

## Self-referral form for independent living and flexicare housing

Please tick the box for the accommodation you wish to apply for:

Independent living

Flexicare housing

	You	Joint applicant/Partner (If applicable)
Title		
First name		
Surname		
Male/Female		
Date of birth		
National Insurance number		
Current address and postcode		
How long have you lived here?		
Home telephone number		
Mobile number		
Email address		
Please provide contact details (next of kin) of someone we can contact if we cannot get hold of you	Name:	Name:
	Telephone number:	Telephone number:
	Relationship to you:	Relationship to you:

Please tell us why you are applying for independent living/flexicare housing

## Housing information

How would you best describe your current housing situation? (please tick relevant box)					
Housing association tenant	<input type="checkbox"/>	Temporary accommodation	<input type="checkbox"/>	Shared house (with people other than family)	<input type="checkbox"/>
Council tenant	<input type="checkbox"/>	Homeless hostel	<input type="checkbox"/>	Hospital	<input type="checkbox"/>
Privately renting	<input type="checkbox"/>	Living with family	<input type="checkbox"/>	Other (please state below)	<input type="checkbox"/>
<p><b>Current landlord's name and address:</b></p> <p><b>Telephone:</b></p> <p><b>Email address (if known):</b></p> <p><b>We will contact your landlord for a reference as part of your application</b></p>					
<b>Do you own your home or have an interest in a property in the UK or abroad?</b>				Yes	No
If yes, please provide details					

Please list any other addresses that you have lived at in the last five years:					
Address:	Dates (from - to):	Reason for leaving:	Landlord's name and address:		
Have you ever been evicted from any previous accommodation? (If yes, please provide details below)			Yes	No	
Do you have any previous rent arrears? (if yes, please provide details below and attach proof of payment plan)			Yes	No	
		<b>You</b>	<b>Joint applicant</b>		
Do you have a local connection to Watford/Three Rivers? (i.e. you live, work or have family in the area)		Yes	No	Yes	No
Do you use a wheelchair?		Yes	No	Yes	No
Do you need any special equipment/adaptations?		Yes	No	Yes	No
Do you have any pets? (please provide details below)		Yes	No	Yes	No

## Employment information

Please complete this section if you or the joint applicant is currently employed or self-employed.

	You		Joint applicant/Partner	
Job title				
Are you self-employed?				
Is the work full-time or part-time - and what are your hours of work?				
Employer's name and address				
Employer's telephone number				
Salary - please state how much you earn and how often you get paid e.g. weekly, monthly	Amount £	How often?	Amount £	How often?

## Pensions

If you or your joint applicant are receiving a state pension, private pension or pension credit then please list the details below.

	You		Joint applicant/Partner	
Name (e.g. state pension, private pension, pension credit)	How much do you get?	How often is it paid?	How much do you get?	How often is it paid?
	£		£	
	£		£	
	£		£	

## Benefits

Please give details of all the benefits you and the joint applicant are claiming. You will need to show us evidence of this income before you are accepted for housing (e.g. recent bank statement showing the payments or latest DWP benefit award letters).

Name of benefit (e.g. JSA, ESA, Universal Credit, Income Support, child benefit, tax credits, DLA, PIP, and Attendance Allowance etc.)	You		Joint applicant/Partner	
	How much do you get?	How often is it paid?	How much do you get?	How often is it paid?
	£		£	
	£		£	
	£		£	
			Yes	No
Are you in receipt of housing benefit?				
Do you intend to claim housing benefit when you move?				

## Financial circumstances

	You		Joint applicant/ Partner	
	Yes	No	Yes	No
Do you have a bank account?				
Do you have any savings?				
If yes, how much?	Amount £		Amount £	
Do you have any debt?				
If yes, how much?	Amount £		Amount £	
Do you have repayment plans in place with the lenders to repay the debt? Please include any paperwork.				

## Health and support needs

If you or the joint applicant has a support need or a medical condition then please let us know. Give information in the box below and **attach supporting evidence** to your application where possible:

**Information about the medical condition:**

  
  
  

**Medication required:**



Are you currently supported by any of the following?

(Please tick all the boxes that apply to you or the joint applicant)

	You	Joint applicant	Member of household
Social Worker			
Occupational Therapist			
District Nurse			
Home Care			
Drug/Alcohol Worker			
Resettlement/Support Worker			
Probation			
Community Psychiatric Nurse			
Other please state here:			

Preferred Language: please tell us the language you prefer to speak		
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Risk assessment

Please tick if you or your partner/joint applicant have been involved with or have experience of the following:	Yes	No
Domestic violence		
Violence		
Aggressive/threatening behaviour		
Substance misuse		
Suicide/self-harm		
Fire risk		
Risk from others		
Physical limitations		
Offending history		
Sexually inappropriate behaviour		
Non-compliance (e.g. with medication, care/support packages)		
Destructive behaviour (e.g. breaking/hitting furniture/property etc.)		
If you ticked yes for any of the above, please specify below and include all evidence:		

## Declarations

Criminal convictions		Yes	No
Have you or anyone who will be housed with you been convicted of a criminal offence, other than those regarded as 'spent' under the 'Rehabilitation of Offenders Act 1974'?			
If yes, please provide details below:			
<i>Please be aware a police check will be carried out</i>			
Staff and Board members		Yes	No
Are you or anyone in your household a Watford Community Housing staff or Board member, or related to a staff or Board member?			
If yes, please provide details below:			
Signed:	Date:	Signed:	Date:
You		Joint applicant/Partner	

When returning your form please enclose the following information covering the last 12 months (where applicable):	Enclosed	N/A
Risk assessment from support agency - this needs to be a full risk assessment.		
Social/welfare/medical report/letter from health professional		
Occupational Therapist report		
Care/support plan		
If you are completing this form for someone else please enter your contact details below:		
Name:		
Organisation:		
Address:		
Tel No:	Email:	

**Statement of truth**

To the best of my knowledge and belief the information that has been provided on this form is true, complete and correct. I am aware that to give false or misleading information or to omit information for the purpose of obtaining housing may be regarded as a criminal offence and action could be taken against me, including prosecution.

I am also aware I should declare changes in the information provided on this form and that failure to do so may also be regarded as a criminal offence.

I agree to Watford Community Housing contacting the agencies involved in my support, where I have ticked above, to discuss any support I may need to sustain my tenancy and for them to provide my support plan/risk assessment.

I agree to Watford Community Housing completing a credit check in relation to my application for housing and to contacting previous landlords to obtain references.

**Data protection**

We need the above information so that we can manage your tenancy, support you and household members appropriately, assess your accommodation needs, and improve and monitor our services. For more information about how we collect and use your information please refer to our 'Your Privacy Matters' booklet or contact us to request a copy.

<b>Signed:</b>	<b>Date:</b>	<b>Signed:</b>	<b>Date:</b>
You		Joint applicant/Partner	

## What happens next?

Once we have received your completed form, we will contact you and arrange a home assessment, to ensure that you meet our eligibility criteria for independent living or flexicare. This involves checking your I.D. and proof of income. We are also required by law to check the immigration status of people who apply for housing to ensure that they have the right to rent in the UK.

Please return this form, completed in full, to Watford Community Housing, Gateway House, 59 Clarendon Road, Watford WD17 1LA or email it to [enquiries@wcht.org.uk](mailto:enquiries@wcht.org.uk). If your form is incomplete, we may not be able to process your application, so if you have any queries, call us on 0800 218 2247.

Please ensure you have included all the supporting evidence needed with your application form, as outlined in the handy checklist below, otherwise we may not be able to process your form.

	Included?
<b>Right to rent: (leaflet attached to show documentation needed)</b>	
<b>Landlord's reference</b>	
<b>Risk assessment - (from other people or organisations involved with your housing)</b>	
<b>Support Plan - (from other people or organisations involved with your housing)</b>	
<b>Consent form (Page 9) signed</b>	
<b>Proof of earnings</b>	
<b>Medication list</b>	
<b>Medical conditions list</b>	
<b>Proof of address i.e. bill, hospital letter, DWP letter dated within the last 3 months with your name.</b>	
<b>Repayment plan evidence for rent arrears or for any debt</b>	