

<p>Your details (Applicant)</p> <p>Full Name: _____</p> <p>Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms <input type="checkbox"/></p> <p>Address: _____ _____</p> <p>Postcode _____</p> <p>Date of Birth: ___/___/___ Age: _____</p> <p>National Insurance No _____</p>	<p>Joint Applicant</p> <p>Full Name: _____</p> <p>Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms <input type="checkbox"/></p> <p>Address: _____ _____</p> <p>Postcode _____</p> <p>Date of Birth: ___/___/___ Age: _____</p> <p>National Insurance No _____</p>
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If you do not want letters to go to the address above, please give details of a correspondence address we can use: _____

Home Number _____ Mobile number _____

Work Number _____ Email Address: _____

Please state your preferred language, if it is not English _____

Please list below, anyone who will be living with you.
If you have access to children, please tell us how many nights per week they stay.

Full Name	Date of Birth	Relationship to you	Access arrangements

If you have regular overnight access to children (3 nights each week or more) we may take this into account. You must send a letter of confirmation from their main carer or a solicitor with this application or the application will be returned.

Are you expecting a child? Yes No If yes, we will require proof from a Midwife or GP to be sent with this application or the application will be returned.

Current Housing Situation (Please tick ONE box only)

I am at risk from abuse / harassment
(Please provide details in the further info section on page 3)

My property is overcrowded

My property is under occupied

I have a medical condition which is worsened by living in my current property.

Please state medical condition _____

Please state why the accommodation is unsuitable _____

(You must provide a supporting letter from a Health visitor, Social worker, Midwife, Occupational therapist or Consultant detailing why you need alternative accommodation. We do not accept GP letters)

I want to move on from temporary Derwent Living accommodation

I have a partner / children in separate accommodation
(Please provide details in the further info section on page 3)

I wish to move closer to family for support

Please provide details of the family you wish to move nearer to

Name _____

Address _____

Relationship _____

I wish to move closer to my place of work
(You must provide proof of where you work with this application)

Relationship breakdown and living in the same house
(Please provide details in the further info section on page 3)

None of the above apply but I wish to transfer

Additional Support

Do you need ground floor accommodation only? Yes No

Are you or others to be housed with you a wheelchair user? Yes No

Do you need a property with adaptations? Yes No

If yes please provide details _____

Does anyone on the application have or have had one or more of the following:

Name of Applicant/s _____

- Probations Officer
- Social Worker
- Key Worker
- Community Psychiatric Nurse
- Community Care Officer

If so, please provide their contact details

Name _____

Address _____

Tel no _____

Pets

Please note we have a policy of not allowing cats or dogs in flats, maisonettes or bungalows that share a garden. Only one cat or dog is allowed in a property with its own garden. Please give details of ANY pets that will be housed with you

Relationship with Board/Staff Member

Is anyone on this application related to a Board or Staff Member? Yes No

If yes, who ? _____

Authority to Disclose Information/Declaration

We may need to contact other agencies for information about you so that we can process your application. This could include Local Housing Offices, other Local Authorities, Housing Associations, Probation Service, Police and Social Services. This information could aid your application.

I give Derwent Living permission to contact my present and/or former landlord, any of the above agencies and any other relevant agencies. I authorise them to disclose any information held by them for the purpose of dealing with my application for housing. I understand that any information given to Derwent Living will only be used by them in relation to my application for housing and will not be used for any other purposes or disclosed to any other persons without my permission.

I understand that by completing this form it does not guarantee that I will be offered a property. I also understand that I may have to provide further information.

If I give false, misleading or withhold any relevant information I understand that my application will be cancelled. If I have been given a tenancy I may be taken to Court and the tenancy taken from me.

I agree to keep Derwent Living informed of any change to my circumstances.

Signed: _____ Date: _____

Signed: _____ Date: _____

All information will be treated in the strictest confidence and in accordance with the Data Protection Act 1998.

Please make sure that you complete and return the attached guides to tell us where you want to live

If you would like this leaflet translated, in large print or on CD please
telephone 01332 346 477

Aby uzyskać kopię tej ulotki w innym języku, dużym drukiem lub na płycie CD,
należy zadzwonić na numer 01332 346 477

ਜੇ ਤੁਸੀਂ ਇਸ ਲੀਫਲੈਟ ਦਾ ਅਨੁਵਾਦ ਕਰਵਾਉਣਾ, ਮੋਟੇ ਛਪੇ ਵਿਚ ਜਾਂ ਇਸ ਦੀ ਸੀ ਡੀ ਚਾਹੁੰਦੇ ਹੋ, ਤਾਂ ਕਿਰਪਾ ਕਰ ਕੇ
01332 346 477 'ਤੇ ਫੋਨ ਕਰੋ।

اگر آپ یہ لیفٹ لٹ ترجمہ شدہ صورت میں، جلی حروف میں یا سی ڈی پر حاصل کرنا چاہتے ہوں تو براہ مہربانی
ٹیلیفون نمبر 01332 346 477 پر فون کریں۔