

# Application for Independent Living and Flexi-care Housing

Please note: this form must be completed in full.  
Incomplete forms will be returned to the applicant.



## Part 1: Personal Information

Applicant Details:	You	Joint Applicant/ Partner (If Applicable)
Title		
First name		
Surname		
Male/Female		
Date of Birth		
National Insurance No		
Current Address		
How long have you lived at your current address?		
Postcode		
Home telephone number		
Mobile number		
Email address		
Please provide alternative contact details (next of kin) of someone we can contact if we cannot get hold of you	<b>Name:</b>	<b>Name:</b>
	<b>Telephone number:</b>	<b>Telephone number:</b>
	<b>Relationship to you:</b>	<b>Relationship to you:</b>
Preferred Language: <i>please tell us the language you prefer to speak</i>		

## Part 2: Reasons for Application

Please tell us why you are applying for Independent Living/ Flexi-care Housing

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## Part 3: 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"/>

Landlord name & address if (applicable)

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Do you own your home or have an interest in a property in the UK or abroad?	Yes	No
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Please list any other addresses that you have lived at in the last 5 years:

Address:	Dates (from – to):	Reason for leaving:	Landlord's name:

Have you ever been evicted from any previous accommodation? (If yes, please provide details below)	Yes	No
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Do you have any previous rent arrears? (if yes, please provide details below)	Yes	No
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	You		Joint applicant	
	Yes	No	Yes	No
Do you have a local connection to Watford/ Three Rivers? ( <i>i.e. you live, work or have family in the area</i> )				
Do you use a wheel chair?				
Do you need any special equipment/ adaptations?				
Do you have any pets? ( <i>please provide details below</i> )				

#### Part 4: Employment Information

If you or the joint applicant is currently employed or self- employed, please give us the following information:

	You		Joint Applicant/ Partner	
Job title				
Are you self –employed?				
Is the work full or part time? Hours worked				
Employer name & address				
Employer's telephone number				
Salary – please state how much you earn & how often you get paid e.g. weekly, monthly	Amount £	How often?	Amount £	How often?

#### Part 5: Pensions

If you are receiving a state pension, private pension or pension credit then please list 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?
	£		£	
	£		£	
	£		£	

## Part 6: Benefits

Please give details of all the benefits you or 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, 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?
	£		£	
	£		£	
	£		£	
	£		£	
	£		£	
	£		£	
Housing Benefit			<b>Yes</b>	<b>No</b>
Are you in receipt of housing benefit?				
Do you intend to claim housing benefit when you move?				

## Part 7: Other Income

Please list any other income that you have not told us about already

Name (e.g. child maintenance 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?
	£		£	
	£		£	

## Part 8: Financial Circumstances

	You		Joint Applicant/ Partner	
	Yes	No	Yes	No
Do you have a bank account?				
Do you have any savings?				
<i>If you answered yes, then please state the amount</i>	<b>Amount £</b>		<b>Amount £</b>	
Do you have any debt?				
<i>If you answered yes, then please state the amount</i>	<b>Amount £</b>		<b>Amount £</b>	
<i>Have you repayment plans in place with the lenders to re-pay the debt?</i>				

## Part 9: Health and Support Needs

If you or a member of your household has support needs or a medical condition then please let us know. Please provide the information in the box below:

Are you currently supported by the following? *(please tick all the boxes that apply to you, the joint applicant or member of the household)*

	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:			

Please give the name, address and phone numbers of the people supporting you.

<b>Consent to contact agencies involved in my support</b>			
I agree that Watford Community Housing can contact the agencies involved in my support, where I have ticked above, to discuss the support I may need to sustain my tenancy.			
<b>Signed:</b>	<b>Date:</b>	<b>Signed:</b>	<b>Date:</b>
You		Joint Applicant/Partner	

### Part 10: Risk Assessment

Please tick if any of the following apply to you or your partner/ joint applicant	Yes	No
Domestic violence		
Violence		
Aggressive/ threatening behaviour		
Substance misuse		
Suicide/ self-harm		
Illness		
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- please specify below:		

### Part 11: 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:		

<b>Staff and Board Members</b>		<b>Yes</b>	<b>No</b>
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:			
I have given true and correct information on this form. I agree that my information may be shared, on a 'need to know' basis and in strict compliance with the law, with other people or organisations involved with my housing.			
I have agreed to Watford Community Housing completing a credit check in relation to my application for housing.			
<b>Signed:</b>	<b>Date:</b>	<b>Signed:</b>	<b>Date:</b>
<b>You</b>		<b>Joint Applicant/ Partner</b>	

<b>Guidance</b>		
<b>When returning your form please enclose the following information covering the last 12 months (where applicable):</b>	<b>Enclosed</b>	<b>N/A</b>
Risk Assessment from Support Agency		
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:		
<b>Name:</b>	<b>Organisation:</b>	
<b>Organisation:</b>		
<b>Address:</b>		
<b>Tel No:</b>	<b>Email:</b>	

<b>What Happens Next?</b>
Once we have received your completed form, we will contact you to arrange a Home Assessment. This is to ensure that you meet our eligibility criteria for Independent Living or Flexi-care. At the visit we will also need to check your I.D. and see 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. We will check your status when we visit you. We will tell you more about the documents we need to see when we contact you.

**Please return your completed form 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 you have any queries about completing the form then call us on 0800 218 2247.**