



## **CARE HOUSING ASSOCIATION**

### **APPLICATION FOR HOUSING POLICY**

#### **1. Purpose**

This policy will provide guidance on the application for housing process. This relates only to new applications for housing, i.e. it does not relate to nominations / applications for existing properties / voids.

#### **2. Policy Statement**

Care provides tenancies for individuals requiring varying levels of support to whom the environment plays a key part to their independence. As such, Care aims to ensure that any applications for housing are appropriate and the means by which we deliver the housing is suitable. The application process will help us to establish:

- the level of housing support required
- that the potential tenant qualifies for Specialist Supported Housing
- the property requirements / specification
- the impact, if any, the move will have on other key stakeholders
- the level of risk associated with the move, and how we can adapt our approach to mitigate this risk for both the tenants and the Association
- how we can best deliver the most suitable housing solution

As a starting point, all applicants must have:

- The ability to meet the rental and service charge payments. This includes applicants who would be entitled to Housing Benefit.
- A demonstrable need for supported accommodation. Where necessary, evidence may be required of an applicant's entitlement to a funded support package.

We will not exclude from consideration any application on the grounds of degree or type of disability, current living situation, age, race, religion, gender or sexual orientation.

#### **3. Responsibility**

The designated officer responsible for implementation and monitoring of this policy will be the Chief Executive.

#### **4. Equality and Diversity**

We are committed to respecting diversity in all aspects of our work and we will not tolerate any form of discrimination.

## **5. Commitment and Review**

Care will formally review this policy every three years.

## APPLICATION FOR HOUSING PROCEDURE

There are 3 potential routes via which Care may receive applications for housing:

1. Tenant specific application form submitted either by the tenant directly, their representatives, or the local authority / care provider.
2. Non-tenant specific application for housing from a local authority or care provider partner which outlines the property requirements, but is not necessarily pre-identified for an existing individual or group.
3. Application for an existing service / vacancy.

This procedure outlines the approach taken in each of these 3 scenarios.

For the avoidance of doubt, reference to 'tenant' relates to a potential tenant /applicant.

### 1. Tenant Specific Application

This relates to an application for housing where the tenant and tenant's details are known. This may arise from an application on the tenant's behalf from a care provider, local authority, or from the tenant and/or their representatives directly.

The process for this type of application is as follows:

- 1.1. Tenant (or somebody on their behalf) completes the Application Form (Appendix A) and submits to the Association.
- 1.2. Application Form is assessed by the New Homes & Housing Manager & Project Manager. If there is any missing information, or clarity is required on the application form, the Tenant (or the person who completed the form) will be contacted.
- 1.3. Where the application relates to a shared property, this can be indicated in Section 4 of the Application Form. However, all other sections must be completed in full for each tenant.
- 1.4. The New Homes & Housing Manager & Project Manager determine whether the application is most suitable for Faster Housing Solutions (FHS) or Bespoke Housing Solutions (BHS).
- 1.5. If it is deemed that FHS is most suitable for the application, the Project Manager will contact the tenant (or the person who completed the application form) to discuss FHS and the options available. If it is deemed that BHS is most suitable for the application, the New Homes & Housing Manager will contact the tenant (or the person who completed the application form) to discuss BHS and the options available.
- 1.6. Once a suitable option is agreed by all parties, the Project Manager or New Homes & Housing Manager will discuss the case with the CEO who will give final approval for the suggested course of action.

### 2. Non-Tenant Specific Application

This relates to an application, normally from a care provider or local authority partner, in which they have expressed an interest in sourcing a particular property type to meet in impending need. The person completing the form may not be able to provide any tenant related details, but has a clear understanding on the property requirements.

The process for this type of application is as follows:

- 2.1. New Referral Property Spec Form (Appendix B) is completed by the person who has expressed an interest in Care HA sourcing a property.
- 2.2. Application Form is assessed by the New Homes & Housing Manager & Project Manager. If there is any missing information, or clarity is required on the application form, the person who completed the form will be contacted.
- 2.3. The New Homes & Housing Manager & Project Manager determine whether the application is most suitable for Faster Housing Solutions (FHS) or Bespoke Housing Solutions (BHS).
- 2.4. Once the delivery model has been determined, the application will be discussed with the CEO to determine the viability of the application. This will include discussion around a number of factors including the ability of the partner organisation to commit to a SLA, the financial parameters for the property search, and any other relevant operational and strategic issues.
- 2.5. The CEO will provide instructions as to how to proceed.

### **3. Application for an existing service / vacancy**

This relates to a referral/nomination to an existing service, which is made by the partner organisation named in the SLA for that property. This is covered under the Tenancy Nomination Policy & Procedure.

## APPENDIX A

**Application Form - CARE HA**

*This form is to be completed by individuals / groups who want Care HA to assist in finding them a new home*

**Please complete all sections. It is important that you give detailed and accurate information in your answers to ensure that your needs can be fully considered.** If you need help to complete the form, please contact Care Housing Association, Suite 34 Hardman's Business Centre, New Hall Hey Road, Rawtenstall, BB4 6HH. Telephone 0345 437 7367 or [www.careha.org.uk](http://www.careha.org.uk)

**SECTION 1 – INFORMATION ABOUT YOU**

Please tell us about yourself:

<b>SURNAME</b>	
<b>FIRST NAMES</b>	
<b>TITLE</b>	<b>Mr / Mrs / Miss / Other</b>
<b>DATE OF BIRTH</b>	
<b>CURRENT ADDRESS</b>	
<b>HOME TELEPHONE NUMBER</b>	
<b>MOBILE TELEPHONE NUMBER</b>	
<b>EMAIL ADDRESS</b>	
<b>NATIONAL INSURANCE NUMBER</b>	
<b>Do you have a learning disability?</b>	<b>YES / NO</b>
<b>If YES please tell us what it is here:</b>	
<b>Do you have a physical disability?</b>	<b>YES / NO</b>
<b>If YES please tell us what it is here:</b>	

<b>Do you have other disabilities / mental health issues?</b>	<b>YES / NO</b>
<b>If YES please tell us what they are here:</b>	
<b>Do you have the capacity to understand a tenancy agreement?</b>	<b>YES / NO</b>
<b>If YES, has this been assessed under the Mental Capacity Act?</b>	<b>YES / NO</b>
<b>If NO do you have a representative?</b>	<b>YES / NO</b>
<b>Please tell us who your representative is, what their role is, and give us their contact details</b>	
<b>Have you ever been charged or convicted for arson? If yes, please provide details</b>	
<b>Have any allegations of antisocial behaviour been made against you in the past? If so, please provide details</b>	
<b>Have you caused any intentional damage in the places you have previously lived?</b>	
<b>Do you pose a risk to others living at, visiting or working at the property? If so, what are the risks?</b>	
<b>Are you able to evacuate unassisted from your home in the event of a fire?</b>	

Please tell us who we should contact in an emergency:

<b>NAME:</b>
<b>ADDRESS:</b>
<b>TELEPHONE NUMBER:</b>
<b>RELATIONSHIP TO YOU:</b>

Who referred you to Care Housing Association? Or how did you find out about us?

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## **SECTION 2 – WHERE YOU LIVE NOW**

Please tick one box to describe where you live now

<b>Housing Association Tenant</b>	<input type="checkbox"/>	<b>Hostel / Refuge / Temporary</b>	<input type="checkbox"/>
<b>Tenant of Private Landlord</b>	<input type="checkbox"/>	<b>At Home with Parents</b>	<input type="checkbox"/>
<b>Council Tenant</b>	<input type="checkbox"/>	<b>With Another Family</b>	<input type="checkbox"/>
<b>Hospital</b>	<input type="checkbox"/>	<b>Homeless</b>	<input type="checkbox"/>
<b>Other (please give us details)</b>	<input type="checkbox"/>		

<b>Do you pay rent where you live now?</b>	<b>YES / NO</b>
<b>Who do you pay rent to?</b>	

<b>How much do you pay each week?</b>	
<b>Do you get help to pay your rent from Housing Benefit?</b>	<b>YES / NO</b> <b>Reference Number:</b>
<b>If YES how much Housing Benefit do you get</b>	
<b>How long have you lived at this address?</b>	
<b>Do you have any rent arrears?</b>	<b>YES / NO</b>
<b>If yes how many weeks do you owe?</b>	
<b>Do you share your house with anyone else?</b>	
<b>Are you on a waiting list with the Council or other Housing Association?</b>	

### **SECTION 3- WHY YOU WOULD LIKE TO MOVE**

Please tick any of the following that apply:

I am at risk of violence/neglect in my current property	
I feel unsafe in my current property	
I have been asked to leave my current property	
My current accommodation is not suitable	
I am unable to afford my current accommodation	
I need more support than can be provided in my current property	
I would like to leave home and have my own accommodation	
Other	



Please provide as much information as you can in support of the reason you need to move

#### **SECTION 4 – WHERE YOU WANT TO LIVE**

Please tick one or more boxes for the type of property you would like to live in:

<b>Shared House</b> (Own bedroom, shared lounge, kitchen and bathroom – usually support staff on site for 24 hours)	
<b>Independent Flat</b> (Targeted support at your flat)	
<b>Other – please state</b>	

Where would you like to live? Please be as specific as you can be.

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Please answer these questions to tell us more about where you would like to live:

<b>How many bedrooms do you need? If you need more bedrooms than there are occupants, please tell us what the 'extra' bedrooms are to be used for.</b>	
<b>Do you need disabled access?</b>	<b>YES / NO</b>
<b>Do you require a garden?</b>	<b>YES / NO</b>
<b>Do you require a wet room?</b>	<b>YES / NO</b>
<b>Would you need any special adaptations in your new home? Please tell us about them:</b>	
<b>Do you require a detached or secluded property? If so, please state the reasons for this.</b>	

**SECTION 5– YOUR MONEY** Please tell us here about your income:

<b>Do you have any savings? If YES please tell us how much</b>	<b>YES / NO</b>
<b>Do you currently manage your own money?</b>	<b>YES / NO</b>
<b>Please tell us the contact details of your appointee (if you have one):</b>	

Please tell us about your job:

<b>Do you have a job?</b>	<b>YES / NO</b>
<b>Who do you work for?</b>	
<b>Do you get paid or is your job voluntary?</b>	
<b>How much do you get paid each week?</b>	

Please tell us if you receive any of the benefits listed below.

<b><u>Benefit name</u></b>	<b><u>Amount per week</u></b>
Housing Benefit	£
ESA (income-related)	£
Job Seekers Allowance (income-based)	£
Income Support (for at least 39 weeks)	£
Universal Credit	£ (monthly)
DLA – Care Component	£
DLA – Mobility Component	£
PIP – Daily Living Component	£
PIP – Mobility Component	£
Tax Credits	£
Pension Credit	£
Pension(s)	£
Other Benefit or Income (please specify e.g. Incapacity Benefit, Carer's Allowance, SDA, Attendance Allowance)	£

## **SECTION 6 – YOUR CARE AND SUPPORT**

Please tell us about the care and support you need:

<b>Do you currently have a support package?</b>	<b>YES/NO</b>
<b>Who provides your support package?</b>	<b>Name:</b> <b>Address:</b>  <b>Telephone Number:</b>
<b>Do you need 24-hour support?</b>	<b>YES/NO</b>

<b>If not how many hours of support would you need each week?</b>	
<b>How would your care or support be paid for?</b>	
<b>Who is your social worker?</b>	<b>Name:</b> <b>Address:</b> <b>Telephone Number:</b>
<b>Who is your GP?</b>	<b>Name:</b> <b>Address:</b> <b>Telephone Number:</b>
<b>Who is your Community Psychiatric Nurse?</b>	<b>Name:</b> <b>Address:</b> <b>Telephone Number:</b>
<b>Is there anyone else involved in your care or support?</b>	<b>Name:</b> <b>Address:</b> <b>Telephone Number:</b>

Please indicate any of the activities below where you would need support:

Task		Comment
Household Chores		
Meal Preparation		

Personal Budgeting		
Mobility		
Communication		
Personal Care (bathing, dressing etc)		
Shopping		
Medication		
Other areas where you would need support		

**SECTION 7 – YOUR CONSENT**

During the application process we may need to contact some of the people you have named on this form. In order for us to do this please would you sign below to give us your consent.

I hereby give my consent for Care Housing Association to contact the <b>Housing Benefit</b> office and discuss my claim:	
Name	
Signature	
Date	

I hereby give my consent for Care Housing Association to contact <b>the DWP office</b> and discuss my claim:	
Name	
Signature	
Date	

I hereby give my consent for Care Housing Association to contact any of the people I have named as my <b>Care / Support Providers</b> and discuss my needs:	
Name	
Signature	
Date	

I hereby give my consent for Care Housing Association to contact my <b>previous Landlords</b> to obtain a reference	
Name	
Signature	
Date	

**SECTION 8 – OTHER INFORMATION**

<p><b>Please give details of any offending history or criminal record</b></p> <p>NB Giving details will not necessarily prevent you from living in a Care property, however failure to disclose the information may result in a tenancy being terminated if the information is discovered at a later date</p>	
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**SECTION 9 – DECLARATION**

Has someone else helped you to complete this form or completed it on your behalf?	<b>YES/NO</b>
If yes please give their name	

<p><b>By signing this form you are confirming that the information you have supplied is accurate and includes all the relevant facts necessary for Care Housing Association to consider your application.</b></p>	
Name	
Signature	
Date	

**PLEASE RETURN THIS FORM TO:**

Care Housing Association  
Suite 34, Hardman's Business Centre  
New Hall Hey Road  
Rawtenstall  
BB4 6HH  
Telephone: 0345 437 7367  
Email: [enquiries@careha.org.uk](mailto:enquiries@careha.org.uk)  
Web: [www.careha.org.uk](http://www.careha.org.uk)

**EQUAL OPPORTUNITIES MONITORING FORM**

Please tick one box which best describes you:

<b>White British</b>		Black Caribbean	
<b>White Other</b>		Black African	
<b>Pakistani</b>		<b>Black Other</b>	
<b>Bangladeshi</b>		<b>Chinese</b>	
<b>Other Background (please state)</b>			

Please give us the following information:

<b>Do you need information in another language?</b>	<b>YES / NO</b>
<b>If YES which language?</b>	

Do you use any of the following alternative ways of communication:

<b>Braille</b>	
<b>Makaton</b>	
<b>Big Text Symbols</b>	
<b>Other (please state)</b>	

**Please return this form with your application to:**

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Email: [enquiries@careha.org.uk](mailto:enquiries@careha.org.uk)  
Web: [www.careha.org.uk](http://www.careha.org.uk)



## APPENDIX B

**Application Form - CARE HA**

*This form is to be completed by people acting on behalf of an individual or group of individuals requiring supported housing*

**Please complete all sections. It is important that you give detailed and accurate information in your answers to ensure that your needs can be fully considered.** If you need help to complete the form, please contact Care Housing Association, Suite 34 Hardman's Business Centre, New Hall Hey Road, Rawtenstall, BB4 6HH. Telephone 0345 437 7367 or [www.careha.org.uk](http://www.careha.org.uk)

**SECTION 1 – WHO IS COMPLETING THIS FORM?**

<b>Name</b>	
<b>Reason for completing application. e.g. social / support worker.</b>	
<b>If you are completing this form on behalf of the organisation you work for, please state who this is</b>	

Who referred you to Care Housing Association? Or how did you find out about us?

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**SECTION 2 – PROPERTY TYPE**

Please tick one or more boxes for the type of property you would like us to help you with:

<b>Shared House</b> (Own bedroom, shared lounge, kitchen and bathroom – usually support staff on site for 24 hours)	
<b>Independent Flat</b> (with support)	
<b>Other – Please state</b>	

Geographically, where would you like Care to find a property? Please be as specific as you can be.

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Please answer these questions to tell us more about what type of property you require:

<b>How many bedrooms do you need? If you need more bedrooms than there are occupants, please tell us what the 'extra' bedrooms are to be used for.</b>	
<b>Do you need disabled access?</b>	<b>YES / NO</b>
<b>Do you require a garden?</b>	<b>YES / NO</b>
<b>Do you require a wet room?</b>	<b>YES / NO</b>
<b>Would you need any special adaptations in the new home? Please tell us about them:</b>	
<b>Do you require a detached or secluded property? If so, please state the reasons for this.</b>	

### SECTION 3 – TENANT GROUP

<b>How many tenants will live at the property?</b>	
<b>What is the primary disability/support need of the tenants? E.g. learning disability, ABI, mental health, physical.</b>	
<b>How many hours of support do you envisage will be provided from the property (both individual and background, where relevant)?</b>	

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