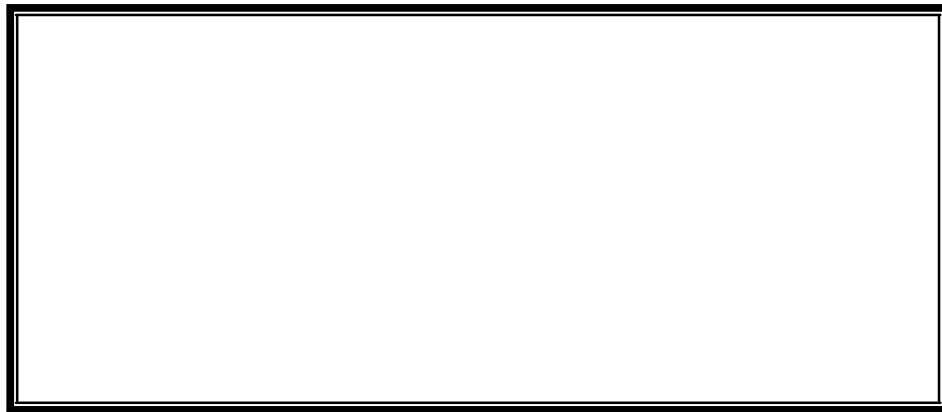


**HOUSING APPLICATION/SELF  
ASSESSMENT FORM**

(For Housing Executive and Housing Association Accommodation)  
**Applicants from outside Northern Ireland**

**Please Return This Form To:**



Date form issued (if Phone application).....

**IF YOU REQUIRE A FORM IN LARGE PRINT,  
PLEASE CONTACT ANY HOUSING EXECUTIVE OR  
HOUSING ASSOCIATION OFFICE.**

If you need an interpreter or translation to help to complete this housing application form, please contact any Housing Executive or Housing Association office.

**Polish**

Jeżeli potrzebujesz polskiego tłumacza lub pomoc w wypełnieniu tego wniosku mieszkaniowego to skontaktuj się z jakimkolwiek biurem Housing Executive lub Housing Association.

**Lithuanian**

Jei Jums reikalingas vertėjas raštu ar žodžiu, kuris padėtų Jums užpildyti gyvenamojo ploto pareiškimo formą, kreipkitės į bet kurį Gyvenamojo Ploto Valdybos (Housing Executive) arba Gyventojų Asociacijos (Housing Association) biurą.

### **Portuguese**

Se precisar de um intérprete ou de uma tradução para o ajudar a preencher este impresso de candidatura a habitação, deve contactar um Representante Habitacional ou um departamento de uma Associação de Habitação.

### **Russian**

Обратитесь в любой исполнительный комитет по жилищным вопросам или в жилищно-строительную ассоциацию, если для того, чтобы заполнить эту заявку на предоставление жилья, вам нужен ее письменный перевод или помощь устного переводчика.

### **French**

Si vous avez besoin d'un interprète ou d'une traduction pour vous aider à remplir le formulaire de demande, veuillez contacter n'importe quel bureau Housing Executive ou Housing Association.

### **Cantonese**

如果你需要傳譯員的協助或需要我們提供表格的中文(廣東話) 翻譯本才能填妥本房屋申請表格，請聯絡房屋行政處 (Housing Executive) 或房屋協會辦事處。

### **Mandarin**

如果你需要口译员的协助，或者需要我们提供表格的中文(普通话) 翻译本才能填好本房屋申请表格，请联络房屋行政处 (Housing Executive) 或房屋协会办事处。

# Housing Application

**Please read the following notes before completing this application**

1. You should use this application if you are applying for social housing in Northern Ireland (with the exception of accommodation let on a non-permanent basis); this may be provided in the form of an introductory or secure tenancy by either the Housing Executive or one of the government registered housing associations (which are simply referred to as housing associations in the rest of this form).
2. The Housing Executive and housing associations have agreed that all housing applications should be assessed in the same way. The completion of this single application means that your application can be considered by many of the social landlords (the Housing Executive and housing associations) in your preferred areas (see note 7).
3. Some social landlords provide specialised accommodation, such as supported housing for those with special needs. All social landlords use this application for their specialised accommodation as well as their general housing.
4. Returned applications will be acknowledged by the appropriate office. Please note it may be necessary to contact you by telephone to obtain more information or further details.
5. As you are living outside Northern Ireland we will not be able to visit you in your home. You should therefore include sufficient information relating to your circumstances to enable a proper assessment of your housing need to be carried out. If you only wish to be housed by a particular landlord this will not affect the assessment.
6. In order to process this housing application, you must supply proof of identity. This may consist of one of the following documents: UK Driving License with a photograph (current and valid), current passport or National Identity Card.

If none of the above is available, two or more of the following should be produced: Benefit Payment Book, Birth Certificate, Credit Cards, Utility Bill (previous quarter), Medical Cards, recent Bank Statement/Wage slip, Marriage Certificate etc. Only photocopied evidence should be posted.

7. Information you provide will be placed on a computerised Waiting List and may be seen by any social landlord who participates either now or in the future. This does not affect your rights under the General Data Protection Regulations or UK Data Protection legislation. In order to comply with Data Protection requirements, the Housing Executive has prepared an information leaflet which is available at your local district office / housing association.
8. The Housing Executive and housing associations strive to ensure complete fairness in the treatment of all households and individuals in the provision of housing for those in need regardless of political affiliation, religious belief or racial group. It is important therefore that we collect basic information on the racial and religious compositions of households for monitoring purposes. When completing the sections on Racial Group and Religion please indicate which best describes you.
9. In addition to this application you should receive a booklet giving general information about the Executive and each housing association, and a booklet called "The Housing Selection Scheme" which explains how your needs are assessed. Your housing need will be assessed in the same manner as all other applications under the Housing Selection Scheme and you will be awarded points accordingly and registered on the Waiting List. You will receive a letter to confirm your points on the Waiting List.

# Housing Application

## APPLICATION FORM FOR PERSONS LIVING OUTSIDE OF NI

**Current Status** (Mark "Y" against one category)

|                |  |                            |  |       |  |
|----------------|--|----------------------------|--|-------|--|
| Council Tenant |  | Housing Association Tenant |  | Other |  |
|----------------|--|----------------------------|--|-------|--|

| APPLICANT DETAILS                                |  | ADDRESS include Number/Street/Town/County |  |
|--|--|---|--|
| Surname  |  |   |  |
| First Name                                       |  |   |  |
| Title  |  |   |  |
| Sex  |  | Post Code                                 |  |
| Date of Birth                                    |  | Telephone No                              |  |
| Nat Ins Number                                   |  | Mobile No                                 |  |
|  |  | E Mail                                    |  |
| Reason For Applying                              |  |   |  |
| How long can you remain in your current address? |  |   |  |

**Marital Status**

|            |   |              |   |              |   |
|------------|---|--------------|---|--------------|---|
| Single     | S | Married      | M | Co-Habiting  | C |
| Separated  | U | Divorced     | D | Widower      | W |
| Civil Part | P | CP separated | B | CP dissolved |   |

**Religious Affiliation** tick box that represents the household

|          |   |            |   |         |    |
|----------|---|------------|---|---------|----|
| Catholic | C | Protestant | P | Mixed   | MI |
| None     | N | Other      | O | Refused | R  |

**Ethnic Group** (Circle or Tick one category)

|                    |   |                    |   |             |   |
|--------------------|---|--------------------|---|-------------|---|
| White              | H | Bangladeshi        | B | Chinese     | D |
| Indian             | E | Irish Traveller    | F | Pakistani   | G |
| Black African      | A | Black Caribbean    | C | Black Other | J |
| Mixed ethnic group | I | Other ethnic group | O | Refused     | R |

**Nationality:** What do you consider the nationality of your household to be?

|             |  |
|-------------|--|
| Nationality |  |
|-------------|--|

### Other Household Members (to be housed)

Only complete the Racial Group / Religion (using the relevant code) if different to the applicant

| Title | 1 <sup>st</sup> Name | Surname | Date of Birth | Sex | Relation to applicant | Racial Group | Religion |
|-------|----------------------|---------|---------------|-----|-----------------------|--------------|----------|
|       |                      |         |               |     |                       |              |          |
|       |                      |         |               |     |                       |              |          |
|       |                      |         |               |     |                       |              |          |
|       |                      |         |               |     |                       |              |          |
|       |                      |         |               |     |                       |              |          |
|       |                      |         |               |     |                       |              |          |
|       |                      |         |               |     |                       |              |          |
|       |                      |         |               |     |                       |              |          |

### OFFICE USE ONLY

|                        |               |                  |
|------------------------|---------------|------------------|
| Date Registered by L O | Registered By | Reference Number |
|                        |               |                  |

# Housing Application

## SECTION 1 PERSONAL DETAILS

### Employment Details / Income

|  |                                     |
|--|-------------------------------------|
| If you or your partner are working, please complete the following: | <b>Employers Name &amp; Address</b> |
| <b>Name:</b>   |                                     |
| <b>Name:</b>   |                                     |

**Benefits** Are you or your partner receiving state benefit(s)? Yes  No

If YES, please give details of the type of benefit(s) below:

| Applicant/Tenant / Partner | Details of Benefit(s) |
|----------------------------|-----------------------|
|                            |                       |
|                            |                       |
|                            |                       |

### Relative of Employee

Are you, or any member of your household a close relative\* of an employee of the Northern Ireland Housing Executive or a housing association in N. Ireland? Yes  No

If YES, please give details:

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*\*Close relative is defined as husband / wife / partner / son / daughter / foster child / brother / sister / step brother / step sister / son in law / daughter in law / father / mother / mother in law / father in law / step son / step daughter / step parents / sister in law / brother in law / uncle / aunt / nephew / niece / grandparent / grandson / granddaughter.*

|  | Yes                      | No                       |
|--|--------------------------|--------------------------|
| Are you or a member of your household getting married?   | <input type="checkbox"/> | <input type="checkbox"/> |
| If yes, please enter date:   |                          |                          |
| Are you or a member of your household expecting a child?   | <input type="checkbox"/> | <input type="checkbox"/> |
| If yes, please enter date:   |                          |                          |
| Are you or a member of your house hold being hospitalised or discharged from hospital/prison or other institution? | <input type="checkbox"/> | <input type="checkbox"/> |
| If yes, please enter date:   |                          |                          |

| If yes, please list the details below and note that the person may only appear on one form. |   |                        |
|---|---|------------------------|
| Name of Person  | Name and address of the other application | Reference no. if known |
|   |   |                        |
|   |   |                        |
|   |   |                        |
|   |   |                        |

# Housing Application

## SECTION 2 ELIGIBILITY

*We need the following information to help decide if you and your partner are eligible for social housing in Northern Ireland.*

### Age Requirements

*If you are under 18, please complete the following questions. If not, go to Connection with N Ireland.*

Are you currently living outside the family home? Yes  No

*If YES, please tell us who are you living with and what their relationship to you is:*

|  |
|--|
|  |
|  |

Are you leaving care? Yes  No

*If YES, please give details below*

|  |
|--|
|  |
|  |

Have you a dependent child or children, or expecting a child?

|     |                          |    |                          |
|-----|--------------------------|----|--------------------------|
| Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |

Are you married with no children?

Have you a specific offer of training, full-time education or employment?

*If YES, please give details below and attach copies of correspondence you have received with your application.*

|  |
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### Connection with Northern Ireland Requirements

Have you, or any member of your household, ever lived in Northern Ireland? Yes  No

Have you any connection with Northern Ireland? Yes  No

*\* Connection includes such matters as your normal residence, employment or employment prospects, family associations or other special circumstances.*

*If you have answered YES to either or both the above questions, please provide details below:*

|  |
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Has anyone ever made any complaints against you, or a member of your household, in relation to anti- social behaviour committed in, or in the locality of, any home occupied by you at that time? **Yes / No**

Have you or any member of your household any unspent convictions, of a serious offence committed in, or in the locality of, any home occupied by you at that time? **Yes / No**

**Note: If you have answered Yes to any of above please give additional information in relation to complaints made or details of unspent convictions on a separate sheet of paper which you should attach to this application.**

Are you subject to immigration control? **Yes / No**

Are there any conditions or limits to your leave to enter or remain in the U.K? **Yes / No**

**Note: If you have answered Yes to above section we require documentary proof in relation to your status. If you are not sure about your status, you may wish to get you own independent advice.**

# Housing Application

## SECTION 3 YOUR PRESENT HOME DETAILS

How many bedrooms are there in your current property?

Does the property have more than one living room or a separate dining room? Yes  No

What type of property (e.g. house, flat) is it?

**Please tick the description that best describes your current housing tenure.**

|    | Tenure   |  |
|----|--|--|
| 1  | Owner occupier/buying his/her own home                             |  |
| 2  | Tenant in furnished accommodation(Private Sector)                  |  |
| 3  | Tenant in unfurnished accommodation (Private Sector)               |  |
| 4  | Subtenant in furnished accommodation(Private Sector)               |  |
| 5  | Subtenant in unfurnished accommodation (Private Sector)            |  |
| 6  | Lodger   |  |
| 7  | Housing Executive tenant   |  |
| 8  | Sharing Housing Executive accommodation                            |  |
| 9  | Sharing other rented accommodation                                 |  |
| 10 | Sharing with an owner occupier or someone who is buying their home |  |
| 11 | Living in Board and Lodgings (B&B) or in a private hotel           |  |
| 12 | Living in a hostel   |  |
| 13 | Living in residential accommodation ( e.g. Nurse's Home)           |  |
| 14 | Child in Care  |  |
| 15 | Living in a Caravan  |  |
| 16 | Prisoner   |  |
| 17 | Hospital Patient   |  |
| 18 | Traveller  |  |
| 19 | Illegal Occupant   |  |
| 20 | Housing Association Tenant   |  |
| 21 | Applicant from outside N. Ireland                                  |  |
| 22 | No fixed abode   |  |
| 23 | Other - please specify   |  |

### Current Landlord Details

The following question is for current tenants of a Local Authority or Registered Housing Association only. If this does not apply to you please go to Section 4.

**Please provide name and address and telephone details for your landlord:**

|                   |  |
|-------------------|--|
| Name of Landlord: | <input style="width: 80%;" type="text"/> |
| Address:          | <input style="width: 80%;" type="text"/> |
| Telephone Number: | <input style="width: 80%;" type="text"/> |

## SECTION 4 YOUR CURRENT HOUSING CONDITIONS

### SHARING

If you are sharing the property with anyone who is not to be re-housed with you, please complete the following questions, otherwise go to Overcrowding questions.

|  |     |  |    |  |
|--|-----|--|----|--|
| Do you share a living room with anyone not to be re-housed with you? | Yes |  | No |  |
| Do you have a separate living room in the property?                  | Yes |  | No |  |
| Do you share a kitchen?  | Yes |  | No |  |
| Do you share a w.c.?   | Yes |  | No |  |
| Do you share a Bathroom?   | Yes |  | No |  |

### Overcrowding

Please give details of anyone who lives in the property who is **NOT** to be re-housed with you.

| Name | Relationship (if any) | Sex | Age (if under 18) |
|------|-----------------------|-----|-------------------|
| 1.   |                       |     |                   |
| 2.   |                       |     |                   |
| 3.   |                       |     |                   |
| 4.   |                       |     |                   |
| 5.   |                       |     |                   |

|  |  |
|--|--|
| How many double bedrooms (100 + square feet / 9.3+ square metres) are in your property?          |  |
| How many single bedrooms (40 to 100 square feet / 3.7 to 9.3 square metres) are in the property? |  |

### LACK OF AMENITIES AND DISREPAIR

Describe any general defect in the fabric or structure of the dwelling e.g. excessive dampness etc.

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|  |     |  |    |  |
|--|-----|--|----|--|
| Is there a satisfactory supply of mains water to your kitchen? | Yes |  | No |  |
| If there is a kitchen does it contain:                         |     |  |    |  |
| A sink?  | Yes |  | No |  |
| A cooker point?  | Yes |  | No |  |
| A supply of hot water?   | Yes |  | No |  |
| A table or work surface?                                       | Yes |  | No |  |
| Larder / storage facilities?                                   | Yes |  | No |  |
| Is there a w.c.?   | Yes |  | No |  |
| Is the w.c. outside?   | Yes |  | No |  |
| Is there a fixed bath or shower?                               | Yes |  | No |  |
| Is there an electricity supply available?                      | Yes |  | No |  |



## SECTION 5 HEALTH AND SOCIAL CONSIDERATIONS

**If you have, or any member of your household has, a health and social wellbeing problem which is being seriously affected by your current housing conditions please complete this section. If you do not have such problems proceed to SECTION 6.**

### FUNCTIONALITY

The following section should not be completed in respect of a person who has a temporary condition which restricts his/her mobility. It is intended to deal with people who have a substantial disability which makes it difficult for them to manage in their present accommodation.

*For each person who has a disability, based on the descriptions below, please complete the following table.*

- I = Able to function without need of assistance. This includes using artificial aids to carry out the function.
- H = Need some physical assistance in order to adequately manage the task or need to be supervised in the home while carrying out the task.
- D = Persons totally reliant on others to assist them to carry out the task.

*If relevant - Circle the appropriate letter in the columns*

| Within The Dwelling  | 1 <sup>st</sup> Person | 2 <sup>nd</sup> Person | 3 <sup>rd</sup> Person | 4th Person |
|--|------------------------|------------------------|------------------------|------------|
| Use a walking aid  | I H D                  | I H D                  | I H D                  | I H D      |
| Wheelchair user  | I H D                  | I H D                  | I H D                  | I H D      |
| Have difficulty, or need help, moving around the home  | I H D                  | I H D                  | I H D                  | I H D      |
| Unable to move around the home   | I H D                  | I H D                  | I H D                  | I H D      |
| Climb Stairs to access the Bathroom  | I H D                  | I H D                  | I H D                  | I H D      |
| Climb Stairs to access the Bedroom   | I H D                  | I H D                  | I H D                  | I H D      |
| <b>External Factors</b>  |                        |                        |                        |            |
| Difficulty negotiate external steps, or unable to negotiate external steps   | I H D                  | I H D                  | I H D                  | I H D      |
| Difficulty negotiating a steep approach to current dwelling, or unable to negotiate a steep approach to current dwelling | I H D                  | I H D                  | I H D                  | I H D      |

If you have entered details in the table above then please complete the table below

|                        | Name | Relationship to Applicant |
|------------------------|------|---------------------------|
| 1 <sup>st</sup> Person |      |                           |
| 2 <sup>nd</sup> Person |      |                           |
| 3 <sup>rd</sup> Person |      |                           |
| 4 <sup>th</sup> Person |      |                           |

# Housing Application

Please list any adaptations that have been carried out in your current property:

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## SUPPORT AND CARE NEEDS

**Do you need help or support with any of the following on an ongoing basis?**

| PLEASE TICK AS APPROPRIATE                       | NEED HELP |                          |    |                          | CANNOT DO |                          |    |                          |
|--|-----------|--------------------------|----|--------------------------|-----------|--------------------------|----|--------------------------|
| Dressing / Undressing                            | Yes       | <input type="checkbox"/> | No | <input type="checkbox"/> | Yes       | <input type="checkbox"/> | No | <input type="checkbox"/> |
| Getting in / out of bed?                         | Yes       | <input type="checkbox"/> | No | <input type="checkbox"/> | Yes       | <input type="checkbox"/> | No | <input type="checkbox"/> |
| Using bathroom facilities?                       | Yes       | <input type="checkbox"/> | No | <input type="checkbox"/> | Yes       | <input type="checkbox"/> | No | <input type="checkbox"/> |
| Lighting the fire or managing the heating system | Yes       | <input type="checkbox"/> | No | <input type="checkbox"/> | Yes       | <input type="checkbox"/> | No | <input type="checkbox"/> |
| Doing heavy household duties?                    | Yes       | <input type="checkbox"/> | No | <input type="checkbox"/> | Yes       | <input type="checkbox"/> | No | <input type="checkbox"/> |
| Cooking meals?                                   | Yes       | <input type="checkbox"/> | No | <input type="checkbox"/> | Yes       | <input type="checkbox"/> | No | <input type="checkbox"/> |
| Making snacks?                                   | Yes       | <input type="checkbox"/> | No | <input type="checkbox"/> | Yes       | <input type="checkbox"/> | No | <input type="checkbox"/> |
| Doing your shopping?                             | Yes       | <input type="checkbox"/> | No | <input type="checkbox"/> | Yes       | <input type="checkbox"/> | No | <input type="checkbox"/> |

If you have answered YES to any of the above questions, please state who helps you.

| Name                     | Relationship to you | How often is help provided? |
|--------------------------|---------------------|-----------------------------|
|                          |                     |                             |
| Contact details/address: |                     | Tel. No                     |

If you have completed the previous section please give as much relevant details as possible in the space given below, about any medical or social difficulties. It may be necessary for us to contact you further on this aspect of your application.

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## SECTION 6 – PROFESSIONALS INVOLVED

Please identify any professionals with whom you are currently involved or known to e.g. your Social Worker, Community Nurse, Occupational Therapist, Care Manager.

| Contact                     | Name/Address | Tel No |
|-----------------------------|--------------|--------|
| GP                          |              |        |
| Consultant                  |              |        |
| Social Worker               |              |        |
| Occupational Therapist      |              |        |
| Care Manager                |              |        |
| District Nurse              |              |        |
| Health Visitor              |              |        |
| Community Psychiatric Nurse |              |        |
| Community Nurse             |              |        |
| Probation Board             |              |        |
| Voluntary Groups            |              |        |
| Police                      |              |        |
| Other                       |              |        |

## SECTION 7 - YOUR HOUSING CHOICES

**We want to know what sort of accommodation you need. Certain types of accommodation may only be suited to certain applicants. For example, severely disabled applicants require ground floor accommodation.**

If YOU need special accommodation because for example, of your age, disability or ill health. Please indicate what type. \*Sheltered accommodation provides independent living with supervision through a Warden with a range of communal facilities available for social purposes.

|                                    |  |                        |
|------------------------------------|--|------------------------|
| Warden Assisted/Sheltered housing* |  | Other – please specify |
| Ground floor accommodation         |  |                        |
| Wheelchair facilities              |  |                        |

How many bedrooms do you need?

*Please note, while your preference may be as stated above, the number of bedrooms assessed as being required to house you, may be different.*

Please indicate one or two areas where you would like to live.

| 1st Area of interest | 2nd Area of interest |
|----------------------|----------------------|
|                      |                      |

In addition to these areas you will be considered for accommodation, (generally in adjacent areas), in the wider "Common Landlord Area" in which your preferred estates/projects are located. If you wish you may widen your choices further by requesting to be considered for any vacancies arising in the relevant General Housing Area which, usually, includes a number of Common Landlord Areas including the one in which your preferred estate/project(s) is/are located.

*More information on this can be obtained from the relevant N.I.H.E. local Office or housing association office.*

Do you wish to be considered for the General Housing Areas? (Y/N)

### **Mutual Exchange**

Are you interested in obtaining accommodation by exchanging your current home with another person in Northern Ireland? Yes  No

If Yes please complete the Type of housing you would consider:

Please give any other details which have not been covered by the questions in the form, but which you feel are relevant to your application:

|  |
|--|
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## SECTION 8 OTHER HOUSING OPTIONS

### LATENT DEMAND

Are there any rural areas with little or no Executive/housing association where you would be prepared to accept if accommodation were built there?      Yes       No

If YES give details

| 1 <sup>st</sup> Preference | 2 <sup>nd</sup> Preference |
|----------------------------|----------------------------|
|                            |                            |

### OTHER TENURES

Are you interested in any other tenure, please answer the following questions?

#### i) Garage

Are you interested in renting a garage from either the Housing Executive or housing association(s)  
 Yes       No

*If you have answered YES, you should contact the relevant Housing Executive or housing association office for further information, please note, however, that we do not have garages in every area.*

#### ii) Renting From Private Landlord

Are you interested in renting from a private landlord?      Yes       No

#### iii) Purchasing Own Home

If you become a tenant, would you be interested in purchasing your own home?      Yes       No

Are you interested in owning your own home now?      Yes       No

#### iv) Co-Ownership

*The Executive seeks to assist the Northern Ireland Co-ownership Housing Association in planning new schemes. The Co-ownership scheme is a form of low cost home ownership where you part buy and part rent your home to start with, and can buy the rest later. You choose the property. Co-ownership is available all over Northern Ireland.*

Are you interested in low cost ownership through the Co-ownership's scheme?      Yes       No

If YES, please indicate the area/s where you would be prepared to consider purchasing under the Co-ownership scheme.

| 1st Area of interest | 2nd Area of interest |
|----------------------|----------------------|
|                      |                      |

#### v) Group Housing Scheme

Are you interested in a Group Housing scheme\*?      Yes       No

*\* Group Housing Schemes cater for specific communities i.e. Irish Travellers.*

#### Release of Information on other Tenures

If you have expressed an interest in tenures other than social housing, the Executive may provide details of your name and address to those housing associations, estate agents and / or providers of private housing who may be able to assist you further.

Do you wish this information to be released?      Yes       No

## DECLARATIONS

### Important Information to be provided under the Housing (NI) Order 1988, Article 17

- Where a person approaches the Housing Executive seeking housing and claiming to be homeless or threatened with homelessness, the 1988 Housing Order makes it an offence, punishable with a fine, to knowingly or recklessly give false information, or to knowingly withhold information which the Housing Executive may reasonably require, in connection with a positive homeless decision.
- This law also requires that if at any time before you receive the homelessness decision there is any change of facts material to your case, you must notify the Housing Executive as soon as possible. Failure to do so is an offence punishable with a fine.

### Declarations

I/we understand

- And confirm that I/we have read, or been read, the above information about the effect of 1988 Housing Order.
- If the Housing Executive discovers I/we have given false information, withheld information or not informed them of a material change in the facts of my/our homelessness case, this may result in prosecution, any offer of housing being cancelled, and or eviction from any housing accommodation provided.
- That under the Fraud Act 2006 it is an offence to dishonestly make a false statement or representation or to dishonestly withhold information for personal gain.
- That by dishonestly giving false information, withholding information or failing to disclose a change in my/our circumstances concerning my/our housing/homelessness application at any time before accepting an offer of tenancy I/we may be guilty of an offence under the Fraud Act 2006 and may be prosecuted; have any offer of housing cancelled or be evicted from any housing provided.

I/we declare that the information given above is correct, true and complete to the best of my/our knowledge and belief.

Furthermore, I/We hereby promise to notify the Landlord if there is any material change in my/our circumstances.

Signed

Date / /

Signed

Date / /

### YOUR INFORMATION

#### What we do with your information

You have applied to the Housing Executive for the assessment of your housing needs. The Housing Executive is providing these services to you as part of our statutory housing and homelessness functions as a public body. Processing your personal information is necessary for us to perform public tasks based on those statutory functions.

More details are available on the NIHE website: [www.nihe.gov.uk/privacy\\_notice](http://www.nihe.gov.uk/privacy_notice)

The Housing Executive requires the information to:

1. Better understand your housing needs and respond to your enquiries.
2. Provide services for you, such as assessing your application for housing and/or homelessness and assisting you in resolving any problems in order to prevent you from risk of homelessness or from becoming homeless.
3. If appropriate, find accommodation with private landlords.
4. Assist you in managing any tenancy which may be awarded to you as a result of your application.

In order to meet any of the purposes outlined above, information you have provided may be shared with other Housing Executive departments.

### Sharing your information with others

The Housing Executive may share any of the information provided for the above purposes with individuals (e.g. professionals/prospective landlords), agencies/bodies (statutory and non-statutory), registered housing associations, local councils, contractors who carry out work in tenant's homes, service providers and utility providers.

### Consent for the Housing Executive to receive information

Under the lawful basis of consent, the Housing Executive may receive information from others with whom it has shared your information to assist the Housing Executive to meet any of the purposes outlined above.

I/We agree to the Housing Executive receiving this information (Please tick box if you agree)

Signed

Date / /

Signed

Date / /

### Notes

You can withdraw your consent, to the Housing Executive receiving information from others, at any-time by emailing [dataprotection@nihe.gov.uk](mailto:dataprotection@nihe.gov.uk) or write to: Data Protection Officer, Northern Ireland Housing Executive, 4<sup>th</sup> Floor, 2 Adelaide Street, Belfast, BT2 8PB.

If consent is not given, or is subsequently withdrawn, then the Housing Executive may not be able to access information from other parties to assist in any of the purposes outlined above.

# Housing Application

## Input Form Part 1 Housing

**(THE REST OF THIS FORM IS FOR OFFICE USE ONLY)**

|                               |  |
|-------------------------------|--|
| Bedrooms assessed as required |  |
|-------------------------------|--|

Indicate which of the following types of accommodation are required (not desired).

|                           |  |                  |  |
|---------------------------|--|------------------|--|
| Wheelchair Facilities Y/N |  | Ground Floor Y/N |  |
|---------------------------|--|------------------|--|

If answer is Y, please detail reasons below

*These comments should be keyed in the Disability Comment field in Screen 2*

| Confirmation of Preferences          | 1 <sup>st</sup> Preference | 2 <sup>nd</sup> Preference |
|--------------------------------------|----------------------------|----------------------------|
| Common landlord area                 |                            |                            |
| Estate/Project                       |                            |                            |
| Estate/Project                       |                            |                            |
| Estate/Project                       |                            |                            |
| Estate/Project                       |                            |                            |
| Estate/Project                       |                            |                            |
| Estate/Project                       |                            |                            |
| Exclude Landlords & Estates/Projects |                            |                            |
| Exclude Landlords & Estates/Projects |                            |                            |
| Exclude Landlords & Estates/Projects |                            |                            |
| Exclude Landlords & Estates/Projects |                            |                            |

Screen Comments for Individual Estate / Project Preferences (Each comment can be unique)

|  |
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Screen Comments for Individual's Chosen (Real) CLA Preferences (Each comment can be unique)

**1<sup>st</sup> Real CLA**

**2<sup>nd</sup> Real CLA**



## Points Assessment

|  |      |
|--|------|
| Other Homeless                                       | Y N  |
| Sharing Kitchen                                      | FAUN |
| Sharing Living Room                                  | FAUN |
| Sharing WC   | FAUN |
| Sharing Bath / Shower                                | FAUN |
| <b>Overcrowding</b> (Enter number of bedrooms short) |      |
| Serious Disrepair                                    | Y N  |
| Dampness Prejudicial to Health                       | Y N  |
| Inadequate Lighting, Heating & Ventilation           | Y N  |
| Inadequate Water Supply                              | Y N  |
| Unsatisfactory Kitchen Facilities                    | Y N  |
| Unsuitably Located / No WC                           | Y N  |
| Inadequate Bath / Shower                             | Y N  |
| No Electricity Supply                                | Y N  |
| Unsuitable Accommodation                             | Y N  |
| Sheltered / Supported Housing                        | Y N  |

| <b>Primary Social Needs (Of 1<sup>st</sup> 3 Only awarded 1)</b> |     |
|--|-----|
| 1 Violence / Risk of Violence                                    | Y N |
| 2 Harassment with Fear of Violence                               | Y N |
| 3 Fear of Violence for other Reasons                             | Y N |
| 4 Distress Related to Recent Trauma                              | Y N |
| 5 To Prevent Going into Care                                     | Y N |
| 6 Larger Accommodation to Facilitate Fostering                   | Y N |
| 7 Family with Children Living Apart                              | Y N |
| 8 Analogous Circumstances  | Y N |

| <b>Other Social Needs Factors</b>                                    | Answer | 1 <sup>st</sup> Pref. | 2 <sup>nd</sup> Pref. |
|--|--------|-----------------------|-----------------------|
| 1 Rehousing would resolve neighbour dispute                          | Y N    |                       |                       |
| 2 Harassment with no Fear of Violence (N/A if PSN No.2 awarded)      | Y N    |                       |                       |
| 3 Cannot Cope as a Result of Burglary / Vandalism                    | Y N    |                       |                       |
| 4 Facilitate Access to Children                                      | Y N    |                       |                       |
| 5 Accommodation is too Expensive                                     | Y N    |                       |                       |
| 6 Unable to Maintain Current Accommodation                           | Y N    |                       |                       |
| 7 Remaining Party's Health Affected by Applicant (not transfers)     | Y N    |                       |                       |
| 8 Recent Bereavement in Applicants Current Accommodation             | Y N    |                       |                       |
| 9 Living Apart (No Children)   | Y N    |                       |                       |
| 10 Socially Isolated   | Y N    |                       |                       |
| 11 Outside Traveling Distance of New Job / Course of Study           |        | Y N                   | Y N                   |
| 12 Needs to Live in Area to Receive or Give Support                  |        | Y N                   | Y N                   |
| 13 Needs to be Near Family for Childcare to Aid Employment           |        | Y N                   | Y N                   |
| 14 Needs to be Near Specialist Facilities                            |        | Y N                   | Y N                   |
| 15 Alternative Accommodation Recommended by Social Services          |        | Y N                   | Y N                   |
| 16 Child under 10 years Living Above Ground Level                    | Y N    |                       |                       |
| 17 Analogous Circumstances   |        | Y N                   | Y N                   |
| 18 Analogous Circumstances   | Y N    |                       |                       |
| <b>Complex Needs</b>   | Y N    |                       |                       |
| <b>Under Occupation</b> (Transfers only) (Number of rooms in excess) |        |                       |                       |

# Housing Application

| <b>Functional Matrix</b>                      | <b>1<sup>st</sup> Applicant</b> | <b>2<sup>nd</sup> Applicant</b> |
|---|---------------------------------|---------------------------------|
| <b>MOBILITY WITHIN EXISTING ACCOMMODATION</b> |                                 |                                 |
| Walks Without Aid                             | I H D N                         | I H D N                         |
| Uses Walking Aid                              | I H D N                         | I H D N                         |
| Uses Wheelchair                               | I H D N                         | I H D N                         |
| <b>INTERNAL FACTORS</b>                       |                                 |                                 |
| Climbing Stairs / Access to WC                | I H D N                         | I H D N                         |
| Climbing Stairs / Access to Bedroom           | I H D N                         | I H D N                         |
| <b>EXTERNAL FACTORS</b>                       |                                 |                                 |
| Negotiating External Steps                    | I H D N                         | I H D N                         |
| Negotiating Steep Approach                    | I H D N                         | I H D N                         |

| <b>Support Matrix</b>              | <b>Answer</b> |
|------------------------------------|---------------|
| <b>SELF CARE NEEDS</b>             |               |
| Dress / Undress                    | H C N         |
| Get In / Out of bed                | H C N         |
| Get On / Off Toilet                | H C N         |
| Get In / Out of Bath or Shower     | H C N         |
| <b>HOME MANAGEMENT NEEDS</b>       |               |
| Light Fire / Manage Heating System | H C N         |
| Do Heavy Household Duties          | H C N         |
| Cook Meals                         | H C N         |
| Make Snacks                        | H C N         |
| Do Own Shopping                    | H C N         |

**NOTES**

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|---------------------------|--|------|--|
| Signed: Assessing Officer |  | Date |  |
| Pre Keying Check:         |  | Date |  |
| Keyed:                    |  | Date |  |
| Post Keying Check:        |  | Date |  |

# Housing Application

**THIS PAGE APPLIES TO COMPLEX NEEDS APPLICANTS ONLY**

Is applicant /tenant a potential Complex Needs Applicant?

Yes

No

If Yes, State Reasons:

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Has a recent "COMMUNITY CARE" assessment been carried out already?

Yes  No

If Yes, give details:

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|   | Date |
|---|------|
| Case referred to Housing Support Service        |      |
| Case referred to Health / Social Services Trust |      |

| OUTCOME                              | Y / N |
|--------------------------------------|-------|
| Applicant / tenant has Complex Needs |       |
| General Needs Option Agreed          |       |
| Supported housing Option Agreed      |       |
| Other (Please specify below)         |       |
|                                      |       |

Agreed Housing Choice

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| Complete if general needs option | Yes / No |
|----------------------------------|----------|
| Complex needs points             |          |