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| Office Use Only |
| App Ref: |  |
| Rec’d |  |
| Assess’d |  |
| Reply |  |

**KATHLEEN & MICHAEL**

**CONNOLLY FOUNDATION, MALIN**

**HOUSING APPLICATION FORM**

**For use by applicants from outside of the home visit area (50 miles)and applying from outside of the Island of Ireland**

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

1. Returned applications will be acknowledged in writing. Please note it may be necessary to contact you by telephone to obtain more information or further details. Please ensure you provide the correct international dialling codes (where appropriate)
2. As you are living outside of our home visit area. You should therefore include sufficient information relating to your circumstance to enable a proper assessment of your housing need to be carried out.
3. In order to process this application, you must supply proof of identity, connection with Ireland and age.
This may consist of one of the following: Current Driving License (with photo), Current passport, Travel pass (with photo) or National identity card.

If none of the above is available or contains insufficient information then, two or more of the following will do: Benefit book, Birth certificate, Marriage certificate, Utility Bill (previous quarter).
**Only send photocopies in the post**.
4. In addition to this application you should receive a booklet giving general information about the ‘Selection Scheme’ and how your housing needs are assessed. Your housing need will be assessed in the same manner as all other applicants, and if eligible you will be awarded points accordingly and registered on the waiting list. You will receive a letter to confirm the outcome of your application and your points.

**SECTION 1: Personal Details**

|  |  |
| --- | --- |
| **APPLICANT DETAILS** | **ADDRESS** (include number/street/town/county |
| Title  |  |  |
| First Name  |  |  |
| Surname |  |  |
| Date of Birth |  | Post Code |  |
| Gender |  | Mobile No. |  |
| Tel No. |  | E-mail |  |

|  |  |
| --- | --- |
| Reasons for Applying – Connection with Ireland |  |
| How long can you remain in your current address? |  |

**Marital Status** (Tick one category)

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Single |  | Married |  | Co-Habiting |  |
| Separated |  | Divorced |  | Widow(er) |  |

**Other Household Members** (to be housed)

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Title | First Name | Surname | Gender | Date of Birth | Relationship to Applicant |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

**Employment Details / Income:**

|  |  |
| --- | --- |
| If you or your partner are working, please complete the following: | Employers Name & Address |
| Name: |  |
| Name: |  |

**Benefits:** Are you or your fellow applicants receiving state benefit(s)?

Yes No If Yes please give details below:

|  |  |
| --- | --- |
| Applicant / Other Applicants Name | Details of Benefit(s) |
|  |  |
|  |  |
|  |  |

Are you or any member of your household being hospitalised or discharged from hospital, or other institution? Yes No If Yes date:

**SECTION 2: Eligibility - Security of Tenure**

***We need the following information to help decide if you and your fellow applicants are in housing need.***

What type of property do you currently live in (eg house, flat etc)?

How many bedrooms does it have?

Does the property have more than one

living room or separate dining room? Yes No

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 (in private sector) |  |
| 3 | Tenant in unfurnished accommodation (in private sector) |  |
| 4 | Sub-tenant in furnished accommodation (in private sector) |  |
| 5 | Sub-tenant in unfurnished accommodation (in private sector) |  |
| 6 | Lodger |  |
| 7 | Social housing tenant |  |
| 8 | Sharing social housing accommodation |  |
| 9 | Sharing other rented accommodation |  |
| 10 | Sharing with an owner occupier |  |
| 11 | Living in a B&B or a private hotel |  |
| 12 | Living in a hostel |  |
| 13 | Living in residential accommodation (eg nursing home) |  |
| 14 | Living in a caravan |  |
| 15 | Prisoner |  |
| 16 | Hospital patient |  |
| 17 | Traveller |  |
| 18 | Illegal occupant |  |
| 19 | No fixed abode |  |
| 20 | 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 3*

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

|  |  |
| --- | --- |
| Landlord’s Name: |  |
| Address: |  |
| Telephone No: |  |

**SECTION 3: Eligibility - 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 WC? | 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) | Gender | Age |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

How many double bedrooms (100+ ft2 /9.3+m2) are in the property?

How many single bedrooms (40-100+ ft2 /3.7-9.3+m2) are in the property?

**Lack of Amenities and Disrepair:**

Describe any general defects in the fabric or structure of the dwelling.

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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 facility? | Yes |  | No |  |
|  |  |  |  |  |
| Is there a WC? | Yes |  | No |  |
| Is the WC outside? | Yes |  | No |  |
| Is there a fixed bath or shower? | Yes |  | No |  |
| Is there an electricity supply available? | Yes |  | No |  |

**SECTION 4: Health & Social Wellbeing**

***If you have, or any member of your household has, a health and social well being problem which is being seriously affected by your current housing condition, you must let us know below***

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, based on the descriptions below, please complete the following table.***

A = Able to function without need of assistance. This includes using artificial aids to carry out the function.

B = Need some physical assistance in order to adequately mange the task or need to be supervised in the home while carrying out the task.

C = 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** | 1st Person | 2nd Person | 3rd Person |
| Use a walking aid |  A B C |  A B C |  A B C |
| Wheelchair user |  A B C |  A B C |  |
| Have difficulty, or need help, moving around the home |  A B C |  A B C |  A B C |
| Unable to move around the home |  A B C |  A B C |  A B C |
| Climb stairs to access the bathroom |  A B C |  A B C |  A B C |
| Climb stairs to access the bedroom |  A B C |  A B C |  A B C |
| **External Factors** |  |  |  |
| Difficulty negotiating external steps, or unable to negotiate external steps |  A B C |  A B C |  A B C |
| Difficulty negotiating a steep approach to current dwelling, or unable to negotiate a steep approach to current dwelling |  A B C |  A B C |  A B C |

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

|  |  |  |
| --- | --- | --- |
|  | Name | Relationship to Applicant |
| 1st Person |  |  |
| 2nd Person |  |  |
| 3rd Person |  |  |

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

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| --- |
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SUPPORT AND CARE NEEDS

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

 NEED HELP CANNOT DO

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Dressing / Undressing? | Yes |  | No |  |  | Yes |  | No |  |
| Getting in / out of Bed? | Yes |  | No |  |  | Yes |  | No |  |
| Using bathroom facilities? | Yes |  | No |  |  | Yes |  | No |  |
| Lighting the fire or managing the heating system | Yes |  | No |  |  | Yes |  | No |  |
| Doing heavy household duties? | Yes |  | No |  |  | Yes |  | No |  |
| Cooking Meals? | Yes |  | No |  |  | Yes |  | No |  |
| Making snacks? | Yes |  | No |  |  | Yes |  | No |  |
| Doing your shopping? | Yes |  | No |  |  | Yes |  | No |  |

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

|  |  |  |
| --- | --- | --- |
| Name/s: | Relationship to you | How often is help provided? |
|  |  |  |
| Address: | Tel No:Mobile: |

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

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PROFESSIONALS INVOLVED

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

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

**SECTION 5: Housing Choices**

***We want to know what sort of accommodation you would like. Please note however that whilst your preference will be noted, the number of bedrooms assessed as being required to house you may be different.***

**Size of home**

1 Bedroom 2 Bedroom

**Location**

Close to Village Close to Day Centre No Preference

**DECLARATIONS**

**Please read carefully the declarations below, complete, sign and date at the bottom of the page:**

Has anyone ever made any complaint 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 commited in, or in the locality of, any home occupied by you at that time? **YES / NO**

I / We understand that giving false information or withholding information may lead to the loss of any tenancy as a result of this application.

I / We know that I / We must advise at once of any changes in my / our circumstances.

**Enquires Declaration**

I / We permit the foundation,(or any person duly authorised) to make enquires, and obtain such information, as they consider necessary, for the Specified Purposes (which are listed below), from such persons as they deem appropriate.

**Data Protection Declaration**

I We give consent to the processing, for the Specified Purposes, of all personal information provided in connection with this housing application; and/or any tenancy granted to me/us.

The “Specified Purposes” are as follows:

* Purposes connected with this application;
* Purposes connected with any tenancy which results from this application
* Purposes connected with complying with any Statutory/Statistical (anonymous) information requests that may be necessary from time to time.

**Signed: Date:**

**Signed: Date:**