|  |
| --- |
| **Housing Advice & Assistance Form** |
| **Housing Register Application** |
| You have received this form because you have informed the Council that you are requesting to be included on the Council Housing Waiting List for Social Housing. To make the most of your interaction with the Council’s Housing Allocations Service, please carefully read the information below and provide as much detail as possible on the attached form. Incomplete forms may cause delays in the support we can offer you. While we work to help you, we will also verify the information you provide.   This information is a guide to what you can expect from your Housing Allocation Service interview (If this is required).  The purpose of the interview is to best determine your household circumstances and if you are eligible to join the Housing Register. If that isn't possible, we aim to provide you with all the necessary information and advice on alternative options. During the interview, you will be asked to provide information about your current circumstances. It may also be necessary for the Officer to seek advice from a colleague or contact another agency, family member, advocate, or friend. Please ensure that you forward as many documents as possible upon request. This assessment will speed up the assessment process and help us fully understand your housing situation.  In completing the Form, you will be asked to provide the following information: **Personal information:** including your email address and National Insurance number. We will need you to confirm your identification with your passport, birth certificate or driving licence.  You will need to provide at least one document from each section of the list below **Financial information:** such as details of your income, assets, savings and expenditure. (This includes bank statements and wage slips) **Medical information:** including details of any treatment you are receiving. (GP or consultant letters). **Your five-year address history:** details of your address history for the last 5 years. **Household information:**including the address history and personal information of each household member.  A list of acceptable evidence is provided below.  Once the form has been completed, you will be given a reference number. Please keep a record of this number as you may be asked to provide it later on. Unless your situation is urgent, a member of staff will contact you via telephone within 5 working days of receiving your form to discuss your situation. If we need to carry out a further assessment, you will be offered an appointment with a Housing Options Officer.  **Please be aware that you will not be offered an appointment unless you have first completed the assessment form.** |

|  |
| --- |
| **PLEASE NOTE YOUR INTERVIEW WILL BE TERMINATED, AND YOU MAY NOT BE OFFERED FURTHER ASSISTANCE IF YOU ARE ABUSIVE TO OUR STAFF** |

|  |
| --- |
| **LIST OF EVIDENCE REQUIRED** |
| **Identification: Adults** |
| British Birth Certificate |
| A British Photocard Driving Licence must be accompanied by a Passport or Birth Certificate |
| EU Passport: This must be accompanied by proof of current employment or proof of last employment details/proof of settled status |
| Other Passports: This must be accompanied by Home Office paperwork, Residence Permit/Immigration Documents/Leave to Remain/Biometric Card etc., |
| **Identification: Children** |
| Full Birth Certificate for each child |
| Child Benefit (CB) or Child Tax Credit (CTC) award letter giving Child/Children name(s) and current address. If this unavailable a bank statement showing payments of CB or CTC being paid into the account. |
| **If you are pregnant, please provide one of the following showing the Expected Due Date** |
| Ultrasound/Obstetricians report |
| Certificate of confinement/MATB1 |
| **Notice to leave** |
| Contact details of person evicting you |
| Notice to Leave paperwork - Section 8/Section 21 |
| Paperwork from the courts re possession of the property |
| A signed & dated letter or note from your parent/friend asking you to leave |
| **Proof of Employment - If you are working or self-employed** |
| Recent payslips and employment contract |
| Three months' bank statements if paid directly into your bank account |
| Self Employed earnings: audited accounts for the last year or a statement from your Accountant giving an approximate average earned income if midway through the year |
| **Proof of Address - You must provide at least one proof of address from this list:** |
| Tenancy Agreement |
| Recent Bank Statement |
| DWP Benefit Letter or Award Notice |
| Recent Landline/Mobile/Internet Bill |
| Recent Council Tax Bill |
| Recent Gas/Electricity/Water Bill |
| College/University details showing name and current address |
| **Medical Information - Please provide medical information for you and for any family members living with you whose health is affected by your housing situation.** |
| Medical reports for the applicant or any member of their household (**NOT**appointment letters) |
| Copy of repeat prescriptions |
| **Fleeing Domestic Abuse or Harassment - If you are homeless because of Domestic Abuse or fleeing violence, it would be helpful if you could provide the following information, but we understand if you have fled without these documents.** |
| Copies of any Police reports, Police Crime Reference number |
| Legal letters such as injunctions, if you have obtained them |
| Any letters from your Solicitor, if you have one |
| Any letters or emails from any agency helping or supporting you |
| **If you have just left Prison: Applicants who have just left or recently left prison or custody should provide** |
| Prison discharge papers |
| Notice to leave: You must provide contact details of the person evicting you and any documents relating to the eviction |
| **Notice to Leave** |
| You must provide contact details of the person evicting you and any documents relating to the eviction |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **ARE YOU ELIGIBLE FOR HOUSING ASSISTANCE?** | | | | | |
| **If you do not provide information, we cannot assist you. Please be aware that Credit Referencing will be done to confirm the information you are providing.** | | | | | |
| British or Irish citizen, habitually resident in UK, Ireland, Channel Islands, or Isle of Man | | | | | |
| EEA citizen residing in the UK prior to 31 December 2020: worker | | | | | |
| EEA citizen residing in the UK prior to 31 December 2020: self-employed | | | | | |
| EEA citizen residing in the UK prior to 31 December 2020: settled status | | | | | |
| EEA citizen residing in the UK prior to 31 December 2020: other | | | | | |
| EEA citizen residing in the UK prior to 31 December 2020: A family member of one of the above groups | | | | | |
| Non-UK: Granted refugee status | | | | | |
| Non-UK: Exceptional Leave to Remain | | | | | |
| Non-UK: Indefinite Leave to Remain | | | | | |
| Non-UK: Limited Leave to Remain | | | | | |
| Non-UK: Other protection (e.g. humanitarian, discretionary, family members of NI and stateless persons under Immigration rules) | | | | | |
| Other / don't know | | | | | |
| **Main Applicant Name:** | | |  | | |
| **Marital Status:** | | | | | |
| Married | | | | | |
| Single | | | | | |
| Divorced | | | | | |
| Widowed | | | | | |
| Separated | | | | | |
| **Date of Birth:** | | | | | |
| **National Insurance No:** | | | | | |
| **Contact Number:** | | | | | |
| **Email:** | | | | | |
| **Current address including postcode:** | | | | | |
| **Household Type** | | | | | |
| Single | | | | | |
| Couple | | | | | |
| Child/Children, if so, how many | | | | | |
| Other | | | | | |
| **Family Members who Need to be rehoused with you** | | | | | |
| **First Name** | **Last Name** | **Relationship** | | **Date of Birth** | **Do they permanently live with you?** |
|  |  |  | |  |  |
|  |  |  | |  |  |
|  |  |  | |  |  |
|  |  |  | |  |  |
|  |  |  | |  |  |
|  |  |  | |  |  |

|  |
| --- |
| **If any of the above are not living with you, please tell us who and where they are living now:** |

|  |
| --- |
| **Are any of the above pregnant?** |
| Yes, if so, who? And what is the due date: |
| No |
| **Do you or any member of your family own a property?** |
| Yes |
| No |

|  |
| --- |
| **Have you recently approached any other local authority seeking housing assistance?** |
| Yes, which one |
| No |
| **Do you currently have somewhere to live?** |
| Yes |
| No |

|  |
| --- |
| **What type of home is it?** |
| Bedsit |
| Caravan/Mobile Home |
| House |
| Shared house (non-resident landlord) |
| Refuge |
| Living with friends/family |
| Armed forces married quarters |
| Flat or maisonette |
| Hotel/Hostel |
| Other (please give details): |
| **Are you on the tenancy agreement or mortgage for this property?** |
| Yes |
| No |

|  |
| --- |
| **What problem would you like help with?** |
| I would like to be included on the Housing Register |
|  |
| My home is being repossessed |
| Relationship Breakdown |
| I can't afford my home |
| My home is an unfit state to live in |
| My home does not meet my medical needs |
| I am experiencing violence or harassment |
|  |
| The location of my home is unsuitable |
| My home is overcrowded |
|  |

|  |
| --- |
| **Have you been served notice?** |
| Section 21 Notice Seeking Possession |
| Written notice from a residential landlord |
| Termination of licence |
| Notice terminating employment and tied accommodation |
| Letter from friend or family |
| Possession Order |
| High Court Order |
| Court Notice of Eviction with bailiff warrant |
| Section 8 Notice |
| I haven't been given notice |
| Other, (please give details): |
| When does / did the notice end? (please give details): |

|  |
| --- |
| **Are you on the tenancy agreement or mortgage for this property?** |
| Yes |
| No |

|  |
| --- |
| **Who is evicting you today? If you do not provide information, we cannot assist you.** |
| Parent Name |
| Family Member Name |
| Family Member Relationship to Customer |
| Landlord Name |

|  |
| --- |
| **Contact details for the person evicting you:** |
| Home Address including Postcode: |
| Work Address including Postcode: |
| Contact Number: |
| Email: |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Further details about your housing situation**  Five-year address history, all applicants: | | | | |
| **Address** | **From** | **To** | **Landlord Name & Contact details** | **Reason for leaving** |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Further details about your housing situation**  Spouse/Partner’s five-year address history: | | | | |
| **Address** | **From** | **To** | **Landlord Name & Contact details** | **Reason for leaving** |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

|  |
| --- |
| **Fleeing Violence**  Are you or a member of your family at risk of violence? |
| Yes, if yes name the person you are fleeing from and their address: |
| No |

If you are working, please provide details of your employment below

|  |  |
| --- | --- |
| Current Employer’s Name | Current Employer’s Contact Number |
| Previous Employer’s Name | Previous Employer’s Number |

|  |  |  |
| --- | --- | --- |
| If you are serving or have served in the Armed Forces  please complete details below | | |
| Which Service – Army, RAF, Navy? | Date of Service | Service Number |

|  |  |  |  |
| --- | --- | --- | --- |
| If you are claiming benefits  please tick which one(s) below | | | |
| JSA | ESA BASIC | ESA ENHANCED | DLA |
| PIP | Child Benefit | Child Tax Credit | Working Tax Credit |
| State Pension | Pension Credit | Private Pension | Carer’s Allowance |

|  |  |  |  |
| --- | --- | --- | --- |
| **Household Budget - Income** | | | |
| **Total Household Income** | **Total** | **Weekly/monthly (please state)** | **Notes** |
| Salary |  |  |  |
| Spouse/Partner Salary |  |  |  |
| Universal Credit |  |  |  |
| ESA |  |  |  |
| DLA |  |  |  |
| PIP |  |  |  |
| Child Benefit |  |  |  |
| Child Tax Credit |  |  |  |
| Working Tax Credit |  |  |  |
| State Pension |  |  |  |
| Pension Credit |  |  |  |
| Private Pension |  |  |  |
| Carer’s allowance |  |  |  |
| Housing Benefit |  |  |  |
| Council Tax Credit |  |  |  |
| Maintenance |  |  |  |
| Other (name of benefit) |  |  |  |
| Non dependant contribution |  |  |  |
| Savings |  |  |  |
| ISA |  |  |  |
| Shares |  |  |  |
| Bonds |  |  |  |
| Total Income |  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Household Budget – Expenditure** | | | |
| **Regular Household Expenditure** | **Total** | **Weekly/monthly (please state)** | **Notes** |
| Mortgage |  |  |  |
| Secured Loan |  |  |  |
| Rent (after any HB) |  |  |  |
| Council Tax (after CTB |  |  |  |
| Gas |  |  |  |
| Electricity |  |  |  |
| Water |  |  |  |
| Ground rent/Service Charge |  |  |  |
| TV Licence |  |  |  |
| Building/contents insurance |  |  |  |
| Life Insurance |  |  |  |
| Food and Housekeeping |  |  |  |
| Travel costs (Work/school) |  |  |  |
| Car insurance |  |  |  |
| MOT/Repairs/Tax |  |  |  |
| Petrol |  |  |  |
| Prescriptions |  |  |  |
| Childcare |  |  |  |
| Clothing |  |  |  |
| Court Fines |  |  |  |
| Maintenance/Child support |  |  |  |
| Schools Meals |  |  |  |
| Mobile |  |  |  |
| Income Tax (Self Employed) |  |  |  |
| NI Contributions (Self Employed) |  |  |  |
| Mortgage arrears payment |  |  |  |
| Rent arrears payment |  |  |  |
| Council Tax arrears payment |  |  |  |
| Utility arrears payment |  |  |  |
| Credit Card |  |  |  |
| Loan |  |  |  |
| HP Agreement |  |  |  |
| Court Fines |  |  |  |
| Other |  |  |  |
| **Total** |  |  |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Medical Information** | | | | | |
| Name of Doctor/GP Surgery | | | | | |
| Does anyone in your household suffer with any significant health issues? | | Yes | | No | |
| If yes, what are their medical issues and how long have they suffered with this? | | | | | |
| 1.Name |  | | 2.Name | |  |
| What is the health issue |  | | What is the health issue | |  |
| How long have they had this |  | | How long have they had this | |  |
| Mobility Needs, please tick. | |  | | --- | | Wheelchair Inside | | Wheelchair outside | | Walking stick | | Walking Frame | | Mobility Scooter | | | Mobility Needs, please tick. | | |  | | --- | | Wheelchair Inside | | Wheelchair outside | | Walking stick | | Walking Frame | | Mobility Scooter | |

|  |
| --- |
| Has your property had any adaptions? If so, which ones? |

**If you and/or any other member of your household take prescribed medication, please give full details of these below. This must include the name of the medication, what it is for and dosages. You will be required to provide proof of medications.**

|  |  |  |  |
| --- | --- | --- | --- |
| Name: | |  | |
| Give details of each medicine, dosage and what it is for | |  | |
| Name: | |  | |
| Give details of each medicine, dosage and what it is for | |  | |
| Name: | |  | |
| Give details of each medicine, dosage and what it is for | |  | |
| Name: | |  | |
| Give details of each medicine, dosage and what it is for | |  | |
| Do you have any substance misuse issues? | Yes | | No |
| Briefly tell us about these issues | | | |
| Are you attending any Substance Misuse Support Agencies | Yes | | No |
| **CRIMINAL RECORD** | | | |
| **Have you ever been convicted of a criminal offence?** | **Yes** | | **No** |
| If yes, please provide details: | | | |
| **Do you have any court cases pending?** | **Yes** | | **No** |
| If yes, please provide details: | | | |

**Please give details of any other agency that you are currently working with, e.g. Support Worker, Community Psychiatric Nurse, Probation Officer, Social Worker, Early Help Team, Adolescent Team. Etc.,**

|  |  |  |  |
| --- | --- | --- | --- |
| **Agency** | **Contact Name** | **Contact Number** | **Email** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

|  |
| --- |
| **CUSTOMER STATEMENT OF HOMELESS OR THREATENED WITH HOMELESSNESS** |

|  |  |  |  |
| --- | --- | --- | --- |
| **Main Applicant’s Name:** |  | **Partner’s Name:** |  |
| **Date of Birth:** |  | **Date of Birth:** |  |
| Address: | | | |
| **PLEASE EXPLAIN WHY YOU ARE HOMELESS** | | | |
|  | | | |

I/We declare that the information I/we have given is correct and complete. I/we also understand that it is an offence to make a false statement in order to obtain assistance with housing under the Housing Act 1996 Part VII Section 214 (a)(b)

**Please insert your signature where indicated. If completing the form electronically on a computer, laptop or tablet, please insert your full name below, noting that this will be treated as an electronic signature at the point the form is submitted to this office, and in doing so you agree to be bound by the terms of the form’s declaration**.

|  |  |  |  |
| --- | --- | --- | --- |
| **Main Applicant’s Signature:** |  | **Date:** |  |
| **Partner’s Signature:** |  | **Date:** |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **COUNCIL CUSTOMER DECLARATION & CONSENT TO SHARE INFORMATION** | | | |
| **APPLICANT’S DETAILS** | | | |
| **Main Applicant’s Name:** |  | **Date of Birth:** |  |
| **Spouse/Partner’s Name:** |  | **Date of Birth:** |  |
| ADDRESS | | | |
| **Address:** |  | **Postcode:** |  |
| **CONSENT TO OBTAIN & SHARE INFORMATION** | | | |
| I/We must inform Slough Borough Council Housing Allocations Service of any changes in my/our circumstances that may affect this application. I/We authorise Slough Borough Council to carry out inquiries to any individuals, agencies statutory and non  statutory bodies both now and in the future for the purpose of: | | | |
| * Establishing health issues related to housing needs * Helping to resolve my/our housing problem/s * Helping to resolve my/our problem which may mean I/we are at risk of becoming homeless. * Helping to find suitable and appropriate accommodation with a private sector landlord * Helping to resolve any problems that may occur during any tenancy that we obtain through your help with a private landlord * Assessing how any physical and/or mental health issues may impact current housing and future housing needs * Assessing any application for housing including whether I/we are eligible for social housing and my/our housing needs. * Assessing any homelessness application as required by the Housing Act 1996 if I am a person that meets the legal test for an application under Part 7 of that Act and any support needs (including your health, financial and employment needs). | | | |
| I/We understand that information may be obtained from and shared with current, previous and prospective landlords, letting agencies, any Council Department (including Benefit Services and Social Services), Government Department/Agency, Police, Hospitals, Schools and suppliers of Gas, Water, Electricity, Digital Communications, Satellite TVs, Mobile telephones and landlines, voluntary sector bodies including bodies providing debt advice, housing and welfare support. | | | |
| **Medical Declaration: I agree Slough Borough Council can contact and obtain relevant medical/health related information regarding my approach for inclusion on the Housing Waiting List from my GP, and or any health professional(s), and other third party independent medical consultants at the discretion of Slough Borough Council Housing Allocations service.** | | | |
| I(We) declare that to the best of my(our) knowledge and belief, the information I have provided to Slough Borough Council Housing Allocations Service is correct in every detail. In submitting this application, I(We) give you my(our) consent. | | | |

|  |
| --- |
| I/We authorise the Council’s Housing Allocations Service to share information for the purposes of assessing your application to join the Housing Waiting list. Slough Borough Council is under a duty to protect the public funds it administers, and to this end may use the information you have provided on this form for the prevention and detection of fraud, Slough Borough Council may at our discretion share your details with, and or undertake credit searches in accordance with Schedule 2, part 1, para 2 of the Data Protection Act. The Council may also share this information with other bodies responsible for auditing or administering public funds for these purposes.  **Please insert your signature where indicated. If completing the form electronically on a computer, laptop or tablet, please insert your full name below, noting that this will be treated as an electronic signature at the point the form is submitted to this office, and in doing so you agree to be bound by the terms of the form’s declaration**. |

|  |  |  |  |
| --- | --- | --- | --- |
| **Main Applicant’s Signature:** |  | **Date:** |  |
| **Partner’s Signature:** |  | **Date:** |  |