="checkbox"/>		
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7. <b>Contact telephone number for person making the referral</b>	<input style="width: 100%; height: 30px;" type="text"/>												
8. <b>Name of person submitting application</b>	<input style="width: 100%; height: 30px;" type="text"/>												
9. <b>Relationship to prospective tenant.</b>	<input style="width: 100%; height: 30px;" type="text"/>												
PART TWO	Housing Requirements												
10. <b>Is the prospective tenant at risk of Homelessness or have a deadline to move by?</b>	<b>Answer YES or NO</b> <input type="text"/> <b>If YES, By what date?</b> <input style="width: 100px; height: 30px; font-size: 1.2em; color: #ccc;" type="text"/>												
11. <b>Which area/town is accommodation required?</b>	<input style="width: 100%; height: 40px;" type="text"/>												
12. <b>Is the applicant able to live with other people?</b> (Tick one box)	<table style="width: 100%; border: none;"> <tr> <td>Yes, only with males <input type="checkbox"/></td> <td>Yes, with males or females <input type="checkbox"/></td> </tr> <tr> <td>Yes, only with females <input type="checkbox"/></td> <td>No <input type="checkbox"/></td> </tr> </table>	Yes, only with males <input type="checkbox"/>	Yes, with males or females <input type="checkbox"/>	Yes, only with females <input type="checkbox"/>	No <input type="checkbox"/>								
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13. <b>What features are required in the accommodation?</b> (tick any that apply)	<table style="width: 100%; border: none;"> <tr> <td>Wheelchair accessible <input type="checkbox"/></td> <td>A bedroom for overnight staff <input type="checkbox"/></td> </tr> <tr> <td>Level access <input type="checkbox"/></td> <td>Detached accommodation <input type="checkbox"/></td> </tr> </table>	Wheelchair accessible <input type="checkbox"/>	A bedroom for overnight staff <input type="checkbox"/>	Level access <input type="checkbox"/>	Detached accommodation <input type="checkbox"/>								
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14. <b>Please state any further essential requirements.</b> E.g. access to public transport, specific amenity, garden space, ground floor bathroom, wetroom	<input style="width: 100%; height: 60px;" type="text"/>												
Please note: The greater number of essential requirements, the more time you may have to wait for accommodation to be sourced or become available.													

PART THREE		Support Requirements	
15.	Does the prospective tenant have a diagnosed learning disability or mental health condition?	Answer YES or NO	<input type="text"/>
16.	If YES, what is the diagnosis?	<input type="text"/>	
17.	Is the prospective tenant able to read and/or write?	Answer YES or NO	<input type="text"/>
18.	Does the prospective tenant require information to be provided in a particular format? e.g. Easy-read, large font, simplified language, or another?	Please state format required: <input type="text"/>	
19.	Is overnight care required?	Answer YES or NO	<input type="text"/>
20.	If YES, what sort of overnight care?	Sleeping staff <input type="checkbox"/> Waking night staff <input type="checkbox"/> I don't know yet <input type="checkbox"/>	
21.	Which local authority is responsible for funding the care?	<input type="text"/>	
22.	Please provide contact details for the prospective tenant's social worker	Name	<input type="text"/>
Telephone		<input type="text"/>	
Email		<input type="text"/>	
23.	Please provide details of the organisation or person that will be providing care	<input type="text"/>	
24.	Please provide details of the proposed care package (i.e. number of support hours)	<input type="text"/>	
25.	Does the prospective tenant need help with any of the following? (Tick any that apply)	Applying for Welfare Benefits <input type="checkbox"/>	Understanding their rights and responsibilities as a tenant <input type="checkbox"/>
		Keeping their home safe <input type="checkbox"/> Paying for Utility bills <input type="checkbox"/> Paying for TV License <input type="checkbox"/> Cooking <input type="checkbox"/> Keeping their home clean <input type="checkbox"/> Making a complaint <input type="checkbox"/>	Reporting Maintenance Faults <input type="checkbox"/> Getting on with neighbours and co-tenants <input type="checkbox"/> Carrying out weekly shopping <input type="checkbox"/> Managing their money <input type="checkbox"/> Arranging contents insurance <input type="checkbox"/> Maintaining their garden <input type="checkbox"/>
26.	Is there any history of tenancy issues that may affect the applicant's ability to adhere to the terms of the tenancy agreement? Issues may be: <ul style="list-style-type: none"> <li>• Non-payment of rent,</li> <li>• Noise complaints,</li> <li>• Anti-social behaviour</li> <li>• Damage</li> </ul>	<input type="text"/>	
	Please also state any criminal convictions	<input type="text"/>	
	(Please see note)	Note: Schedule 2, Part II of the Housing Act 1988 reads: 'Grounds on which Court may Order Possession... ..17. The tenant is the person, or one of the persons, to whom the tenancy was granted and the landlord was induced to grant the tenancy by a false statement made knowingly or recklessly by— (a) the tenant, or (b) a person acting at the tenant's instigation.	

**PART FOUR Mental Capacity**

27. Does the tenant have sufficient mental capacity to enter into a tenancy agreement? (Please tick one box) Yes  No \*

**DOCUMENT REQUIRED: Mental Capacity Assessment**

28. If the tenant lacks capacity, who will be signing the tenancy agreement?

Note: if a tenant lacks capacity to enter into the agreement, it can only otherwise be signed by a power of attorney or deputy appointed by the Court of Protection. To comply with the Mental Capacity Act 2006 and the guidelines issued by the Court of Protection, you will need to provide proof of the deputyship order issued by the Court of Protection. If an order can't be provided or the tenant has been assessed as lacking capacity to sign the agreement but a deputy hasn't been appointed, a license may be issued prior to the order being received.

Court Appointed Deputy  Name and contact details:   
 Court appointed Power of Attorney

**DOCUMENT REQUIRED: Order from the Court of Protection**

29. Who is responsible for managing the tenant's finances? (Please tick one box)

Tenant  Court Appointed Deputy   
 Local Authority  Court appointed Power of Attorney   
 Support Provider  Other (please state below)

30. Please provide the contact details of any organisation or person who manages the prospective tenant's money

Tel:  Email:

31. Is the prospective tenant classed as 'Severely Mentally impaired', for the purposes of Council Tax?

Answer YES or NO

Note: For Council Tax purposes a person is considered as being severely mentally impaired if he or she has a severe impairment of intelligence and social functioning, however caused, which appears to be permanent.

**PART FIVE Income and Benefits**

	Name of Benefit	Amount per week	Date awarded from
32. Is the tenant in receipt of the following welfare benefits?	Disability Living Allowance (DLA) Care Component <input type="checkbox"/>		
	Disability Living allowance (DLA) Mobility component <input type="checkbox"/>		
	Personal Independence Payment (PIP) <input type="checkbox"/>		
	Employment and Support Allowance (ESA) <input type="checkbox"/>		
	Income Support <input type="checkbox"/>		
	Severe Disability Premium (SDP) <input type="checkbox"/>		
	Universal Credit <input type="checkbox"/>		
Note: If the tenant is not presently in receipt of these benefits they may be able to claim them if they are moving from family care, school, hospital or a residential service			
Note: Although EHSL can provide support with benefits; we cannot apply for these on behalf of our tenants or take any responsibility for non-payment of rent if Housing Benefit will not pay the rent in full.			
33. If the tenant is in receipt of DLA care component, please state which rate:	Lower rate <input type="checkbox"/>	Middle Rate <input type="checkbox"/>	Higher Rate <input type="checkbox"/>
34. Please state any other benefits received, have been applied for, or you are waiting to hear about			
35. Approximately how much capital, savings or investments does the applicant have? This includes bank accounts, savings, shares, property		Please provide any other relevant financial information here:	
	Note: If you have more than £16,000 saved you will not be eligible to claim Housing Benefit		

36. Does the applicant receive any income other than from Welfare Benefits?	Answer YES or NO <input type="text"/>
37. If YES, please provide details of the nature and amount of these payments Write on the back of the form if necessary	<b>Type of income</b> e.g. from working, a pension, maintenance or other <input type="text"/> £ <input type="text"/> Each Week
38. Does the applicant currently claim Housing Benefit?	Answer YES or NO <input type="text"/>
39. If YES, what is the claim reference number	<input type="text"/>
40. Which local authority has awarded Housing Benefit?	<input type="text"/>

**PART SIX** Consent to discuss application and share information

41. Are you happy to share the following information/documents with us, or authorise the relevant bodies to do so?	<table border="0"> <tr> <td></td> <td style="text-align: right;">Yes or No</td> </tr> <tr> <td>Welfare Benefit award notifications (from DWP)</td> <td style="text-align: right;"><input type="checkbox"/> - <input type="checkbox"/></td> </tr> <tr> <td>Support Plan (by Social Worker or Support Provider)</td> <td style="text-align: right;"><input type="checkbox"/> - <input type="checkbox"/></td> </tr> <tr> <td>Housing Benefit application information (From HB office)</td> <td style="text-align: right;"><input type="checkbox"/> - <input type="checkbox"/></td> </tr> <tr> <td>Placement Agreement (From Social Services or Support Provider)</td> <td style="text-align: right;"><input type="checkbox"/> - <input type="checkbox"/></td> </tr> <tr> <td>Confirmation of diagnoses (from Doctor/medical staff)</td> <td style="text-align: right;"><input type="checkbox"/> - <input type="checkbox"/></td> </tr> </table>		Yes or No	Welfare Benefit award notifications (from DWP)	<input type="checkbox"/> - <input type="checkbox"/>	Support Plan (by Social Worker or Support Provider)	<input type="checkbox"/> - <input type="checkbox"/>	Housing Benefit application information (From HB office)	<input type="checkbox"/> - <input type="checkbox"/>	Placement Agreement (From Social Services or Support Provider)	<input type="checkbox"/> - <input type="checkbox"/>	Confirmation of diagnoses (from Doctor/medical staff)	<input type="checkbox"/> - <input type="checkbox"/>
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Note: This will assist EHSL to ensure that the tenant is claiming the correct benefits, exemptions and rate of Housing Benefit. If you grant consent to share this information but cannot provide it, we will speak to the holders of this information (such as DWP, Social Services, Housing Benefit etc.) to obtain a copy

**PART SEVEN** Other Information

42. Please use this section to provide any further information that you feel may be relevant	<input type="text"/>
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**PART EIGHT** Signatures and Declaration

43. I understand and agree with the following:

- EHSL will use this information to determine whether it can offer supported housing to the person being referred.
- EHSL may use any information provided on this form in connection with this.
- EHSL and the nominated care provider will share information relating to any tenancy issued, including the rent account and any matters that may constitute a breach of tenancy.
- If inaccurate or incomplete information is provided and a tenancy is issued, any housing benefit award may be restricted below the level of the rent and the tenant will be required to contribute to the rent from their other income or savings.

44. I Declare that the information I have provided is correct and complete.

Signature	<input type="text"/>	Date <input type="text" value="DD/MM/YYYY"/>
Name	<input type="text"/>	
Relationship to prospective tenant	<input type="text"/>	

**PART NINE** Optional Data Collection

45. If you wish to state the tenant's ethnicity, please do so here.	<input type="text"/>
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**This is the end of the form**