

COUNCIL OF THE ISLES OF SCILLY

HOUSING REGISTER APPLICATION FORM

If you wish to join the Isles of Scilly Housing Register you will need to complete this form. You will then be considered for housing by the Council of the Isles of Scilly

PLEASE READ THE GUIDE TO THE HOUSING REGISTER CAREFULLY BEFORE FILLING IN THIS FORM

The form asks you for a lot of information. This is all necessary to help us assess your application correctly. It is therefore important that you take the time to answer all the questions which apply to you. Please contact the Housing Department at the Council of the Isles of Scilly if you have difficulty in completing this form, who will be happy to assist you.

DO NOT FILL IN THIS FORM IF YOU ARE CURRENTLY A PERMANENT COUNCIL OR HOUSING ASSOCIATION TENANT - PLEASE COMPLETE A TRANSFER FORM INSTEAD

Date of Initial Application.....

Date of Application if change of circumstances.....

(To be completed by Housing Dept)

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1. PERSONAL DETAILS	YOU	YOUR PARTNER
Title (eg Mr/Mrs etc)		
Surname		
Any other surname you have been known by		
First name		
Sex		
Date of Birth		

2. STATUS - Please answer "YES" or "NO" to the following questions		
Are either you or your partner a person from abroad who is subject to immigration control? eg. do not hold a UK Passport		
Have you been living abroad and returned to the UK, Republic of Ireland, Channel Islands or Isle of Man within the last 12 months?		
Have you been asked by the British Government to leave the UK?		
If you have answered YES to any of the above 3 questions, we may need to contact you for further information to determine whether you are by law eligible for housing.		

3. (A) LOCAL CONNECTION - Please answer "YES" or "NO"			
Were you born in the Islands?		Was your partner?	
Were your parents resident in the Islands at that time?		Were your partner's?	
Have you lived in the Islands from birth to the present time?		Has your partner?	
How long have you lived in the Islands? (Continuous period up to the present time)		How long has your partner?	
Are you or your partner related to any councillor or employee of the Council of the Isles of Scilly			
If "YES" please state their name and relationship to you or your partner			
Name		Relationship	
(B) ARMED FORCES PERSONNEL ONLY			
Date of joining the Armed Forces		Date you expect to leave	
Had you lived in the Islands from birth to the time you left to join the Armed Forces?		Had your spouse (not partner)	

How long had you lived in the Islands (continuous period) immediately prior to joining the Armed Forces?	
If you have no local connection - how long had your spouse (not partner) lived in the Islands immediately prior to marriage?	

4. CURRENT ADDRESS

Your current address			
		Postcode	
Home Tel No		Work Tel No	
What date did you and your partner move to this address? If less than 5 years ago, please state in section 5 your previous addresses during that time.	YOU	YOUR PARTNER	

5. PREVIOUS ADDRESSES

Have you or your partner approached this Council for help as homeless within the last 2 years?		
Have you or your partner ever rented a home from the Council of the Isles of Scilly? “YES” or “NO”		

Your previous addresses within the last 5 years

Address and Type of accommodation ie Council	Dates of Occupation		Reason for leaving
	From	To	

Your partner's previous addresses within the last 5 years

Address and Type of accommodation ie Council	Dates of Occupation		Reason for leaving
	From	To	

6. WHICH OF THE FOLLOWING APPLIES TO YOU? Please answer "YES" or "NO"			
Renting from a private landlord	<input type="checkbox"/>	In temporary accommodation provided by the Council or a Housing Association	<input type="checkbox"/>
Owner occupier	<input type="checkbox"/>	Living in bed and breakfast	<input type="checkbox"/>
Staying temporarily with friends/relatives	<input type="checkbox"/>	Living at home with parents	<input type="checkbox"/>
Completely homeless ie sleeping outdoors	<input type="checkbox"/>	In accommodation provided with your job	<input type="checkbox"/>
In Local Authority Care	<input type="checkbox"/>	Living in a residential home	<input type="checkbox"/>
In Armed Forces accommodation	<input type="checkbox"/>	In hospital	<input type="checkbox"/>
Other, please specify	<input type="text"/>		
If you do not want to be rehoused in the next 12 months, eg if you are in accommodation provided with your job, please give date when you will require housing			<input type="text"/>

7. YOUR LANDLORD	
If you have a landlord, what is their name and address? (If you do not know this, please give the name and address of the person you pay rent to).	<input type="text"/>
What type of tenancy do you have? ie. Short term let (winter /summer/weekly), Assured shorthold tenancy, Secure tenancy.	<input type="text"/>
What date did your tenancy commence?	<input type="text"/>
If you have a written tenancy agreement please supply a copy	
How much rent are you being charged (per week/per month)?	£ <input type="text"/>

8. WHAT SORT OF ACCOMMODATION DO YOU LIVE IN? (Please tick the relevant box)							
House	<input type="checkbox"/>	Bungalow	<input type="checkbox"/>	Boat	<input type="checkbox"/>	Self contained flat	<input type="checkbox"/>
Bedsit/studio flat		<input type="checkbox"/>	Room in a shared house, hostel or home				<input type="checkbox"/>
Which floor do you live on? Only answer this question if you live in a flat or rooms							
Basement	<input type="checkbox"/>	Ground	<input type="checkbox"/>	Above ground*	<input type="checkbox"/>		
*Please specify which floor		<input type="text"/>					

9. THE FACILITIES IN YOUR HOME (Please answer “YES” or “NO” to questions in this section)

KITCHEN

Do you have use of a kitchen or kitchen area? (This means at least a sink & a cooker point)

If “YES”, do you share it with people **other** than those you want to be re-housed with?

If “YES” with how many people?

Is your kitchen separate from your living/sleeping area?

Do you have somewhere to prepare and store your food?

LIVING ROOM

Do you have a separate living room? (A bed sit counts as a living room)

If “YES”, do you share it with people other than those you want to be re-housed with?

If “YES” with how many people?

HEATING

Full central heating

Partial central heating

If other, please specify

BATHROOM - Do you have a bath?

Do you have a shower?

If “YES” do you share with people other than those you want to be re-housed with?

If “YES” with how many people?

Do you have access to an inside toilet?

Do you share the toilet with people other than those you want to be re-housed with?

If “YES” with how many people

WATER SUPPLY

Do you have hot water?

Do you have running cold water?

10. THE CONDITION OF YOUR HOME

Do any of the following problems affect your home? (Please answer “YES” or “NO”)

Leaking roof		Not enough electrical sockets	
Dampness		Poor ventilation or natural light	
Lack of drainage		Serious rotting wood	
Dangerous electrical wiring		Structural problems	
Bathroom/toilet opening onto the kitchen area			

If you have answered “YES” to any of the above - please give full details below

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NB A Council Officer will visit to confirm the condition of your home

11. BEDROOMS

How many bedrooms are there in your home?

Single bedrooms		Double bedrooms	
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In the table below please fill in who sleeps in each room, their age and their relationship to you eg parent/brother/sister/friend etc. Remember to include yourself.

Room	Person/s	Relationship to you	Age	Room	Person/s	Relationship to you	Age
Bed 1				Bed 4			
Bed 2				Lounge			
Bed 3				Other			

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12. PEOPLE WITH WHOM YOU WANT TO BE REHOUSED

Please tell us about everybody with whom you want to be rehoused

Surname	First name	Sex (M/F)	Relationship to you	Date of Birth

If any of these people are **NOT** living with you, please give the following details:

Name	Address	Reason for not living with you

Please put any additional information on a separate sheet

Is anyone who needs rehousing with you (including yourself) expecting a baby?
Please answer “YES” or “NO”

If “YES” when is the baby due?

13. DO YOU NEED TO MOVE TO MORE SUITABLE ACCOMMODATION BECAUSE OF A PHYSICAL ILLNESS OR DISABILITY?

If so, please give brief details (eg do you have difficulty climbing stairs?)

NB: POINTS WILL NOT BE AWARDED FOR THIS SECTION UNLESS YOU PROVIDE A DOCTOR’S LETTER IN SUPPORT OF THE ABOVE INFORMATION.

Do you need any of the following types of accommodation. Please answer “YES” or “NO”.			
Sheltered accommodation for the elderly		Ground floor accommodation	
Wheelchair access to and/or inside the property			

14. PARTICULAR HOUSING NEEDS			
The information you give in this question is provided in confidence and will not adversely affect your application. Please say why your current accommodation is not suitable because of your particular needs			
Will your well-being be affected if you do not obtain suitable housing? Please answer “YES” or “NO”			
If “YES”, please say how:			
Do you have a support worker or anyone else we can contact with your permission about your application eg Social Worker? “YES” or “NO”			
If “YES”, name and job title			
Address and telephone number			
Do you or anyone on your application intend to keep pets or animals if you move? “YES” or “NO”		If “YES” please specify type of pet or animal	

15. DO YOU NEED ALTERNATIVE ACCOMMODATION FOR ANY OTHER REASONS?			
Please answer “YES” or “NO”			
Rent or mortgage too high		Accommodation too large	
Wanting long term affordable housing		Marital/parental relationship breakdown	
To give/receive support to/from relatives/friends			
If you are threatened with homelessness you should contact the			

**THIS SECTION MUST BE COMPLETED BEFORE YOU CAN BE
CONSIDERED FOR INCLUSION IN THE HOUSING REGISTER
(Please refer to Section 4 of the Guide to the Housing Register)
All information supplied will be treated with the strictest confidence**

16. YOUR INCOME, SAVINGS AND OUTGOINGS

Please answer "YES" or "NO"	YOU	YOUR PARTNER
Are you or your partner currently employed?		
If so what are your (combined) net weekly earnings? (After tax and NI) Include regular overtime payments.	£	
Are you or your partners earnings from self employment?		
Are you or your partner in receipt of any of the following?		
Income Support		
Working Families Tax Credit		
Housing Benefit		
Council Tax Benefit		
Do you or your partner receive any other income? If so tell us the weekly amount		
Company or Personal Pension Plan	£	£
State pension - specify type (exclude an income support added to your pension)	£	£
Maintenance payments	£	£
Income from renting out a property	£	£
Other - please specify (including state benefits not listed above)		
	£	£
	£	£
	£	£
	£	£
Do you or your partner have any savings or investments? Please answer "YES" or "NO"		

If “YES” , please state how much you/your partner has	£	£
If you or your partner own the home you live in, how much is it worth:		£
Please give the amount you currently still owe on any mortgage or other loan secured on your home, including arrears.		£

	YOU	YOUR PARTNER	
Have you or your partner any reason to believe that you would not be able to obtain a mortgage protection policy			
Do you or your partner own any property or land in the UK or are a Tenant elsewhere? “YES” or “NO”			
If “YES” , how much is the land worth	£	£	
If “YES” , how much is the property worth	£	£	
If “YES” , please give full details below:			
Have you or your partner recently sold property or land? “YES” or “NO”			
If “YES” , please give full details below:			
Do you or your partner have any rent arrears?			
If “YES” please state amount involved.			
Do you or your partner have any exceptional expenses eg maintenance payments, court orders, expenses relating to ill health/disability? “YES” or “NO”			
If “YES” , please list these below giving the average weekly amount. If you have a court order against you please state what this relates to:			
YOU	Type of expense	Reason	Amount per week
			£
			£
			£
			£
YOUR PARTNER	Type of expense	Reason	Amount per week
			£
			£
			£

		£
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17. DECLARATION BY APPLICANT

You should inform the Housing Department of the Council of the Isles of Scilly **immediately** if you move, or if your circumstances alter, as this may affect the priority given to your application and the chance of an offer of housing being made to you. If you have informed the Housing Benefits Section of your changes you must still tell the Housing Department.

Please check that the answers and information you have given on this form are correct then carefully read the following statement and sign below.

**I/We understand that the information on this form is true and correct.
I/We understand that any false or misleading information may lead to:**

- (a) My application being cancelled.**
- (b) If an offer of accommodation has been made it may be withdrawn**
- (c) If you have been given a tenancy an application may be made to the courts for a possession order to evict you.**

If I/we have knowingly given false or misleading information I/we could face criminal prosecution.

I/We must inform the Council of the Isles of Scilly of any changes in my/our circumstances.

All the information given will be placed on the Isles of Scilly Council Housing Register. By signing this form I am consenting to the use of the information relating to my application under the terms of the Data Protection Act 1984.

Name (please print)	Signature	Date
Name of partner /spouse (please print)	Signature	Date

Thank you for the time you have taken to complete this form. The more we know about you and your housing needs the better we can assess your application.

Please return this form to: Council of the Isles of Scilly Housing Department, Town Hall, St Mary's, Isles of Scilly, TR21 0LW.