

Application Reference number \_\_\_\_\_

## Nottinghamshire Women's Aid Limited Supported Housing Scheme Application Form

### Completing this Application Form

Please give as much detail as you can when completing this application form. The information that you provide will tell us about your support needs and housing requirements and therefore ensure that any offer of accommodation and support responds to your individual needs.

### Source of referral *(complete as appropriate)*

Self	Referral Date
Agency	
Contact Name	
Address	
Postcode	Telephone Number

### Details of Applicant

Name	
Safe contact address	
Postcode	
Safe telephone number	Convenient times
Is it safe to leave an answer message?	YES / NO
Date of birth	National Insurance Number

### Housing Information

Property type required: (please tick as appropriate)

Two bedroomed house

3 bedroomed house

Areas you would like to be considered for (please circle yes / no):

Bircotes	Yes / No	Harworth	Yes / No
Worksop	Yes / No	Retford	Yes / No
Rhodesia	Yes / No	Carlton-in-Lindrick	Yes / No
Ollerton	Yes / No	Newark	Yes / No
Other	Yes / No		

Please state any areas that are particularly unsuitable or unsafe for you and your family and specify why:

**Family details.** Please give details of your children living with you

Last Name	First name	Date of birth	Age	Male/ Female	School/Employment

Please give details of children not living with you

Last name	First name	Date of birth	Age	Male/ Female	Access/contact details

**Do you have any pets?** Yes / No  
Please give full details:

**Health Details**

Do you or anyone living with you have any health issues that would require specialist support or housing adaptation e.g. mental health, alcohol misuse etc? Yes / No  
Please give details

Are you or anyone living with you a current or ex-drug user? Yes / No  
Please give details

GP Name					
Address					
Telephone number					
<b>Housing details</b>					
Current address:					
What date did you move into your present address?					
Please list your previous addresses in the last five years					
Address		From	To	Reason for leaving	
Please tick which best describes your present accommodation					
Owner occupier	<input type="checkbox"/>	Living with parents	<input type="checkbox"/>	Living with relatives	<input type="checkbox"/>
Private tenant (Assured shorthold)	<input type="checkbox"/>	Private tenant (other)	<input type="checkbox"/>	Housing association tenant	<input type="checkbox"/>
Council tenant	<input type="checkbox"/>	Lodger	<input type="checkbox"/>	Housing provided with employment	<input type="checkbox"/>
Refuge	<input type="checkbox"/>	Hostel	<input type="checkbox"/>	Staying with friends	<input type="checkbox"/>
Other (please specify)					
<b>Tenancy details if applicable</b>					
Landlord Name			Telephone number		
Address					
Tenancy type: Shorthold / Assured (please delete as appropriate)					
Have you been served with a notice to quit? YES / NO					
If yes please give the reason					

Amount of rent paid: £_____ per month/week	Amount of housing benefit received: £_____ per month/week
Do you have any arrears? YES/NO If yes please give details	
<b>Housing Applications</b>	
Are you on a waiting list for permanent accommodation? YES / NO	
If you answered yes and this is with a local authority please give the following details The local authority you are registered with:	
Areas requested:	
Are you a priority need? YES / NO / NOT SURE	
How long have you been on the list?	
How far up the list are you?	
Detail any Housing Associations you have been nominated to:	
Please give details of any other permanent accommodation that you have applied for?	
<b>Financial Information</b>	
Are you employed? YES / NO Is this full time/part time (please delete as appropriate) What is your weekly salary £	
Are you receiving benefits? YES / NO  If yes please specify the type and amount	

<b>Details of abuser</b>				
Abuser's name		Abusers D.O.B:		
Address				
Abuser's relationship to applicant				
Please give details of any ongoing police and/or civil or criminal court involvement. Specify nature and any expiry/ release dates and any conditions etc. This could include prison release dates, bail or probation conditions, court dates.				
<b>Current support needs</b>				
Are you able to live alone and maintain a tenancy with a minimum of support available? YES / NO				
Are you aware that it is a condition of the tenancy to access regular support from Nottinghamshire Women's Aid Limited? YES / NO				
Please explain how you feel you would benefit from being included within the Supported Housing Scheme.				
<i>(Please continue on "additional information" section if necessary)</i>				
Please tick any areas that you feel you need support with. Use the space for "additional information" to give more details if you wish.				
1. Understanding the impact of domestic violence and abuse		2. Help in managing your tenancy		3. Help with filling in forms
4. Safety and security issues		5. Home management skills		6. Help with welfare benefits
7. Contact/court/child protection proceedings		8. Community links		9. Budgeting/finances
10. Health issues		11. Confidence building		12. Other (please state below)

Please give details of any other agency providing support to the family		
Agency	Contact details (if known)	Brief details of support offered

Do you give consent for Nottinghamshire Women's Aid Limited to contact involved agencies for a supporting letter/ additional information about your current needs?  
**YES / NO**

**Monitoring Information:** We recognise that Domestic Abuse affects women from **all** backgrounds. We want to make sure that our services are accessible to and meet the needs of **all** women. By completing this section you will help us to achieve this.

<p><b>Ethnic Origin:</b></p> <p><b>A.</b> White <b>1</b> British <b>2</b> Irish <b>3</b> Other</p> <p><b>B.</b> Mixed <b>4</b> white/black Caribbean <b>5</b> White/Black African <b>6</b> White Asian <b>7</b> Other</p> <p><b>C.</b> Asian or Asian British <b>8</b> Indian <b>9</b> Pakistani <b>10</b></p> <p>Bangladeshi <b>11</b> Other</p> <p><b>D.</b> <b>12</b> Black or Black British Caribbean <b>13</b> African <b>14</b> Other</p> <p><b>E.</b> Chinese or other ethnic group <b>15</b> Chinese <b>16</b> other</p> <p><b>F.</b> Traveller <b>G.</b> Refused</p>	<p><b>Sexual Orientation:</b></p> <p>Heterosexual/Straight <input type="checkbox"/> <i>Only attracted to members of the opposite sex</i></p> <p>Lesbian <input type="checkbox"/> <i>Only attracted to other women</i></p> <p>Bi-sexual <input type="checkbox"/> <i>Attracted to both men and women</i></p> <p>Questioning <input type="checkbox"/> <i>Unsure about your sexual orientation</i></p> <p>Declined to answer <input type="checkbox"/></p>
	<p><b>Gender:</b></p> <p>Female <input type="checkbox"/></p> <p>Is your birth gender different from your gender now?</p> <p>No <input type="checkbox"/></p> <p>Yes <input type="checkbox"/></p> <p>Declined to answer <input type="checkbox"/></p>

Please detail any further information that may be relevant to your application.

*Please continue on a separate sheet if necessary*

**Declaration**

I understand that Nottinghamshire Women's Aid Limited will contact me within two weeks of receiving this application to discuss my support needs and arrange an informal interview.

I understand that I must inform Nottinghamshire Women's Aid Limited of any changes in my circumstances that may affect my application.

I understand that the false disclosure of information constitutes a breach of agreement and may lead to a termination of any tenancy provided within the Supported Housing Scheme.

I understand that Nottinghamshire Women's Aid Limited will contact involved agencies for a completed Risk Assessment.

Signature of applicant Date

Signature of referring agent Date

**For office use only**

Date application received

Acceptable      YES      Date letter sent

                         NO      Date letter sent

Allocation code

Interview date

Waiting list   YES/NO      Date letter sent

Reasons for decision

Signature of worker Date

**You may wish to fax the referral form to us on 01909 533617 to ensure that the referral is processed as quickly as possible.**

Return to: Private & Confidential, Supported Housing Scheme, Nottinghamshire Women's Aid Ltd. The Farr Centre, Chapel Walk, Off Westgate, Worksop, S80 1LR