



## SHORT-TERM ACCOMMODATION APPLICATION FORM

Please indicate (by ticking the box) which short-term accommodation property you are applying for:

St Louise

Bethany House

**ALL SECTIONS OF THIS FORM MUST BE COMPLETED**

=====

### APPLICANT

|              |  |
|--------------|--|
| Surname      |  |
| First name/s |  |
| email        |  |
| telephone    |  |

### REFERRER (if applicable)

|                           |  |
|---------------------------|--|
| Referring Agent           |  |
| Address                   |  |
|                           |  |
|                           |  |
| Postcode                  |  |
| Name of Worker (in print) |  |
| email                     |  |
| telephone                 |  |
| Fax                       |  |



## APPLICANT DETAILS

|                               |  |
|-------------------------------|--|
| Date of birth                 |  |
| Nationality                   |  |
| NI Number                     |  |
| Immigration Status            |  |
| Date of leave to remain in UK |  |
| ID provided                   |  |

*Please attach copy of your ID*

**Please provide two passport size photographs**

Are you pregnant?

## PERSON TO CONTACT IN CASE OF EMERGENCY

|                   |  |
|-------------------|--|
| Surname           |  |
| First name/s      |  |
| Relationship      |  |
| Address           |  |
|                   |  |
|                   |  |
| Postcode          |  |
| contact number(s) |  |
| email             |  |

## HOUSING HISTORY

Please tell us about your current and previous accommodation over the last five years including hospital admissions, living with relatives, custodial sentences etc.



| <b>Date from</b> | <b>Date to</b> | <b>Type of tenancy</b><br>e.g. rented,<br>Licence, Assured<br>Shorthold | <b>Who held the tenancy</b> | <b>Full Address</b> | <b>Reason for leaving</b> |
|------------------|----------------|---|-----------------------------|---------------------|---------------------------|
| current          | current        | current tenure  | current                     | current Address     | current                   |
|                  |                |   |                             |                     |                           |
|                  |                |   |                             |                     |                           |
|                  |                |   |                             |                     |                           |
|                  |                |   |                             |                     |                           |
|                  |                |   |                             |                     |                           |
|                  |                |   |                             |                     |                           |
|                  |                |   |                             |                     |                           |
|                  |                |   |                             |                     |                           |
|                  |                |   |                             |                     |                           |



**INCOME, BENEFITS and SAVINGS**

|   | yes | no |
|---|-----|----|
| Are you in receipt of any state benefits? |     |    |

**Please list all sources of income**

including any state benefits, employment and student loans.

| Description | Income(£) /cycle |             |          |         |
|-------------|------------------|-------------|----------|---------|
|             | Weekly           | Fortnightly | 4-weekly | Monthly |
| 1.          |                  |             |          |         |
| 2.          |                  |             |          |         |
| 3.          |                  |             |          |         |
| 4.          |                  |             |          |         |

*Proof of income must be provided ( e.g. copy of benefit letter or current payslip)*

**Please list savings you have (enter nil if applicable)**

| Name of Bank/Building Society | Amount |
|-------------------------------|--------|
| 1.                            | £      |
| 2.                            | £      |
| 3.                            | £      |

**You must notify us of any changes in your financial circumstances immediately. This includes starting/ending employment or education or anything that could affect your ability to pay rental costs.**

In order to assess your application and help us deliver efficient services, we need to collect relevant personal details. We comply with the Data Protection Act 1998 when dealing with personal data. This means that your personal data will be processed in accordance with the law. Please note we may share personal data with other organisations where appropriate.

By signing this form you are consenting to Sapphire Independent Housing processing your personal data. You also confirm that the information you have provided above is correct and accurate. If we discover that false information was provided to us, we reserve the right to terminate your licence agreement.

\_\_\_\_\_  
**Signed by Applicant**

\_\_\_\_\_  
**date**

## RISK ASSESSMENT

|                   |  |
|-------------------|--|
| Client surname    |  |
| Client forename/s |  |
| Date of birth     |  |

|    |  | yes | no |
|----|--|-----|----|
| 1. | Has the client/applicant any history of mental illness?<br><i>(If yes, please provide details (e.g. symptoms exhibited, triggers))</i> |     |    |
|    |  |     |    |

|    |   | yes | no |
|----|---|-----|----|
| 2. | Does the client/applicant have any alcohol or drug misuse issues?<br><i>(If yes, please provide details (e.g. behaviours/signs) )</i> |     |    |
|    |   |     |    |

|    |   | yes | no |
|----|---|-----|----|
| 3. | Has the client/applicant any convictions for violence or arson?<br><i>(If yes, please provide details (e.g. dates and circumstances))</i> |     |    |
|    |   |     |    |

|    |   | yes | no |
|----|---|-----|----|
| 4. | Has the client/applicant exhibited any signs for aggression or violence?<br><i>(If yes, please provide details (e.g. symptoms exhibited, triggers))</i> |     |    |
|    |   |     |    |

|    |  | yes | no |
|----|--|-----|----|
| 5. | Has the client/applicant been involved in any disputes?<br><i>(If yes, please indicate how dispute was resolved)</i> |     |    |
|    |  |     |    |

|    |  | yes | no |
|----|--|-----|----|
| 6. | Does the client/applicant show any signs of self-neglect?<br><i>(If yes, please provide details)</i> |     |    |
|    |  |     |    |

|    |   |
|----|---|
| 7. | Please provide any other relevant information |
|    |   |

\_\_\_\_\_  
Assessor's signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name in print

\_\_\_\_\_  
Organisation

\_\_\_\_\_  
Contact number



### Equal Opportunities Monitoring

Sapphire Independent Housing Limited aims to be an equal opportunities housing provider. In order to monitor the effectiveness of our Equality & Diversity policy, we ask all applicants to assist us by providing the information below. Completion of any or all of the questions is not a requirement, but we would appreciate your co-operation.

This page will be separated from the remainder of the form and will be kept strictly confidential.

By completing and returning this form, you are consenting to Sapphire Independent Housing processing this information for general ongoing monitoring purposes to enable us to assess the diversity of our organisation and housing provision.

**1. Please tick the description which you feel is the most appropriate description of your ethnic origin.**

#### A White

British

Irish

Other\*

#### B Mixed

White & Black Caribbean

White & Black African

White & Asian

Other\*

#### C Asian of Asian British

Indian

Pakistani

Bangladeshi

Other\*

#### D Black of Black British

Caribbean

African

Other\*

#### E Chinese or Other Ethnic Group

Chinese

Other\*

#### F Refused

Refused



Other\* : please specify \_\_\_\_\_

**2. Do you consider yourself as:**

Lesbian/Gay    Heterosexual    Bisexual    Other    Do not wish to state

**3. Which of the following, if any, is your religion/belief?**

Atheism    Christianity    Judaism    Do not wish to state

Agnosticism    Hinduism    Rastafarianism    None

Baha'i    Islam (Muslim)    Sikhism    Other\*

Buddhism    Jainism    Zoroastrianism (Paris)

**4. Do you consider yourself to be disabled?**                      yes     no

If yes, please state \_\_\_\_\_

*According to the Disability Discrimination Act 1995, a disability refers to any long-term adverse affect on one's ability to carry out normal day-to-day activities. This may include problems with mobility, speech, hearing, eyesight, memory, mental health and also conditions such as epilepsy, dyslexia, or degenerative diseases*