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| **Housing Register**  **Application Form**  Council of the Isles of Scilly |
| 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. This form asks you for a lot of information, which 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 if you have difficulty in completing this form.  **Please read the guide to the housing register carefully before filling in this form.** |

Date of Initial Application: DD/MM/YYYY

Date of Application if change of

Circumstances: DD/MM/YYYY

(to be completed by Housing Dept)

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| **Personal Details** | **You** | **Your Partner** |
| **Please ensure that you submit a copy of a photo identification for both you and your partner when the application is submitted** | | |
| Title (Mr, Mrs etc) | MR, MRS, MS, MISS ETC | MR, MRS, MS, MISS ETC |
| Surname | SURNAME (FAMILY NAME) | SURNAME (FAMILY NAME) |
| Any other surname you have been known by | PREVIOUS SURNAME (FAMILY NAME) | PREVIOUS SURNAME (FAMILY NAME) |
| First Name | FIRST NAME | FIRST NAME |
| Sex | MALE/FEMALE/OTHER. | MALE/FEMALE/OTHER. |
| Date of Birth | DD/MM/YYYY | DD/MM/YYYY |

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| **Status** | | |
| Are either you or your partner a person from abroad who is subject to immigration control? eg. do not hold a UK Passport | Yes/No | Yes/No |
| If you have answered yes to the above please submit the documents indicating your current immigration status for the UK | | |
| Have you been living abroad and returned to the UK, Republic of Ireland, Channel Islands or Isle of Man within the last 12 months? | Yes/No | Yes/No |
| Have you been asked by the British Government to leave the UK? | Yes/No | Yes/No |
| 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. | | |

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| **Location Connection** | | | | | | |
| Were you born in the Islands? | | Yes/No | | Was your partner? | | Yes/No |
| Were your parents’ resident in the Islands at that time? | | Yes/No | | Were your partner’s? | | Yes/No |
| Have you lived in the Islands from birth to the present time? | | Yes/No | | Has your partner? | | Yes/No |
| How long have you lived in the Islands? (Continuous period up to the present time) | | Yes/No | | How long has your partner? | | Yes/No |
| Are you or your partner related to any councillor or employee of the Council of the Isles of Scilly | | | | | Yes/No | |
| If **“YES”** please state their name and relationship to you or your partner | | | | | | |
| Name | NAME IN FULL | | Relationship | | RELATIONSHIP (PARENT, COUSIN ETC). | |

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| **Arm Force Personnel** | | | |
| Date of joining the Armed Forces: | DD/MM/YYYY | Date you expect to leave | DD/MM/YYYY |
| Had you lived in the Islands from birth to the time you left to join the Armed Forces? | Yes/No | Had your spouse (not partner) | Yes/No |
| How long had you lived in the Islands (continuous period) immediately prior to joining the Armed Forces? | | | Click or tap here to enter text. |
| If you have no local connection - how long had your spouse (not partner) lived in the Islands immediately prior to marriage? | | | Click or tap here to enter text. |

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| **Current Address** | | | |
| Your Current Address: | ADDRESS IN FULL  POSTCODE | | |
| Postcode |
| Email Address | example@scilly.gov.uk | | |
| Home Tel No. | TEL NO (XXXX-XXX-XXX) | Alternative Tel No. | TEL NO (XXXX-XXX-XXX) |
| What date did you & 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** |
| DD/MM/YYYY | DD/MM/YYYY |

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| **Previous Address** | | | | | **You** | | **Your Partner** |
| Have you or your partner approached this Council for help as homeless within the last **2 years**? | | | | | Yes/No | | Yes/No |
| Have you or your partner ever rented a home from the Council of the Isles of Scilly? | | | | Yes/No | | Yes/No | |
| Your previous addresses within the last **10 years**: | | | | | | | |
| Address and Type of accommodation ie Council | Dates of Occupation | | Reason for leaving | | | | |
| From | To |
| ADDRESS 10 Scillyhouse, St Mary’s | MM/YYYY | MM/YYYY | REASON FOR LEAVING. | | | | |
| ADDRESS | MM/YYYY | MM/YYYY | REASON FOR LEAVING. | | | | |
| ADDRESS | MM/YYYY | MM/YYYY | REASON FOR LEAVING. | | | | |
| ADDRESS | MM/YYYY | MM/YYYY | REASON FOR LEAVING. | | | | |
| ADDRESS | MM/YYYY | MM/YYYY | REASON FOR LEAVING. | | | | |
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| ADDRESS | MM/YYYY | MM/YYYY | REASON FOR LEAVING. | | | | |
| ADDRESS | MM/YYYY | MM/YYYY | REASON FOR LEAVING. | | | | |
| ADDRESS | MM/YYYY | MM/YYYY | REASON FOR LEAVING. | | | | |
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| Your partner’s previous addresses within the last **10 years**: | | | | | | | |
| Address and Type of accommodation ie Council | Dates of occupation | | Reason for leaving | | | | |
| From | To |
| ADDRESS | MM/YYYY | MM/YYYY | REASON FOR LEAVING. | | | | |
| ADDRESS | MM/YYYY | MM/YYYY | REASON FOR LEAVING. | | | | |
| ADDRESS | MM/YYYY | MM/YYYY | REASON FOR LEAVING. | | | | |
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| ADDRESS | MM/YYYY | MM/YYYY | REASON FOR LEAVING. | | | | |
| ADDRESS | MM/YYYY | MM/YYYY | REASON FOR LEAVING. | | | | |
| ADDRESS | MM/YYYY | MM/YYYY | REASON FOR LEAVING. | | | | |
| ADDRESS | MM/YYYY | MM/YYYY | REASON FOR LEAVING. | | | | |
| ADDRESS | MM/YYYY | MM/YYYY | REASON FOR LEAVING. | | | | |
| ADDRESS | MM/YYYY | MM/YYYY | REASON FOR LEAVING. | | | | |
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| **Type of Rental** | | | | |
| Renting from a private landlord | Yes/No | In temporary accommodation provided by the Council or a Housing Association | | Yes/No |
| Owner occupier | Yes/No | Living in bed and breakfast | | Yes/No |
| Staying temporarily with friends/relatives | Yes/No | Living at home with parents | | Yes/No |
| Completely homeless ie sleeping outdoors | Yes/No | In accommodation provided with your job | | Yes/No |
| In Local Authority Care | Yes/No | Living in a residential home | | Yes/No |
| In Armed Forces accommodation | Yes/No | In hospital | | Yes/No |
| Other, please specify | | SPECIFY OTHER HERE. | | |
| 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 | | | Click or tap to enter a date. | |

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| **Your Tenancy** | |
| What type of tenancy do you have? ie. Short term let (winter /summer/weekly), Assured shorthold tenancy, Secure tenancy. | Click or tap here to enter text. |
| What date did your tenancy commence? | Click or tap to enter a date. |
| If you have a written tenancy agreement please supply a copy | |
| How much rent are you being charged (per week/per month)? | £XXX.XX/week/month. |

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| **Your Landlord** | |
| If you have a landlord, please fill in the details below. If you do not know their details please provide the details of the person(s) you pay rent to. | |
| Landlords Name: | LANDLORD’S NAME |
| Landlord’s Address: | LANDLORD’S ADDRESS |
| Landlords Contact number: | NUMBER (XXXX-XXX-XXX) |
| Landlord’s Email: | EMAIL example@email.co.uk |

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| **Type of Accommodation**  (Please tick the relevant box) | | | | | | |
| House |  | Bungalow |  | Self-Contained flat | |  |
| Boat |  | Bedsit |  | Room in a shared house, hostel or home | |  |
| Which floor do you live on? | | | | | | |
| Basement |  | Ground |  | Above ground\* | SPECIFY WHICH FLOOR | |
| \*Please specify which floor | | | | | | |

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| **Kitchen** | | | |
| Do you have use of a kitchen or kitchen area?  (This means at least a sink & a cooker point) | | | Yes/No |
| If “**YES**”, do you share it with people other than those you want to be re-housed with? | Yes/No. | If “**YES**” with how many people? | NO. OF PEOPLE |
| Is your kitchen separate from your living/sleeping area? | Yes/No | Do you have somewhere to prepare and store your food? | Yes/No |

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| **Living Room** | | | |
| Do you have a separate living room? (A bed sit counts as a living room) | | | Yes/No |
| If **“YES”,** do you share it with people other than those you want to be re-housed with? | Yes/No. | If **“YES”** with how many people? | NO. OF PEOPLE |

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| **Bathroom** | | | |
| Do you have a bath? | Yes/No | Do you have a shower? | Yes/No |
| If **“YES”,** do you share it with people other than those you want to be re-housed with? | Yes/No. | If **“YES”** with how many people? | NO. OF PEOPLE |
| Do you have access to an inside toilet? | | | Yes/No |
| If **“YES”,** do you share it with people other than those you want to be re-housed with? | Yes/No. | If **“YES”** with how many people? | NO. OF PEOPLE |

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| **Heating** | | | |
| Full central heating |  | Partial central heating |  |
| If other, please specify | | Click or tap here to enter text. | |

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| **Water Supply** | | | |
| Do you have hot water? | Yes/No | Do you have running cold water? | Yes/No |

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| **Condition**  A Council Officer will be required to asses your property to confirm the condition. Please ensure that all issues stated below have already been highlighted to your landlord(s). In order to undergo a full assessment and award the maximum amount of points the officer is required to be in direct communication with your landlord to facilitate solutions. |
| **Please state any problems which affect your home:** |
| Click or tap here to enter text. |

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| **Bedrooms** | | | | | | | |
| How many bedrooms are there in your home? | | | | | | | |
| Single bedrooms | | NUMBER OF SINGLE ROOMS | | Double bedrooms | | NUMBER OF DOUBLE ROOMS | |
| 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** | NAME | RELATIONSHIP | AGE | **Bed 4** | NAME | RELATIONSHIP | AGE |
|  | NAME | RELATIONSHIP | AGE |  | NAME | RELATIONSHIP | AGE |
| **Bed 2** | NAME | RELATIONSHIP | AGE | **Lounge** | NAME | RELATIONSHIP | AGE |
|  | NAME | RELATIONSHIP | AGE |  | NAME | RELATIONSHIP | AGE |
| **Bed 3** | NAME | RELATIONSHIP | AGE | **Other** | NAME | RELATIONSHIP | AGE |
|  | NAME | RELATIONSHIP | AGE |  | NAME | RELATIONSHIP | AGE |

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| **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 |
| SURNAME (FAMILY NAME). | FIRST NAME | M/F. | RELATIONSHIP TO YOU. | DD/MM/YYYY. |
| SURNAME (FAMILY NAME). | FIRST NAME | M/F. | RELATIONSHIP TO YOU. | DD/MM/YYYY. |
| SURNAME (FAMILY NAME). | FIRST NAME | M/F. | RELATIONSHIP TO YOU. | DD/MM/YYYY. |
| SURNAME (FAMILY NAME). | FIRST NAME | M/F. | RELATIONSHIP TO YOU. | DD/MM/YYYY. |
| SURNAME (FAMILY NAME). | FIRST NAME | M/F. | RELATIONSHIP TO YOU. | DD/MM/YYYY. |
| SURNAME (FAMILY NAME). | FIRST NAME | M/F. | RELATIONSHIP TO YOU. | DD/MM/YYYY. |
| SURNAME (FAMILY NAME). | FIRST NAME | M/F. | RELATIONSHIP TO YOU. | DD/MM/YYYY. |
| If any of these people are NOT living with you, please give the following details: | | | | |
| Name | Address | | Reason for not living with you | |
| NAME IN FULL | ADDRESS | | REASON FOR NOT LIVING WITH YOU | |
| NAME IN FULL | ADDRESS | | REASON FOR NOT LIVING WITH YOU | |
| NAME IN FULL | ADDRESS | | REASON FOR NOT LIVING WITH YOU | |
| NAME IN FULL | 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? | | | | Yes/No |
| If **“YES”** when is the baby due? | | | | Click or tap to enter a date. |

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| **Physical Illness & Disabilities** | | | | | | |
| 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?) | | | | | | |
| Click or tap here to enter text. | | | | | | |
| Do you need any of the following types of accommodation? | | | | | | |
| Sheltered accommodation for the elderly | | Yes/No | Ground floor accommodation | | Yes/No | |
| Wheelchair access to and/or inside the property | | | | | Yes/No | |
| \*Points will not be awarded for this section unless you provide information from a medical specialist to evidence the above information. Please note that writing a supporting statement is not a normal function of the local GP | | | | | | |
| **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? | | | | | | Yes/No | |
| If **“YES”**, please say how: | | | | | | | |
| Click or tap here to enter text. | | | | | | | |
| Do you have a support worker or anyone else we can contact with your permission about your application eg Social Worker? | | | | | | Yes/No | |
| If **“YES**”, Name | NAME IN FULL | | | Job Title | | JOB TITLE | |
| Address | ADDRESS | | | | | | |
| Postcode | POSTCODE | | | Tel No. | | XXXX-XXX-XXXX | |
| Do you or anyone on your application intend to keep pets or animals if you move? | Yes/No | | | If “YES” please specify  type of pet or animal | | TYPE OF PET. | |

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| **Alternative Accommodation** | | | |
| Please tick the box which indicates the reasons why you require alternative accommodation: | | | |
| 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 |  | Other (please specify) | SPECIFY OTHER |
| **If you are threatened with homelessness you should contact the Council’s Housing Department on 01720 424440** | | | |

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| **Income, Saving, & Outgoings** | | |
| **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 | | |
|  | **YOU** | **YOUR PARTNER** |
| Are you or your partner currently employed? | Yes/No | Yes/No |
| If so what are your (combined) net **weekly** earnings? (After tax and NI) Include regular overtime payments. | £XXX.XX | £XXX.XX |
| Are you or your partner’s earnings from self-employment? | Yes/No | Yes/No |
| **Are you or your partner in receipt of any of the following?**  If yes, please submit the relevant evidence upon submitting your application | | |
| Income Support | Yes/No | Yes/No |
| Working Families Tax Credit | Yes/No | Yes/No |
| Housing Benefit | Yes/No | Yes/No |
| Council Tax Benefit | Yes/No | Yes/No |
| **Do you or your partner receive any other income? If so tell us the weekly amount** | | |
| Company or Personal Pension Plan | £XXX.XX | £XXX.XX |
| State pension - specify type (exclude an income support added to your pension) | £XXX.XX | £XXX.XX |
| Maintenance payments | £XXX.XX | £XXX.XX |
| Income from renting out a property | £XXX.XX | £XXX.XX |
| Other - please specify (including state benefits not listed above) | | |
|  | £XXX.XX | £XXX.XX |
|  | £XXX.XX | £XXX.XX |
|  | £XXX.XX | £XXX.XX |
|  | £XXX.XX | £XXX.XX |
| Do you or your partner have any savings or investments?  Please answer | | Yes/No |
| If “YES”, please state how much you/your partner has | £XXX.XX | £XXX.XX |
| If you or your partner own the home you live in, how much is it worth: | | £XXX.XX |
| Please give the amount you currently still owe on any mortgage or other loan secured on your home, including arrears. | | £XXX.XX |
|  | **YOU** | **YOUR PARTNER** |
| Have you or your partner any reason to believe that you would not be able to obtain a mortgage protection policy | Yes/No | Yes/No |
| Do you or your partner own any property or land in the UK or are a Tenant elsewhere? | Yes/No | Yes/No |
| If **“YES”**, how much is the land worth | £XXX.XX | £XXX.XX |
| If **“YES”**, how much is the property worth | £XXX.XX | £XXX.XX |
| If **“YES”**, please give full details below: | | |
| Click or tap here to enter text. | | |
| Have you or your partner recently sold property or land? | | Yes/No |
| If **“YES”**, please give full details below: | | |
| Click or tap here to enter text. | | |
| Do you or your partner have any rent arrears? | | Yes/No |
| If **“YES”** please state amount involved. | | £XXX.XX |
| Do you or your partner have any exceptional expenses eg maintenance payments, court orders, expenses relating to ill health/disability? | | Yes/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** |
| TYPE OF EXPENSE | REASON. | £XXX.XX |
| TYPE OF EXPENSE | REASON. | £XXX.XX |
| TYPE OF EXPENSE | REASON. | £XXX.XX |
| TYPE OF EXPENSE | REASON. | £XXX.XX |
| **Your Partner – Type of Expense** | **Reason** | **Amount per week** |
| TYPE OF EXPENSE | REASON. | £XXX.XX |
| TYPE OF EXPENSE | REASON. | £XXX.XX |
| TYPE OF EXPENSE | REASON. | £XXX.XX |
| TYPE OF EXPENSE | REASON. | £XXX.XX |

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| **Privacy Policy** |
| **General Data Protection Regulation**  The Council of the Isles of Scilly are a controller of personal data for the purposes of the General Data Protection Regulation (GDPR) and Data Protection Act 2018.  Under the 1996 Housing Act we will need your data to complete our public tasks and obligations.  We will collect and process information about you and members of your household.  We do this to:   * Register yourself on our Housing Register * Manage your application with regards to any noted housing issues * Deliver support for special needs to you or any member of your household * Share information with other agencies where we have your agreement * Monitor Equality and Diversity * Comply with our safeguarding duties   Unless we advise you otherwise, we’ll only collect and process personal information to carry out these functions.  Personal information is stored on our computer systems and/or a tenancy file. It is held securely and we have security measures in place to protect it. |
| **Who might we share your information with?**  Normally, only Housing staff will be able to see and process your personal information. However, there will be times when we will need to share personal information with third parties for the purposes as outlined or where we are legally required to do so.  When sharing personal information, we will comply with all aspects of the GDPR.   We also share information:   * To allow us to verify the information provided * To allow us to tailor our services to you * For detecting possible fraud (e.g. as part of the National Fraud Initiative), and * To assist the Police in solving crime and investigating anti-social behaviour * To comply with our safeguarding duties   As part of the government's reform of welfare benefits, they've introduced new regulations on information sharing.  This means we can now share limited information about our residents and their properties with other local authorities.  For example name, address, age and number of bedrooms per property.    We will also disclose your personal details, if required to do so, by law or any Government body. |
| **How long will we keep this data for?**  Your data will be kept in accordance legal requirements and best practice. |
| **Your Rights to Access this information**  You have the right to request access to the data that has been collected about you.  If you wish to access the data we hold on you, have any data we hold on you rectified, erased or you want to stop the processing or object to the processing of your data you should contact: Housing, Town Hall, St. Mary’s, Isles of Scilly, TR21 0NL  Or if you want to complain about the way your data has been managed you can complain to the Data Protection Officer at [dpo@cornwall.gov.uk](mailto:dpo@cornwall.gov.uk) |

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| **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:**   1. My application being cancelled 2. A discharge of duty for homelessness 3. If an offer of accommodation has been made it may be withdrawn 4. 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 IN FULL |  | DD/MM/YYYY |
| **Name of partner /spouse**  **(please print)** | **Signature** | **Date** |
| NAME IN FULL |  | DD/MM/YYYY |

# Addendum to Housing Register Application Form

3(A) Local Connection

If your answer to the first three questions in this section was “NO”, please complete the following information.

|  |
| --- |
| For what reason did you come to the Isles of Scilly originally? |
|  |
| What type of accommodation did you give up to come here? (ie Council, Privately owned) |
|  |
| Address of last accommodation on the mainland |
|  |