



## **CARE HOUSING ASSOCIATION**

### **TENANCY NOMINATION POLICY**

#### **1. Purpose**

This policy will provide guidance on the tenancy nomination process.

#### **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 nominations to tenancies are appropriate and suitable for both the incoming tenant, and any other tenants that may be affected. Existing tenants in shared housing are directly affected by the selection of incoming tenants, as are tenants in schemes consisting of self-contained accommodation within accommodation where some facilities may be shared.

Tenant nominations impact significantly on the sustainability of tenancies and the right for tenants to enjoy peaceful occupation of their homes.

Tenancy nominations may also impact how the rent in our tenants' homes is paid. In order to qualify for exempt status from the Regulators guidance around low cost-accommodation and to demonstrate that Care provide Specialised Supported Housing (SSH), tenants must be in receipt of a level of support, which approximates to the services of support which would be provided in a care home. As Care seeks to only provide Specialised Supported Housing, nominations for tenants must satisfy this exemption criteria.

#### **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. Care will consult with residents if material changes to this policy are proposed.

## TENANCY NOMINATION PROCEDURE

As a starting point, all nominations 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.
- Demonstrable evidence that the suitability of the tenancy has been considered, including any impact on other tenants (see Appendix 1).

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.

In order that applicants are considered for vacancies which will meet their needs, a Housing Officer will arrange an appointment to meet with the applicant, any family member and a Care Co-ordinator/Support Worker. This will allow all parties to review Appendix 1, to detail any specific requirements and support needs that the applicant may have and agree the suitability of the nomination.

## APPENDIX 1



## Nomination Form

*This form is to be used where a potential tenant has been identified for an existing Care HA property*

**Please complete all sections. It is important that you give detailed and accurate information in your answers to ensure that the needs of the individual 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 THE INDIVIDUAL

<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 they have a learning disability?</b>	<b>YES / NO</b>
<b>If YES please tell us what it is here:</b>	
<b>Does they have a physical disability?</b>	<b>YES / NO</b>

<b>If YES please tell us what it is here:</b>	
<b>Does they have other disabilities / mental health issues?</b>	<b>YES / NO</b>
<b>If YES please tell us what it is here:</b>	
<b>Do they have the capacity to understand a tenancy agreement?</b>	<b>YES / NO</b>
<b>If NO do they have a representative?</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 they have a representative?</b>	<b>YES / NO</b>
<b>Please tell us who this representative is and give us their contact details</b>	
<b>Have they had a charge or conviction for arson? If yes, please provide details</b>	
<b>Have any allegations of antisocial behaviour been made against them in the past? If so, please provide details</b>	
<b>To the best of your knowledge, have they caused any damage in the places they have previously lived</b>	
<b>To the best of your knowledge, do they pose a risk to anyone living at, visiting or working at the property? If so, what are the risks?</b>	
<b>Are they able to evacuate unassisted from their home in the event of a fire?</b>	

**SECTION 2 – CURRENT HOUSING SITUATION**

Please tick one box to describe where they live now

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

<b>Do they pay rent where they live now?</b>	<b>YES / NO</b>	
<b>Who do they pay rent to?</b>		
<b>How much do they pay each week?</b>		
<b>Do they get help to pay their rent from Housing Benefit?</b>	<b>YES / NO</b>	<b>Reference Number:</b>
<b>If YES how much Housing Benefit do they get</b>		
<b>How long have they lived at this address?</b>		
<b>Do they have any rent arrears?</b>	<b>YES / NO</b>	
<b>If yes how many weeks rent do they owe?</b>		

**SECTION 3- REASONS FOR MOVING**

Please tick any of the following that apply:

At risk of violence/neglect in current property	
Feel unsafe in current property	
Have been asked to leave current property	
Current accommodation is not suitable	

Unable to afford current accommodation	
Need more support than can be provided in current property	
Would like to leave home and have own accommodation	
Other	

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

**SECTION 4– FINANCES** Please tell us here about their income:

<b>Do they have any savings? If YES please tell us how much</b>	<b>YES / NO</b>
<b>Do they currently manage their own money?</b>	<b>YES / NO</b>

Please tell us about their job:

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

Please tell us if they 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. SDA, Incapacity Benefit, Carer's Allowance, Attendance Allowance)	£

### **SECTION 5 – CARE AND SUPPORT**

Please tell us about the care and support they need:

<b>How many hours of support would they receive each week?</b>	
<b>How would their care or support be paid for?</b>	
<b>Who is their social worker?</b>	<b>Name:</b> <b>Address:</b>  <b>Telephone Number:</b> <b>Email:</b>

<p><b>Who is their GP?</b></p>	<p><b>Name:</b> <b>Address:</b> <b>Telephone Number:</b> <b>Email:</b></p>
<p><b>Who is their next of kin?</b></p>	<p><b>Name:</b> <b>Address:</b> <b>Telephone Number:</b> <b>Email:</b></p>

**SECTION 6 – OTHER INFORMTION**

<p><b>Please give details of any offending history or criminal record</b> NB Giving details will not necessarily prevent them from living in a Care HA 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 7 – DECLARATION**

Who has completed this form on behalf of the applicant?	
In what capacity are they completing the form, e.g. support worker, care coordinator, etc.	

<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 the application.</b>	
Name	
Signature	
Date	

**Please provide documentation in support of the above including:**

- **Proof of national insurance number, e.g. benefits letter displaying number.**
- **Proof of identity, e.g. passport, drivers' licence or birth certificate photocopy**
- **Benefit award notices**
- **Copies of statements from bank account, building society, etc (showing sort code and account number – this is required for housing benefit applications)**

We require completed forms, including supporting documentation, to be returned to Care Housing Association at least 2 weeks prior to the proposed tenancy commencement date. You can email them to [claire@careha.org.uk](mailto:claire@careha.org.uk) or [rachael@careha.org.uk](mailto:rachael@careha.org.uk) or you can send them to the following address:

Care Housing Association  
 Suite 34, Hardman's Business Centre  
 New Hall Hey Road  
 Rawtenstall  
 BB4 6HH  
 Telephone: 345 437 7367  
 Email: [enquiries@careha.org.uk](mailto:enquiries@careha.org.uk)  
 Web: [www.careha.org.uk](http://www.careha.org.uk)