



## HOUSING APPLICATION FORM

Hackett House is temporary accommodation for single people over 21 only

### How to complete this form

- 
- Please ensure you complete all section of this form
  - Please ensure Clients sign the consent section of this form
  - Provide necessary supporting documents

### REFERRER (if applicable)

Referring Agent/ Self	
Address	
Postcode	
Name of Worker (in print)	
Email	
Telephone	
Fax	

## APPLICANT DETAILS

Surname	
First name/s	
Nationality	
Date of Birth and Age	
Gender	
NI Number	
Immigration Status	
Date of leave to remain in UK	
ID provided <i>Please attach copy of your ID</i>	
GP Details	

**Please provide two passport size photographs**

Are you pregnant?

## NOK Details

Surname	
First name/s	
Relationship	
Address	
Postcode	
Contact number	
Email	



**INCOME, BENEFITS and SAVINGS**

	yes	no
Are you in receipt of any state benefits?		

**Please list all sources of income**

Including any state benefits or income from employment below

Description	Income(£) /cycle			
	Weekly	Fortnightly	4-weekly	Monthly
1.				
2.				
3.				
4.				

*Proof of income must be provided (e.g. copy of benefit letter or current pay slip)***Please list savings you have (enter nil if applicable)**

Name of Bank/Building Society	Amount
1.	£
2.	£
3.	£

**YOU MUST NOTIFY US OF ANY CHANGE IN YOUR CIRCUMSTANCES IMMEDIATELY AND THIS INCLUDES YOUR STARTING WORK OR COLLEGE**

In order to assess your application and help us deliver efficient services, we need to collect relevant personal details. We comply with the Data Protection Act 1998 when dealing with personal data. This means that your personal data will be processed in accordance with the law. Please note we may share personal data with other organisations where appropriate.

By signing this form you are consenting to Sapphire Independent Housing processing your personal data. You also confirm that the information you have provided above is correct and accurate. If we discover that false information was provided to us, we reserve the right to terminate your licence agreement.

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**Signed by Applicant**


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**Date**

**RISK ASSESSMENT**

Applicant surname	
Applicant forename/s	
Date of birth	

Yes	No
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<b>1</b>	<p>Does the applicant currently have any mental health concerns?  <i>(If yes, please provide details (e.g. self-harming history, isolation, symptoms exhibited, triggers, treatment plan, medication))</i></p>

Yes	No
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<b>2</b>	<p>Does the applicant have any alcohol or drug misuse issues?  <i>(If yes, please provide details (e.g. behaviours/signs))</i></p>

Yes	No
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<b>3</b>	<p>Does the applicant have any offending history?  <i>(If yes, please provide details (e.g. dates and circumstances, convictions, ASB, violence or arson))</i></p>

Yes	No
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<b>4</b>	Does the applicant have any issues with Housing management <i>(If yes, please provide details (e.g. hoarding, rent arrears, eviction notices, criminal damage or vandalism, abandonment))</i>

Yes	No
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<b>5</b>	Physical health needs <i>(If yes, please provide details (e.g. mobility issues, on-going illness/ disease, diagnosis and disabilities etc.))</i>

<b>6</b>	Please provide any other relevant information

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Assessor's signature

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Date

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Name in print

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Organisation

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Contact number



## Equal Opportunities Monitoring

Sapphire Independent Housing Limited aims to be an equal opportunities housing provider. In order to monitor the effectiveness of our Equality & Diversity policy, we ask all applicants to assist us by providing the information below. Completion of any or all of the questions is not a requirement, but we would appreciate your co-operation.

This page will be separated from the remainder of the form and will be kept strictly confidential.

By completing and returning this form, you are consenting to Sapphire Independent Housing processing this information for general ongoing monitoring purposes to enable us to assess the diversity of our organisation and housing provision.

### 1. Please tick the description which you feel is the most appropriate description of your ethnic origin.

#### A White

British

Irish

Other\*

#### B Mixed

White & Black Caribbean

White & Black African

White & Asian

Other\*

#### C Asian or Asian British

Indian

Pakistani

Bangladeshi

Other\*

#### D Black or Black British

Caribbean

African

Other\*

#### E Chinese or Other Ethnic Group

Chinese

Other\*

#### F Refused

Refused

Other\*: please specify \_\_\_\_\_



**2. Do you consider yourself as:**

Lesbian/Gay       Heterosexual       Bisexual       Other   
Do not wish to state

**3. Which of the following, if any, is your religion/belief? Please tick:**

Atheism <input type="checkbox"/>	Christianity <input type="checkbox"/>	Judaism <input type="checkbox"/>	Do not wish to <input type="checkbox"/>
Agnosticism <input type="checkbox"/>	Hinduism <input type="checkbox"/>	Rastafarianism <input type="checkbox"/>	None <input type="checkbox"/>
Baha'i <input type="checkbox"/>	Islam (Muslim) <input type="checkbox"/>	Sikhism <input type="checkbox"/>	Other* <input type="checkbox"/>
Buddhism <input type="checkbox"/>	Jainism <input type="checkbox"/>	Zoroastrianism (Paris) <input type="checkbox"/>	

**4. Do you consider yourself to be disabled?**      yes       No

If yes, please state \_\_\_\_\_

*According to the Disability Discrimination Act 1995, a disability refers to any long-term adverse effect on one's ability to carry out normal day-to-day activities. This may include problems with mobility, speech, hearing, eyesight, memory, mental health and also conditions such as epilepsy, dyslexia, or degenerative diseases*