

# Island HomeFinder

## Extra Care Application Form

Please complete and return this application to:

Housing Services, Floor 2 County Hall, Newport, Isle of Wight, PO30 1UD

Tel. (01983) 823040

Email: [housing@iow.gov.uk](mailto:housing@iow.gov.uk)

Web: [www.islandhomefinder.org.uk](http://www.islandhomefinder.org.uk)

### Personal Details

Title	Name	Surname	Date of Birth	Relationship to applicant	Sex	National Insurance Number	Nationality

Your current address	Contact details
Postcode:	Tel phone:
	Email address:
	Date you moved to this address:

Address	Date moved in	Date moved out	Tenure eg. rented, family, owned etc	Reason for moving

For Office Use Only	App No.	App Date

If you have lived at your current address for less than five years, please give details of your previous addresses within the last five years starting with the most recent.

Address	Date moved in	Date moved out	Tenure E.g. Rented,	Reason for leaving

Have you been permanently resident on the Island for the last five years?

Applicant  Yes  No Joint Applicant  Yes  No

Do you have permanent employment on the Island and have been in continuous employment for a minimum of 2 years?  Yes  No

Do you have a close family who have lived continuously for the last five years on the Island? (close family being mother, father, siblings or adult children):  Yes  No

Name	Address	Relationship	How long have they lived

Do you own or rent any other property in the UK or elsewhere in the world apart from the one you're living in now?  Yes  No

If yes, please state the address and indicate whether you rent or own this property

Address	Rent	Own

Are any members of your household currently serving in the HM Forces or have been discharged in the last 5 years?  Yes  No

Are any members of your household currently serving in the reserve forces or have been discharged in the last 5 years?  Yes  No

Are you due to cease occupying or be entitled to MOD Accommodation following the death of your spouse/civil partner?  Yes  No

If you have no local connection to the Island, are there any exceptional circumstances for your application to be accepted? Please provide details.  Yes  No

Please note that you will be required to evidence that you have a local connection and are eligible to join Island HomeFinder. However, some extra care scheme may be exempt from requiring a local upon development and so if you would not normally qualify, it may be possible to register for a specific scheme. We will contact you to advise you further if you do not have a local connection.

Have you been a UK resident continuously for two years?  Yes  No

If no, are you subject to any form of immigration control in order to enter or remain in the UK?  Yes  No

Have you ever been a council or housing association tenant?  Yes  No

If yes, please provide the following details

Address	Date moved in	Date moved out	Landlord

What is your present type of home?  House  Bungalow  Flat  Maisonette  
 Bedsit  Mobile home  Sofa surfing  Sleeping rough

How many bedrooms are available to your household?  bedsit  1  2  3  4  5  6

What floor level do you live on?  lower  Ground  First  Second  Third+

Do you have use of a lift?  Yes  No

Please tick the box that best describes your current situation?

You are living with relatives  You are living with friends  You are a lodger

You rent from a private landlord (give landlords details)

You rent from a council/housing association tenant (give landlords details)

You own your home  You are a mobile home owner  You live in a rented mobile home

You live in sheltered housing  You are living in tied accommodation  You live in a hostel

You live in a care/nursing home  You are in hospital or other institution  You are sofa surfing

Other (please state)

Does your home lack facilities?  Electricity  Water  Cooking  Toilet  Bathroom

Do you share facilities with another household? home  Cooking  Toilet  Bathroom

Is the condition of your current home likely to seriously affect the members of your household?  Yes  No

If yes, please give details

If you rent your current home, are you in arrears with your rent?  Yes  No If yes, how much? £

If you own your current home, please provide the following details?

What is its value? £  Outstanding mortgage or loan £

Mortgage lender

Are you in arrears with your mortgage payments?  Yes  No If yes, how much? £

Please list all source of income that normally come into your household.

Type of income (eg. Wages, Pension Credit, DLA)	Amount	Frequency

Do you or a member of your household have any savings or investments?  Yes  No

Description	Amount

Please list all source of income that normally come into your household.

Condition	Who	Details
A physical disability		
A learning disability		
A chronic or progressive medical condition		
A diagnosed medical illness		
A sensory impairment		

Is where you are living now affecting your medical/health conditions?  Yes  No

If yes, how would it be improved if you moved?

Are you or a member of your household at risk of, or suffering from, violence, physical, emotional or other abuse while in your current home?  Yes  No

If yes, we will contact you for further information.

Please describe current care received and who and how this is delivered i.e. homecare package, residential care, living with family. Please include how many hours times/days etc. If none at present, what care can be provided and the benefits of extra care.

**Is there anything else you wish to tell us about why you want to move to an extra care accommodation?**

**Please indicate the areas where the applicant would like to live?**

Please tick any areas that apply. This will not only help to shortlist extra care vacancies but will also inform the future development of extra care facilities.

- |  |  |   |   |   |
|--|--|---|---|---|
| <input type="checkbox"/> Arreton               | <input type="checkbox"/> Bembridge             | <input type="checkbox"/> Binstead                 | <input type="checkbox"/> Brading          | <input type="checkbox"/> Brighstone       |
| <input type="checkbox"/> Calbourne             | <input type="checkbox"/> Carisbrooke           | <input type="checkbox"/> Chale                    | <input type="checkbox"/> Cowes            | <input type="checkbox"/> East Cowes       |
| <input type="checkbox"/> Freshwater            | <input type="checkbox"/> Godshill              | <input type="checkbox"/> Havenstreet              | <input type="checkbox"/> Lake             | <input type="checkbox"/> Nettlestone      |
| <input type="checkbox"/> Newchurch             | <input type="checkbox"/> Newport—<br>Central   | <input type="checkbox"/> Newport—<br>Gunville     | <input type="checkbox"/> Newport—         | <input type="checkbox"/> Newport—Mountjoy |
| <input type="checkbox"/> Newport—Pan           | <input type="checkbox"/> Newport—<br>Parkhurst | <input type="checkbox"/> Newport—Shide            | <input type="checkbox"/> Niton & Whitwell | <input type="checkbox"/> Northwood        |
| <input type="checkbox"/> Rookley               | <input type="checkbox"/> Ryde—Central          | <input type="checkbox"/> Ryde—Elmfield            | <input type="checkbox"/> Ryde—Haylands    | <input type="checkbox"/> Ryde—Oakfield    |
| <input type="checkbox"/> Ryde—Weeks            | <input type="checkbox"/> Sandown               | <input type="checkbox"/> Shalfleet &<br>Newbridge | <input type="checkbox"/> Shanklin         | <input type="checkbox"/> Shorwell         |
| <input type="checkbox"/> St Helens             | <input type="checkbox"/> Totland               | <input type="checkbox"/> Ventnor—Central          | <input type="checkbox"/> Ventnor—Upper    | <input type="checkbox"/> Whippingham      |
| <input type="checkbox"/> Winford/Apse<br>Heath | <input type="checkbox"/> Wootton               | <input type="checkbox"/> Wroxall                  | <input type="checkbox"/> Yarmouth         |   |

**Are you or a member of your household connected to the Isle of Wight Council or one of the register providers operating on the Island?**

- |  |   |
|--|---|
| <input type="checkbox"/> As an employee          | <input type="checkbox"/> As a councillor or committee member          |
| <input type="checkbox"/> Relative of an employee | <input type="checkbox"/> Relative of a councillor or committee member |

Please give their name:

**Which of the following ethnic groups do you consider the majority of your household to be?**

- White**
- |                                  |                                |  |  |   |
|----------------------------------|--------------------------------|--|--|---|
| <input type="checkbox"/> British | <input type="checkbox"/> Irish | <input type="checkbox"/> Traveller of Irish heritage | <input type="checkbox"/> Gypsy/traveller | <input type="checkbox"/> Other white background |
|----------------------------------|--------------------------------|--|--|---|
- Asian**
- |                                  |                                 |                                    |                                      |   |
|----------------------------------|---------------------------------|------------------------------------|--------------------------------------|---|
| <input type="checkbox"/> British | <input type="checkbox"/> Indian | <input type="checkbox"/> Pakistani | <input type="checkbox"/> Bangladeshi | <input type="checkbox"/> Other Asian background |
|----------------------------------|---------------------------------|------------------------------------|--------------------------------------|---|
- Black**
- |                                  |                                  |                                    |   |
|----------------------------------|----------------------------------|------------------------------------|---|
| <input type="checkbox"/> British | <input type="checkbox"/> African | <input type="checkbox"/> Caribbean | <input type="checkbox"/> Other black background |
|----------------------------------|----------------------------------|------------------------------------|---|
- Mixed**
- |  |  |  |   |
|--|--|--|---|
| <input type="checkbox"/> White & Asian | <input type="checkbox"/> White & Black | <input type="checkbox"/> White & Black Caribbean | <input type="checkbox"/> Other mixed background |
|--|--|--|---|
- |                                  |  |  |
|----------------------------------|--|--|
| <input type="checkbox"/> Chinese | <input type="checkbox"/> Other ethnic background | <input type="checkbox"/> I do not wish to answer |
|----------------------------------|--|--|

I/we declare that the answers given in this application form are correct to the best of my/our knowledge and belief. I/we understand that incorrect information may invalidate my/our application or result in you taking legal action against me. You will use the information I/we have provided in order to assess my/our application for housing on the Isle of Wight. You may check some of the information with other sources within the council, housing benefit office, rent offices and other councils or housing associations. You may use the information I/we have provided in connection with this or any other application for housing that I/we have made or may make. You may give some information to other organisations, if law allows this. Information will only be used as long as it is current and relevant to the application.

You may use the information I/we have given to be checked by data matching companies. This will include credit reference agencies who will provide the council with information for the purpose of verifying my/our identity and to verify the information I/we have provided to the council including my/our address history. The information received by the council will not be used in any way that is incompatible with the purpose for which it is being disclosed.

The Isle of Wight Council is the data controller for the purposes of the Data Protection Act 1998 ('the act'). The council will process and hold that information in accordance with principles of the act. The information supplied and held may be disclosable in accordance with the Freedom of Information Act 2000 or Environmental Information Regulations 2004 but the council would only do so having regard to the act and where it is required by law to do so.

I/we know I/we must let the council know about any material change of circumstances that may affect my/our application in writing.

I/we have read the above declarations and agree to abide by them.

I/we declare the information I/we have given on this form is correct and complete.

**Signed (Applicant/Applicant's representative)**

**Date**

**Signed (Joint applicant [if applicable])**

**Date**

If someone has assisted you in completing this form they should provide their details below

**Title**

**First name(s)**

**Surname**

**Address**

**Relationship to applicant(s)**

**Contact Telephone number name(s)**

**Email address**

### Privacy Notice

The Isle of Wight Council, as data controller, will process your personal information in accordance with the Data Protection Act 2018. The council's Data Protection Officer is Helen Miles and can be contacted by email to [information@iow.gov.uk](mailto:information@iow.gov.uk), or by letter to, County Hall, High Street, Newport, Isle of Wight, PO30 1UD.

We may share your information with:

Council Tax, Housing Benefits, Local Council Tax Support, Supporting People, Adult Social Services, Children's Social Services, Strengthening Families, Housing Renewals and external agencies; for the purpose of processing the applications, preventing homelessness, assessing housing need and eligibility for social housing, providing assistance in relation to sustaining accommodation, to maximise individuals income through means of available support, for identifying and providing for support needs and to identify persons responsible for the recovery of any Council debts.

Please note that the Council may share your information in the absence of consent, for the purpose of crime prevention or detection, in accordance with the law. To read the full privacy notice please visit <http://www.islandhomefinder.org.uk/Data/ASPPages/1/146.aspx>