



Application Form for Housing and Support

Thank you for considering One CIC for housing and support.

The information you provide will help us decide
if we can offer you the right home and support.

Please see the ONE CIC Housing and Support Guide for more details.

1. Who is filling in this form? Please mark box with 'X'

A: You ☐

B: Someone on behalf of you ☐

C: Both you and someone else together ☐

(Please see Section 6 in the case of B or C)

Do you need this form in a different format or language? Please contact this number: 0800 652 9662

2. Your Personal Contact Details:

Date of application:

First Name:

Last Name:

Date of Birth:

Address:

.....

.....

Contact number:

Email:

National Insurance Number

Nationality:

Any previous names you have been known by?

.....

.....

3. Homelessness

Are you homeless or at risk of homelessness or living in unsuitable accommodation at the moment?

Please give us details:

.....

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.....

.....

4. What Support do you need?

Which areas do you think you need support to enable you to keep your tenancy, keep safe and lead the life you want?: Please mark box with 'X'

- | | | |
|-----|--------------------------------------|--------------------------|
| 1. | Motivation and taking responsibility | <input type="checkbox"/> |
| 2. | Selfcare and living skills | <input type="checkbox"/> |
| 3. | Managing money | <input type="checkbox"/> |
| 4. | Social networks and relationships | <input type="checkbox"/> |
| 5. | Drug or alcohol use | <input type="checkbox"/> |
| 6. | Physical health | <input type="checkbox"/> |
| 7. | Emotional and mental health | <input type="checkbox"/> |
| 8. | Meaningful use of time | <input type="checkbox"/> |
| 9. | Managing tenancy and accommodation | <input type="checkbox"/> |
| 10. | Offending | <input type="checkbox"/> |

Please explain why you need support in these areas?

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Do you have any medical conditions or disabilities you'd like to let us know about?

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6. Optional: Supporting Organisation

If you are an organisation or relative supporting this application, please complete the following section:

- Name of Organisation / Relative
.....
- Name of person completing this section
.....
- Relationship to applicant
.....
- Address
.....
.....
- Contact number
.....
- Email
.....

Are you completing this whole form on behalf of the applicant?

Yes ☐

No ☐

Please tell us in what capacity and for how long you have known the applicant?

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Please tell us what you think the applicant’s housing and support needs are:

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Signed (person completing this section)

For the applicant: Is it ok for us to contact this person/organisation?

Yes ☐

No ☐

7. Accommodation

Please check what accommodation we have in your area.

Have you had your own tenancy before?

Yes ☐

No ☐

Please tick any or all boxes – which type of accommodation would be most suitable: Please mark box with 'X'

- A shared house with other tenants ☐
- My own place living on my own ☐
- Ground floor ☐
- First floor or above ☐
- Do you require a bath ☐
- Do you require a shower ☐

Please list any accessibility requirements:

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.....

.....

Will you be requesting to have a pet living with you?

Yes ☐

No ☐

If so what type? (See Housing and Support guide)

Which area are you applying for?

Any specific areas within the city/town?

Any areas to avoid?

Are you wanting to apply for a specific One CIC house or development? If so, please specify house or development?

.....

Please list any local connections you have to the area in which you want to live (family, friends etc):

.....
.....
.....
.....

Are there any other person(s) that will be living in the property?

If yes, please give the details below including name and contact details.

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.....
.....

(We will need a separate referral form for anyone over 18):

8. Safety

What do you need to keep yourself and those around you safe?

Are you fleeing harassment or domestic abuse? Please give details:

.....

.....

Have you any cautions or convictions relating to property or people? Please give details:

.....

.....

Is there anyone who could pose a risk to you or your property? Please give details:

.....

.....

Are there any triggers that you want to tell us about which could impact your safety or those around you? (dates, behaviour, situations)

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9. Affordability

This is to help work out if you can afford our accommodation:

Are you in employment, education or training?

Yes ☐

No ☐

How much do you receive a week after tax?

.....

Are you receiving benefits? Please mark box with 'X':

ESA – support group ☐

ESA – work related activities ☐

UC– work focused interview ☐

UC – no work requirements ☐

UC – work preparation group ☐

UC – all work related requirements ☐

PIP/DLA ☐

Pension Credit ☐

Carers Allowance ☐

Child benefit ☐

Please list when you started receiving each benefit? How much do you receive for each per week?

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Are you waiting to hear about any benefits? Yes ☐ No ☐

If yes, which ones?

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Is there anything else you would like to tell us to support your application?

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10. Accessibility

Are there any issues we need to consider if we invite you to a face-to-face assessment?
(e.g. wheelchair user/visual impairment etc)

.....

Please provide your signature below to say that you agree the information in this document is true and accurate:

Signature of applicant: Date:

Ethnicity: For monitoring purposes only – Please mark box with 'X'

- | | | |
|--|--------------------------------------|---|
| <input type="checkbox"/> White British | <input type="checkbox"/> White Irish | <input type="checkbox"/> Gypsy/Irish Traveller |
| <input type="checkbox"/> Any other white background | <input type="checkbox"/> Indian | <input type="checkbox"/> Pakistani |
| <input type="checkbox"/> Bangladeshi | <input type="checkbox"/> Chinese | <input type="checkbox"/> Any other Asian background |
| <input type="checkbox"/> African | <input type="checkbox"/> Caribbean | <input type="checkbox"/> White & Black Caribbean |
| <input type="checkbox"/> White & Black African | <input type="checkbox"/> Arab | <input type="checkbox"/> White & Asian |
| <input type="checkbox"/> Any other Black or African Caribbean background | | |
| <input type="checkbox"/> Any other mixed or multiple ethnic background | | |
| <input type="checkbox"/> Prefer not to say | | |

How did you hear about One CIC?

- ☐ Word of mouth
- ☐ From your current landlord
- ☐ From another organisation
- ☐ From the Local authority
- ☐ Google search / website
- ☐ Marketing email
- ☐ Other