

## CHRYSLIS HOUSING SERVICE

PLEASE RETURN TO RELEVANT OFFICE ADDRESS:

81 BEVERLEY ROAD HULL HU3 1XR

2 ABBEY WALK GRIMSBY DN31 1NB

OR EMAIL TO [INFO@HUMBERCARE.ORG.UK](mailto:INFO@HUMBERCARE.ORG.UK)

# APPLICATION FOR SUPPORTED ACCOMMODATION

### 1. Personal details

a) Title: Mr ☐ Mrs ☐ Miss ☐

Surname \_\_\_\_\_ Forename \_\_\_\_\_

Age: \_\_\_\_\_ Date of birth \_\_\_\_\_

National insurance number: \_\_\_\_\_

Address for Correspondence:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_ Post code: \_\_\_\_\_

Email address: \_\_\_\_\_

Telephone/mobile number: \_\_\_\_\_

If you are making a joint application for accommodation (flat/house applicants only)  
please complete Section (b) below with the joint applicant's details.

b) Title: Mr ☐ Mrs ☐ Miss ☐

Surname \_\_\_\_\_ Forename \_\_\_\_\_

Age: \_\_\_\_\_ Date of birth \_\_\_\_\_

National insurance number: \_\_\_\_\_

Address for Correspondence: (If different from above)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_ Post code: \_\_\_\_\_

Email address: \_\_\_\_\_

Telephone/mobile number: \_\_\_\_\_

- c) **Do you have any communication needs?**  
 Audio ☐ Braille ☐ Large Print ☐ Other (please specify) ☐  
 \_\_\_\_\_  
 \_\_\_\_\_
- d) **Do you consider yourself to have a disability within the meaning of the Disability Discrimination Act 1995?**  
*The Disability Discrimination Act 1995 defines a disabled person as someone who has a physical or mental impairment, which has a substantial and adverse long-term effect on his or her ability to carry out normal day-to-day activities. Conditions covered may include, for example, severe depression, dyslexia, diabetes, epilepsy and arthritis.*  
 YES ☐ NO ☐ PREFER NOT TO SAY ☐
- e) **Do you have any dependants?**  
 YES ☐ NO ☐ If yes, please provide details:
- | Name | Age | Sex (M/F) |
|------|-----|-----------|
|      |     |           |
|      |     |           |
|      |     |           |
- f) **Are you pregnant?**  
 Yes, ☐ No ☐ If Yes, please provide due date: \_\_\_\_\_
- g) **Do you have access to a child that doesn't live with you full time?**  
 Yes ☐ No ☐
- h) **Are you employed?**  
 Yes, ☐ No ☐ If Yes, please provide details of how many hours worked per week:  
 \_\_\_\_\_

## 2. Your supported accommodation needs

- a) **Which of the below are you applying to be accommodated in? (please tick one box only):**
- A flat ☐
  - Hostel/Shared accommodation ☐
  - House ☐
- Please specify any specific requirements (eg Ground Floor flat): \_\_\_\_\_  
 \_\_\_\_\_
- b) **Reason for seeking supported accommodation with Humbersidecare (please tick relevant boxes):**
- I am homeless ☐
  - I am threatened with homelessness ☐
  - Where I live now is overcrowded ☐
  - Where I live now is in a poor state of repair ☐
  - I cannot afford the rent on my present accommodation ☐
  - I do not own property of any sort ☐
  - Currently experiencing harassment, hate crime or violence ☐
  - Other reason (please give details) \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

- c) **Are there any areas you would not consider residing (please give details):**

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- d) **Do you have any pets?**

Yes, ☐ No ☐ If Yes, please provide details: \_\_\_\_\_

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### 3. Housing history

- a) **Please give details of your recent housing history over the past three years (please continue on a separate sheet if necessary):**

Address (including landlord details where applicable)	Tenancy start date	Tenancy end date	Reason for leaving

- b) **If you have previously lived in Humbercare supported accommodation, please give address details below**

Address	Tenancy start date	Tenancy end date	Reason for leaving

### 4. Suitability for Supported Accommodation

Applicants must have a positive attitude to sharing and interacting with other people, from a variety of backgrounds and cultures. Those members living in hostel/shared houses have their own room and share the communal facilities - kitchen, living room and bathroom - with other members of the house. Tenants living in self-contained flats share gardens and access with all other residents.

- a) **To help us assess your suitability for supported accommodation please give details below of your experience of living with others:**

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- b) **Has any legal action for Anti-Social behaviour been taken against you or any other member of the household?** (If yes please provide details)  
 Yes ☐ No ☐  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
- c) **Do you or anyone you are wishing to be housed with have any criminal convictions?** (If yes please provide details of conviction/custodial sentence served/pending)  
 Yes ☐ No ☐  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
- d) **Do you or anyone you are wishing to be housed with have any convictions for Arson?**  
 (If yes please provide details of conviction/custodial sentence served/pending)  
 Yes ☐ No ☐  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

## 5. Additional information

- a) **Do you regularly receive support from an external agency such as probation, drug and alcohol services, mental health teams, social services?** If yes, who you receive support from, how often and how do they help you?  
 Yes ☐ No ☐  
 \_\_\_\_\_  
 \_\_\_\_\_
- b) **Do you have a local connection to the area?**  
 \_\_\_\_\_  
 \_\_\_\_\_
- c) **Do you know, are friends with or are related to anyone working in Humbercare?**  
 Yes ☐ No ☐
- d) **Please provide their name or names.**  
 \_\_\_\_\_  
 \_\_\_\_\_
- e) **Have you ever made any previous insurance claims with regards to a property, either buildings or contents?**  
 (please provide details of claims including reason, dates and amount)  
 \_\_\_\_\_  
 \_\_\_\_\_
- f) **Please provide the name of a person we can contact to obtain a suitable reference. Examples of an acceptable person to supply a reference are, current or former landlords, employer, support worker or a professional person. References from friends or relatives cannot be accepted. Please ask for assistance if you are finding this difficult.**  
 \_\_\_\_\_  
 \_\_\_\_\_

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## 6. Other information

Please add any additional information you wish to be considered in support of your application

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a) **Please complete if this form has been completed by someone else:**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Post code: \_\_\_\_\_

Relationship to applicant: \_\_\_\_\_

Is the person aware of the application and has consent been gained? \_\_\_\_\_

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b) **Proof of identity:**

Please provide a passport size photo with your application and proof of ID.

Provided: Yes ☐

No ☐

## 7. Declaration

**I/We declare that to the best of my/our knowledge that the information provided in this form is true and accurate. I/We will inform Humbercare immediately of any changes to my/our circumstances. I/We understand that should this information be later found to be incorrect or false in any way my/our application will be cancelled or any subsequent tenancy granted will be terminated. I/We agree to Humbercare making enquiries, which are appropriate and relevant to this application.**

**Signed:** \_\_\_\_\_

**Signed:** \_\_\_\_\_  
(Second/joint applicant for flat/house only)

**Date:** \_\_\_\_\_

### General Data Protection Regulation (GDPR)

The personal information you give us will be treated in confidence and will not be disclosed to any third parties except where required or permitted by law, and where your consent has been received. The information provided will be held in either paper or electronic locked files and will be used solely for the purpose of processing and administering your application for supported accommodation with Humbercare.

These uses of your personal information are covered by our registration under the General Data Protection Regulations (GDPR). Under the terms of the Act you have the right to obtain a copy of the information we hold about you. Personal data will not be kept for any longer than we need to

by law and should you be unsuccessful in your application any personal data you have supplied to us will be destroyed as per our policy.

<b>For Humbercare use only:</b>	<b>Date</b>	<b>Result</b>	<b>On computer (Date)</b>
<b>Application form received</b>			
<b>Interview date</b>			
<b>Accepted</b>			

This application form and its content is also endorsed by the following agency:

Agency Name: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_