



**WOKINGHAM
BOROUGH COUNCIL**

NAME
REG

EXTRA CARE or SUPPORTED HOUSING APPLICATION FORM

CONFIDENTIAL
Please tick your option:

EXTRA CARE (age 55+)		SUPPORTED - LD		SUPPORTED - MH	
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****LD learning disability, *MH mental health condition.
Extra Care is for those aged 55+ with a care need***

Please complete every question on the form. If it is not applicable – write NOT APPLICABLE in the space

Please ensure you **complete the self-assessment** section to enable us to understand any health issues and/or needs you may have

Please ensure you provide **copies of all relevant documentation** as requested

Incomplete forms will be returned to you and will delay your application

Please provide copies the following to support your application for housing		✓
PROOF OF IDENTITY <u>and/or</u>	Passport (<u>in full</u>) per household member/ID Card	
	Full Birth Certificate per household member	
	Immigration Documents (if applicable)	
PROOF OF TENURE <u>and/or</u>	Mortgage statement/Deeds for any owned property	
	Tenancy/Licence Agreement signed by all parties *	
	Housing Association Tenancy Agreement	
	ONLY if you are living with family or friends, provide 2 letters to your address	
PROOF OF RESIDENCY <u>and/or</u>	Council Tax Bill	
	2 bills/letters to your address with your name if you do not pay Council Tax	
PROOF OF INCOME (each and all that are relevant)	Wage slips x3 (all applicants)	
	Benefit Entitlement Letter/s (main/joint applicants)	
	Pension Entitlement Letter/s (main/joint applicants)	
	Details of Savings (main/joint applicants)	
Full copy of Power of Attorney	If not applicable put N/A in the box	
Copy of official dementia diagnosis	If not applicable put N/A in the box	
Copy of Care Plan	If not applicable put N/A in the box	
Self-Assessment form	Included in this application form	
Options choice/s	On page 9	
OTHER	Please sign and date page 12	
	Please sign and date page 13	

*If you are a tenant in a Wokingham Borough Council property you do not need to provide a tenancy agreement

PERSONAL DETAIL

APPLICANTS:					
Title	Surname	First Name	Sex (M/F)	Date of Birth	Applicant/s
					Main Applicant
					Joint Applicant

YOUR CURRENT ADDRESS					
				Post Code	
Mobile Tel. No		Home Tel. No		Work Tel. No	
Failure to provide a current telephone number where you may be reached during the day may result in you losing offers of housing.					

TENURE (FAMILY HOME/OWNER OCCUPIER/TENANT FOR EXAMPLE)

ETHNIC ORIGIN (please identify your household's ethnic origin under a number of broad headings):						
British		African		Pakistani		White & Asian
Irish		Bangladeshi		Other Asian background		White & Black African
Traveller of Irish Heritage		Caribbean		Other Black background		White & Black Caribbean
Gypsy/Roma		Chinese		Any other ethnic background		Other mixed background
		Indian		Any other white background		

PREVIOUS ADDRESSES ALL APPLICANTS: PLEASE PROVIDE ADDRESSES AND TENURE FOR PAST 7 YEARS						
<i>*Tenancy type: private rent/owner occupier/social housing tenant etc.</i>				TENANCY *	FROM MM/YY	TO MM/YY
Name		Address:				
Name		Address:				
Name		Address:				
Name		Address:				
Name		Address:				
Name		Address:				

Please complete this question if you or your partner are currently employed by the Armed Services			
Please state the full address that you enlisted from:			
How long were you resident at that address?	From		To
When did you enlist?			

Are you or anyone included in this application subject to immigration control? ***Please include a copy of your immigration documents with this form.	Yes	No	Name of Person/s
An Asylum Seeker (asylum seekers are not eligible to join)?			
A European Union national?			
A person who has limited leave to remain?			
A person given leave to enter the UK for education or employment reasons?			
Someone who normally resides outside the UK?			
Someone on a Spousal Visa			
A person who has arrived in, or returned to the UK in the past 5 years?			

Are you a citizen of (please tick):									
Czech Republic		Bulgaria		Estonia		Hungary		Latvia	
Lithuania		Poland		Romania		Slovakia		Slovenia	
Signed					Date				

If you answer YES to any of the above questions you will be required to provide evidence of your immigration status and eligibility for an allocation of housing with this application form.
If you have recently arrived in the UK or returned from abroad in the past 5 years you may be asked to provide proof of status with travel documents, Home Office documents or passport.

Anti-Social Behaviour			
Have you ever lost accommodation or had notice served on you due to anti-social behaviour?	YES		NO
If yes, please give details:			

Rent Arrears			
Have you ever had outstanding rent arrears at a former property?	YES		NO
If yes, please give the address of the property:			

YOUR PRESENT HOME

When did you move in? (dd/mm/yy)			
Current Property Type? (please tick one box)			
<input type="checkbox"/>	House	<input type="checkbox"/>	Caravan
<input type="checkbox"/>	Bungalow	<input type="checkbox"/>	Hotel
<input type="checkbox"/>	Maisonette	<input type="checkbox"/>	Bed & Breakfast
<input type="checkbox"/>	Flat	<input type="checkbox"/>	Hostel
<input type="checkbox"/>	1st Floor Flat	<input type="checkbox"/>	Room only (house in multiple occupation)
<input type="checkbox"/>	Ground Floor/Basement Flat	<input type="checkbox"/>	Lodgings
<input type="checkbox"/>	Bedsit	<input type="checkbox"/>	Prison
<input type="checkbox"/>	Hospital	<input type="checkbox"/>	Street homeless
<input type="checkbox"/>	Mobile Home	<input type="checkbox"/>	Other - please give details

How many bedrooms are in the property?	
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Who owns your current property (full name)?	
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Are you currently:	<input checked="" type="checkbox"/>
Renting from a Private Landlord	<input type="checkbox"/>
Renting a Council Property	<input type="checkbox"/>
In temporary Council accommodation	<input type="checkbox"/>
Renting from a Housing Association	<input type="checkbox"/>
A Home Owner	<input type="checkbox"/>
Living with Friends	<input type="checkbox"/>
Living with Family	<input type="checkbox"/>
Tied (e.g. with job)	<input type="checkbox"/>
Her Majesty's Forces	<input type="checkbox"/>
Street Homeless or Roofless	<input type="checkbox"/>
Other (please advise)	

Sleeping arrangements for each room:	Name	Age	Relationship to you	Double or Single Room
LIVING ROOM				
1 ST BEDROOM				
2 ND BEDROOM				
3 RD BEDROOM				
4 TH BEDROOM				

	YES	NO		YES	NO
Do you have a kitchen?			If you live in a flat, is it upstairs?		
Do you have a bathroom?			If you live in a flat, is it in the basement?		
Do you have hot water?			Do you have a lift?		

If your property has been adapted, please give details:

Do you consider your home to be in disrepair? If so, please state why:

Should you wish to talk to Environmental Health about any concerns you have with disrepair at your home, please contact them via the main Council number (0118) 974 6000

PETS				
Do you have any pets?	YES		NO	
If yes which pets do you have?				

Please note:

Many of our properties are not suitable for pets. It is unlikely that permission would be granted for keeping a dog in communal flats, bedsits or maisonettes (including sheltered housing).

Our Housing Association partners rarely allow pets in any properties. By owning a pet you could be restricting the number of properties that can be offered to you.

Support Needs Self-Assessment Questionnaire

Please ensure all parts are completed including care hours

APPLICANT 1			
Name:		Date of Birth:	
Care Hours received per week			

APPLICANT 2			
Name:		Date of Birth:	
Care Hours received per week			

If someone helped you fill in this form, please give their name and contact details:			
Name:		Relationship to you:	
Address:			
Telephone Number/s:			
Does the applicant (1) have capacity?		YES	NO
Does the applicant (2) have capacity?		YES	NO
Do you hold Lasting Power of Attorney (LPA) for the applicant?		YES	NO
Finance and Property		YES	NO
Health and Wellbeing		YES	NO

Practical Aspects of Daily Living	
<i>This part is about day-to-day life: things like shopping, cleaning, cooking and doing the laundry; especially relating to mobility and sensory needs.</i>	
Please tick the box most relevant to you	
<input type="checkbox"/>	I/We need help with most things around the home. I/we need lots of help with my/our shopping, laundry or housework, managing my/our finances, paying bills and general home maintenance
<input type="checkbox"/>	I/We need help with some things around the home; shopping, laundry, housework, managing finances, paying bills and general home maintenance
<input type="checkbox"/>	I/We need only occasional help with some things around the home
<input type="checkbox"/>	I/We don't need help with very much around the home
Please tell us more in the box below	
Name	
Name	

Relationships and Social Contact

This part is about doing things in your community: things like using local shops, the library, going to a luncheon club or the community centre, church or other places of worship, visiting neighbours, or being involved in local organisations. It also looks at being with friends. Your community might be the people and places that are in your local area or you may think of your community as the people and places that are important to you because of your religion or ethnic origin.

Please tick box A, B, C or D and provide us with more detail the in box below.

<input type="checkbox"/>	I/We don't do much in the community. I/We am/are lonely and don't have any real relationships. I/We would like more social contacts.
<input type="checkbox"/>	Sometimes I/we do things in the community but am/are quite lonely and have few family/friends.
<input type="checkbox"/>	I/We do enough things in the community and have sufficient friends/family relationships to prevent me being lonely most of the time.
<input type="checkbox"/>	I/We don't do much in the community but am/are happy with this. I/We don't need any support with relationships or social interaction.

Please tell us more in the box below

Name		
Name		

Physical and Mental Health and Wellbeing

This part is refers to support you may need to manage a long term disability: for example if you have diabetes, a heart condition or epilepsy or have had a stroke, or that you have depression, anxiety have had bereavement or have dementia.

Please tick the box most relevant to you

<input type="checkbox"/>	I/We need lots of help from others to ensure I/we stay well and there is a real concern about my/our complex health needs.
<input type="checkbox"/>	I/We need some help from others to make sure I/we stay well and there is some concern about my/our health needs.
<input type="checkbox"/>	I/We need little help from others to make sure I/we stay well.
<input type="checkbox"/>	I am well and no-one has raised concerns about my/our health or welfare.

Please tell us more in the box below

Name		
Name		

Meeting Personal Care Needs		
<i>This part is about looking after yourself and can include such things as washing, dressing and going to the toilet</i>		
Please tick the box most relevant to you		
<input type="checkbox"/>	I/We need a lot of help with personal care; washing, dressing and going to the toilet. I/We need help during the day and night. I need help in the day at least 4 times and 4 times in the night.	
<input type="checkbox"/>	I/We need help with personal care during the day. This is for about 8-16 hours a week, e.g. 3 times a day.	
<input type="checkbox"/>	I/We need some help with personal care but less than 8 hours a week; twice a day.	
<input type="checkbox"/>	I/We do not require help to meet personal care needs. I/We can manage mostly independently.	
Please tell us more in the box below		
Name		
Name		
Practical aspects of daily living		
<i>This part is about keeping safe but staying safe is about different things for different people. You can tell us what it means for you.</i>		
Please tick the box most relevant to you		
<input type="checkbox"/>	I/We need help to stay safe a lot of the time. People worry about my/our safety, i.e. if I/we might wander; I/we have high risk of falls.	
<input type="checkbox"/>	I/We need help some of the time to stay safe. People worry about my/our safety.	
<input type="checkbox"/>	I/We don't need help to stay safe and no-one says they are worried about me/us.	
Please tell us more in the box below		
Name		
Name		

Does anyone in your household have an enduring medical condition, disability or enduring mental health illness which is made worse by your housing?		Yes	No
Name			
Name			

Do you have a Social Worker or any other professional working with you or your family?	
Name	Department
Address	
Telephone Number	
Name	Department
Address	
Telephone Number	

Sheltered Accommodation			
Would you also like to be included on our sheltered accommodation waiting list? (This is available for those applicants aged 60 and over).		Yes	No

Please advise of any diagnosis you have	tick
Learning Disability	
Mental health Condition	
Physical Disability	

Do you need to use a wheelchair?	
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SUPPORTED HOUSING ONLY: Please advise of the type of Supported accommodation required	tick
Independent living (but with support as required going into your home)	
A degree of on-site support and additional support as required going into your home	
24/7 support service on site	

Please add any information you feel may be useful for us here. This may be details of any diagnosis, whether you need ground floor accommodation only, whether you use a wheelchair full time etc.

YOUR INCOME AND YOUR PARTNER'S INCOME

	Main Applicant				Joint Applicant/Partner			
NATIONAL INSURANCE NUMBER								

EMPLOYMENT DETAILS								
Are you currently employed?	YES		NO		YES		NO	
Take home pay per month?	£				£			

	Main Applicant				Joint Applicant/Partner			
*BENEFIT ENTITLEMENT								
Do you receive any benefits?	YES		NO		YES		NO	

If YES, please write in below, the total amount your household receives per month								
Attendance Allowance	£		Severe Disablement Allowance		£			
Carer's Allowance	£		War Disablement Benefit		£			
Disability Living Allowance	£		War Widow's Pension		£			
Housing Benefit	£		Widowed Parent's Allowance		£			
Incapacity Benefit	£		Universal Credit		£			
Income Support	£		Other (please detail below*)		£			
Industrial Injuries Benefit	£							
Personal Independent Payment	£							

	Main Applicant				Joint Applicant/Partner			
*PENSION DETAILS								
Do you receive an occupational pension?	YES		NO		YES		NO	
If yes, how much per month?	£				£			
Do you receive a state pension?	YES		NO		YES		NO	
If yes, how much per month?	£				£			

	Main Applicant				Joint Applicant/Partner			
*SAVINGS DETAILS								
Do you have any savings?	YES		NO		YES		NO	
If so, how much savings (total)?	£				£			

	Main Applicant				Joint Applicant/Partner			
*OTHER INCOME DETAILS								
Do you receive any other income?	YES		NO		YES		NO	
If so what is that income? (example – ISA or details of any shares/dividends)								
Amount received per month?	£				£			

HOUSING DETAILS

	Main Applicant				Joint Applicant/Partner			
	YES		NO		YES		NO	
Do you hold a tenancy for any other property?								
If yes, please give the address including the postcode								
Have you ever held a Council or Housing Association tenancy in the UK or elsewhere?								
If yes, please give the address								
Landlord Details (Name)								
Dates to / from (dd/mm/yyyy)								
Reason for leaving								
Do you or have you ever own/ed a property in the UK or abroad (including a mobile home)?								
If yes, please give the full address, the date of purchase and date of sale if sold.								
Date purchased (dd/mm/yyyy)								
Date sold (dd/mm/yyyy)								
Amount sold for	£				£			
If not sold, what is the approximate value of the property?	£				£			
Have you have ever owned <u>any other</u> property, UK or abroad (including a mobile home)?								
If yes, please give the full address, the date of purchase and date of sale if sold.								
Date purchased (dd/mm/yyyy)								
Date sold (dd/mm/yyyy)								
Amount sold for	£				£			
Do you have a <u>claim or interest</u> in any property elsewhere (this includes a 2nd home whether in the UK or abroad)? Please provide the address.	Yes		No		Yes		No	
What is the approximate value of the property?	£				£			

Where you want to live - Please tick all the areas you would consider:					
Arborfield		Remenham		Twyford	
Barkham		Ruscombe		Wargrave	
Crowthorne		Shinfield		Whitley Wood	
Earley		Sonning		Winnersh	
Charvil		Spencers Wood		Wokingham	
Finchampstead		Swallowfield		Wokingham Without	
Hurst		Three Mile Cross		Woodley	
IF YOU TICK AN AREA YOU ARE AGREEING TO RECEIVE AN OFFER IN ANY PART OF THAT AREA					

Do you work for Wokingham Borough Council or any Housing Association	YES		NO	
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Are you related to any member of Wokingham Borough Council or Housing Association staff?	YES		NO	
Name		Employer		

Please list below, any persons you have given permission to make enquiries on your behalf (e.g. mother):			
Name		Relationship to You	
Address			
	Telephone		
Name		Relationship to You	
Address			
	Telephone		

I hereby authorise Wokingham Borough Council to contact any Agency including my Doctor, Social Worker, Probation Officer or any other organisation connected with my case. I understand that these enquiries are required under the terms of the Housing Act 1996 (Part VI).

Applicant 1		Applicant 2	
Name		Name	
Date		Date	
Signature		Signature	

DECLARATION – Section 171 of the 1996 Housing Act Part VI

Thank you for completing this Housing Application Form. You must now read and complete this declaration otherwise we will not be able to process your application. **Please remember to notify the Housing Needs team if your circumstances change e.g. a member of your household moves out or you change your address for which you must complete a change to circumstances form.** Other changes include a change of telephone number, birth of a baby for which a copy of the full birth certificate will be required.

SECTION 171 OF THE HOUSING ACT 1996 STATES IT IS AN OFFENCE FOR ANY PERSON, KNOWINGLY OR RECKLESSLY TO MAKE A FALSE STATEMENT OR TO WITHHOLD INFORMATION REQUESTED, WITH THE INTENTION OF MISLEADING A LOCAL AUTHORITY FOR THE PURPOSE OF OBTAINING SOCIAL HOUSING. THIS INCLUDES FAILURE BY THE APPLICANT TO NOTIFY THE AUTHORITY OF A CHANGE IN CIRCUMSTANCE WHILST IT IS CONSIDERING AN APPLICATION. THE OFFENCE IS PUNISHABLE BY A FINE UP TO LEVEL FIVE (CURRENTLY £5,000).

- I understand that the information on this form is available to other departments within the Council including the Anti-Fraud Team
- I understand the information provided on this application form may, if appropriate, be given to other Housing providers such as Housing Associations and other Local Authorities
- I understand the information on this form may, if appropriate, be shared with other statutory or non statutory agencies
- I declare that the details given for the purpose of this application are correct
- I declare that I/We have not withheld any information
- I authorise the Council to make necessary enquiries to check information that has been given.
- I have read, or had this document read to me and I understand and agree with the details
- I confirm that the information I have given on this form is true and correct
- I understand it is very important to let the Housing Needs Team know of any changes to circumstances as mentioned above
- I understand that if I give false information you may remove my application from the waiting list or if I have been rehoused, my landlord may take court action to evict me from the property

Applicant 1		Applicant 2	
Name		Name	
Date		Date	
Signature		Signature	

Your records are held on a computer and kept in accordance with the Data Protection Act 2018.

We may share some information across council departments in order to provide a better service to our tenants. We may also provide some information with other organisations, such as other local authorities, private sector companies and contractors, if the law allows this.

WHEN COMPLETED PLEASE RETURN YOUR FORM TO:
 HOUSING NEEDS, HOUSING SERVICES WOKINGHAM BOROUGH COUNCIL,
 SHUTE END, WOKINGHAM, BERKSHIRE, RG40 1BN

