



## CARE HOUSING ASSOCIATION APPLICATION FOR HOUSING POLICY

<b>Implementation Date</b>	<b>July 2019</b>
<b>Updated</b>	<b>Rachael Kaminski (Operations Manager)</b>
<b>Last Review Date</b>	<b>September 2022</b>
<b>Next Review Date</b>	<b>August 2025</b>

### 1. Purpose

This policy will provide guidance on Care Housing Association (Care)'s position to apply for housing. This only relates to new applications for housing, i.e. it does not relate to people nominated to live in existing properties.

### 2. Policy Statement

Care provides tenancies for individuals requiring varying levels of support to whom the environment plays a key part in 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-related support required
- that the potential tenant meets Specialist Supported Housing (SSH) criteria
- the property requirements/specification
- the impact, if any, the move will have on other tenants
- the level of risk associated with the move, and how we can adapt our approach to mitigate this risk for both the tenant(s) 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

Further details are provided in the Application for Housing Procedure below.

### 3. Responsibility

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

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

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

We recognise that there is the potential for impact across the characteristics of Age, Disability, Gender Reassignment, Marriage and Civil Partnership, Pregnancy and Maternity, Race, Religion or Belief, Sex or Sexual Orientation.

Where we are made aware of or identify customers with specific needs, we will be proactive in targeting our communication and support appropriately and consider any specific needs individually.

#### **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.

**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 by the local authority/support provider.

**2. Non-tenant-specific application** for housing from a local authority or support provider partner which outlines the property requirements, but is not necessarily for an existing identified individual or group.

**3. Application for an existing scheme/vacancy.**

This procedure outlines the approach taken in each of these 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 their details are known. This may arise from an application on the tenant's behalf from a support provider, local authority or from the tenant and/or their representatives directly.

The process for this type of application is as follows:

- Tenant (or somebody on their behalf) completes the Application for Housing Form (Appendix A) and submits to Care.
- 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.
- The application form is assessed by Care's New Business Team. If the application appears suitable, the New Business Team will contact the person who completed the application form to clarify/fill in any gaps and discuss the options available.
- Once a suitable option is agreed by all parties, the Business Development 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 support provider or local authority partner, where they have expressed an interest in Care sourcing a particular property type to meet an impending need. The person completing the form may not be able to provide any tenant-specific details, but they should have a clear understanding of the property requirements.

The process for this type of application is as follows:

- New Referral Property Specification Form (Appendix B) is completed by the person who has expressed an interest in Care sourcing a property.
- The form is assessed by Care's New Business Team. If there is any missing information, or clarity is required regarding the application, the person who completed the form will be contacted.
- Once the delivery model has been determined, the Business Development Manager will discuss the application with the CEO to determine its viability. This will include discussion around the ability of the partner organisation to commit to a Service Level Agreement (SLA), the financial parameters for the property search, and any other relevant operational and strategic issues.
- The CEO will provide instructions as to how to proceed.

**3. Application for an existing scheme/vacancy**

This relates to a nomination to an existing scheme, which is made by the partner organisation named in the SLA for that property. The procedure for this is covered by Care's Tenancy Nomination Policy & Procedure.

**APPENDIX A - Application for Housing Form**

*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 29 Hardman's Business Centre, New Hall Hey Road, Rawtenstall, BB4 6HH.

Telephone 0345 437 7367 or [enquiries@careha.org.uk](mailto:enquiries@careha.org.uk)

**SECTION 1 – INFORMATION ABOUT YOU**

Please tell us about yourself:

<b>FULL NAME</b>	
<b>TITLE</b>	<b>Mr / Mrs / Miss / Other:</b>
<b>DATE OF BIRTH</b>	
<b>NATIONAL INSURANCE NUMBER</b>	
<b>NATIONALITY</b>	If not British do they have the right to live in the UK?
<b>CURRENT ADDRESS</b>	
<b>How long have they lived here?</b>	
<b>How long have they lived in the current Local Authority area?</b>	
<b>Do they have a connection to the armed forces? E.g. formerly served</b>	
<b>What is their primary support need? (e.g. learning disability, autism, physical disability, sensory impairment, mental health need, complex need)</b>	
<b>What is their secondary support need? (if applicable)</b>	
<b>Do they have any other disabilities, disorders or mental health issues?</b> If YES, please provide details	<b>YES / NO</b>
<b>Do they have the capacity to understand a Tenancy Agreement?</b>	<b>YES / NO</b>
<b>If YES: Which of the following formats would be helpful?*</b> Easy read/pictorial Large print (state font size) Braille	

Other language (state language)	*the standard written agreement in English is the format which must be signed
<b>If NO:</b> <b>Has their capacity been assessed under the Mental Capacity Act?</b> <b>Has a best interest meeting decided that this move is in their best interests?</b> <b>Has documentation been submitted to the Court of Protection in terms of signing the tenancy agreement?</b>	
<b>Do they have a legal representative?</b> <b>Please tell us who this is, provide their contact details and any documentation e.g. COP / POA.</b>	
<b>Have they had a charge or conviction for arson?</b> <b>If yes, please provide details</b>	
<b>Have any allegations of antisocial behaviour and/or drug/alcohol misuse been made against them in the past?</b> <b>If yes, 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>If yes, please provide details</b>	
<b>To the best of your knowledge, have they previously failed to engage with agreed support and/or prevented contractor access?</b> <b>If yes, please provide details</b>	
<b>Do they exhibit noisy or disruptive behaviour which could have an impact on people living nearby?</b> <b>If yes, please provide details</b>	
<b>To the best of your knowledge, do they pose a risk to anyone living at, working at or visiting the property?</b> <b>If yes, what are the risks?</b>	
<b>Are they able to evacuate unassisted from their home in the event of a fire?</b> Consider particular requirements e.g. if escape window or not 24h staff	YES / NO
<b>Are they a smoker?</b> <b>If yes, please note that smoking is not permitted inside</b>	YES / NO
<b>Do they currently have any pets that they would want to bring?</b> <b>If yes, please provide details</b>	YES / NO

Please tell us who we should contact in an emergency:

**NAME:**

**ADDRESS:**

**TELEPHONE NUMBER:**

**RELATIONSHIP TO YOU:**

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

**SECTION 2 – REASONS FOR MOING & WHERE YOU LIVE NOW**

Please cross any of the following that apply:

Would like to leave home and have own accommodation		Need more support than can be provided in current property	
Feel unsafe in current property		At risk of violence/neglect in current property	
Have been asked to leave current property		Unable to afford current accommodation	
Current accommodation is not suitable		Other	

Please provide additional information about your want/need to move:

Please cross one box to describe where you live now:

Housing Association Tenant		Hostel / Refuge / Temporary	
Tenant of Private Landlord		At Home with Parents	
Council Tenant		With Another Family	
Hospital		Homeless	
Residential Home		Children’s Services	
Other (please detail)			

<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 home with anyone else?</b>	
<b>Are you on a waiting list with the Council or other Housing Association?</b>	

**SECTION 3 – 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)	
<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.

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

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

Please tell us about your job:

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

Please tell us if you receive any benefits or pensions:

<u>Benefit name</u>	<u>Amount and how often</u>
Housing Benefit	£
ESA (income-related)	£
Universal Credit	£
Pension Credit	£
PIP – Daily Living Component	£
PIP – Mobility Component	£
Income Support	£
Other Benefit, Pension or Income e.g. DLA, Tax Credits, Job Seekers Allowance, Incapacity Benefit, Carer's Allowance, Attendance Allowance	£
Do you have a funded mobility vehicle?	YES / NO

**SECTION 5 – YOUR CARE AND SUPPORT**

Please tell us about the care and support you need:

Do you currently have a support package?	YES/NO
Who provides your support package?	Name: Address:  Telephone Number:
Do you need 24-hour support?	YES/NO
If not how many hours of support would you need each week?	



<b>How would your care or support be paid for?</b>	
<b>Is this in line with a care and support assessment carried out under the Care Act?</b>	YES / NO
<b>Have alternative types of accommodation been considered?</b>	YES / NO If no, why not:
<b>Why were alternative accommodation types not considered appropriate?</b> (family home, residential setting, general needs accommodation with visiting support)	
<b>If applicable, who is your social worker?</b>	<b>Name:</b> <b>Address:</b> <b>Telephone Number:</b>
<b>If applicable, who is your Care Coordinator or 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>

**SECTION 6 – COMMUNICATION**

<p><b>How would you prefer us to contact you?</b> (tick)</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Phone</li> <li><input type="checkbox"/> Letter</li> <li><input type="checkbox"/> Email</li> <li><input type="checkbox"/> Text message</li> <li><input type="checkbox"/> Visit in person</li> <li><input type="checkbox"/> Via support staff/advocate (please state)</li> </ul>	<p>Please provide email address and/or phone number(s) and/or advocate details if appropriate:</p>
<p><b>How would you prefer to contact us?</b> (tick)</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Phone</li> <li><input type="checkbox"/> Letter</li> <li><input type="checkbox"/> Email</li> <li><input type="checkbox"/> Text message</li> <li><input type="checkbox"/> Visit in person</li> <li><input type="checkbox"/> Via support staff/advocate (please state)</li> </ul>	
<b>What is your preferred written language/document format?</b>	
<b>What is your preferred spoken/signed language?</b>	
<b>Please share with us any relevant triggers or approaches that housing staff should be aware of</b>	

**SECTION 7 – OTHER INFORMATION**

<p><b>Please give details of any offending history or criminal record</b></p> <p>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 the information is discovered at a later date</p>	
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**SECTION 8 – 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 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	

<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>	
Name	
Signature	
Date	

**PLEASE RETURN THIS FORM TO:**

Care Housing Association  
 Suite 29 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)

**Equality and diversity monitoring**

**Care HA** wants to meet the aims and commitments set out in its equality and diversity policy. This includes not discriminating under the Equality Act 2010 and building an accurate picture of the make-up of customers to consider representation.

We need your help and co-operation to do this and are required to submit information on our new tenants to the Government. The information provided will be kept confidential and will be used for monitoring purposes.

If you have any questions about the form, please contact our team on 0345 4377367.

**1. What is your gender?**

Male  Female  Intersex  Non-binary  Prefer not to say

If you prefer to use your own gender identity, please write in:

Is the gender you identify with the same as your gender registered at birth?

Yes  No  Prefer not to say

**2. What is your ethnicity?**

Ethnic origin is not about nationality, place of birth or citizenship. It is about the group to which you perceive you belong. Please tick the appropriate box

***Asian or Asian British***

Indian  Pakistani  Bangladeshi  Chinese  Prefer not to say

Any other Asian background, please write in:

**Black, African, Caribbean or Black British**African  Caribbean  Prefer not to say 

Any other Black, African or Caribbean background, please write in:

**Mixed or Multiple ethnic groups**White and Black Caribbean  White and Black African  White and Asian   
Prefer not to say  Any other Mixed or Multiple ethnic background, please write

in:

**White**English  Welsh  Scottish  Northern Irish  Irish   
British  Gypsy or Irish Traveller  Prefer not to say 

Any other White background, please write in:

**Other ethnic group**Arab  Prefer not to say  Any other ethnic group, please write in:**3. What is your sexual orientation?**Heterosexual  Gay  Lesbian  Bisexual  Prefer not to say 

If you prefer to use your own identity, please write in:

**4. What is your religion or belief?**No religion or belief  Buddhist  Christian  Hindu  Jewish   
Muslim  Sikh  Prefer not to say 

If other religion or belief, please write in:

**Privacy notice for tenants and buyers of new social housing****How do we use your information?**

If your household enters a new social housing tenancy or purchases a social housing property, social housing providers will share your personal information with the Ministry of Housing, Communities and Local Government (MHCLG) for research and statistical purposes only.

**How do we get this information?**

The information is provided via 'Submit social housing lettings and sales data (CORE)', a service funded and managed by MHCLG. It collects information on the tenants or residents, tenancy or sale, and the dwelling itself. Some of this data is personal and sensitive, so MHCLG is responsible for ensuring it's processed in line with data protection legislation.

**Why do we share this information?**

Information collected via CORE is shared with other government departments and agencies. It's shared with the Greater London Authority and the Regulator of Social Housing. Data providers can also access data for their organisations via CORE. Data is only shared for research and statistical purposes.

**How does this affect you?**

Information sharing will not affect your benefits, services or any treatments you receive. It's anonymous and handled in accordance with the law. We collect and share your information to help us better understand the social housing market and inform social housing policy.

**To find out more...**

Social housing lettings and sales data is collected on MHCLG's behalf. Data providers do not require the tenant or buyer's consent to provide this information, but tenants and buyers have the right to know how and for what purpose data is being collected, held and used.

Data processing must have a lawful basis. In this case it's necessary for a task carried out in the public interest meeting a function of the Crown, a Minister of the Crown, or government department. You have the right to object, and obtain confirmation that your data is being processed, as well as access your personal data, and have any incorrect personal data corrected.

Information collected via CORE relates to your tenancy, the dwelling you are living in or buying, and your household. Some information may have been provided by you (as a tenant or buyer) when signing the new tenancy or buying your property. Other information has been gathered from the housing management systems of social housing providers.

Collected data will be held for as long as necessary for research and statistical purposes. When no longer needed, data will be deleted in a safe manner. We're aware some collected data is particularly sensitive. For example:

- ethnic group
- if previous tenure is a hospital, prison or approved probation hostel support
- if household left last settled home because discharged from prison, a long stay hospital or other institution
- if referral source is probation or prison, youth offending or community mental health team, or health service

MHCLG publishes data annually, in aggregate form, as part of a report and complementary tables.

- For annual lettings data, visit: <https://www.gov.uk/government/collections/rents-lettings-and-tenancies>
- For annual sales data, visit: <https://www.gov.uk/government/collections/social-housing-sales-including-right-to-buy-and-transfers>

Detail-level data is anonymised and protected, minimising identification risk. It's held with the UK Data Archive.

**Complaints:** If you're unhappy with any privacy notice aspect, or how we process your information, contact the Department Data Protection Officer: [dataprotection@communities.gsi.gov.uk](mailto:dataprotection@communities.gsi.gov.uk)

You also have the right to complain to the Information Commissioner's Office (ICO): <https://ico.org.uk/make-a-complaint/>

**APPENDIX B – New Referral Property Specification Form**

*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 29 Hardman's Business Centre, New Hall Hey Road, Rawtenstall, BB4 6HH.

Telephone 0345 437 7367 or [enquiries@careha.org.uk](mailto:enquiries@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>	
<b>Contact number and email address</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? For example, within 5 miles of a specific location, or names of any specific areas.**

**Do you require housing which is away from schools? Parks etc (forensic)?**

**Do you need housing to be close to bus routes, on a main road etc, or quieter locations?**

**Please give a brief indication of mobility levels e.g. can the person/group manage stairs, is anyone prone to falls, can everyone manage one or two steps, for example to get up to the front door?**

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

<b>How many bedrooms do you need?</b> If you need more bedrooms than there are occupants, please tell us what the 'extra' bedrooms are to be used for.	
<b>Do you need disabled access?</b> <b>Would tracking for hoists be required and in which rooms?</b>	YES / NO
<b>Do you require a garden?</b>	YES / NO
<b>Do you require a wet room?</b> <b>Would a raised shower cubicle be suitable?</b> <b>Do you require a bath (desirable or essential)?</b> <b>Does anyone require assistance with bathing?</b> <b>(For shared housing) Do you require an en suite?</b> Please state the reasons that a shared bathroom would not be suitable	YES / NO
<b>Would you need any special adaptations in the property? Please tell us about them:</b>	
<b>Does anyone need help to prepare meals in the kitchen or is this done by support staff?</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>If looking for a shared house how many bedrooms, or if it is self-contained apartments, how many flats?</b>	
<b>Will there be mobility vehicles and/or electric vehicles and how many?</b>	
<b>What is the primary disability/support need of the person/group? E.g. learning disability, autism, ABI, mental health, physical disability</b>	
<b>How many hours of support do you envisage will be provided at the property (both individual and background, where relevant)?</b>	
<b>How would support be funded? (e.g. Local Authority, NHS)</b>	
<b>Does the person/group have:</b> <ul style="list-style-type: none"> <li>- a history of arson?</li> <li>- a history of ASB?</li> <li>- a history of (or likelihood of) property damage?</li> </ul> <b>Do they present any risk to people living or working at their home?</b> <b>Please provide any relevant details</b>	

<b>Are they able to evacuate unassisted from their home in the event of a fire?</b>	<b>YES / NO</b>
<b>Are they a smoker? If yes, please note that smoking is not permitted inside</b>	<b>YES / NO</b>
<b>Do they currently have any pets that they would want to bring? If yes, please provide details</b>	<b>YES / NO</b>

**SECTION 4 – DECLARATION**

<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 this application.</b>	
Name	
Signature	
Date	

**PLEASE RETURN THIS FORM TO:**

Care Housing Association  
Suite 29 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)