# **Island HomeFinder**

# application form

Please complete and return this application to:

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

Tel. (01983) 823040 Fax. (01983) 823050

Email: housing@iow.gov.uk

Web: www.islandhomefinder.org.uk

If you have difficulty understanding this document, please contact us on 01983 821000 and we will do our best to help you.

#### Arabic

إذا كان لديك صعوبة في فهم هذه الوثيقة، الرجاء الاتصال بنا على هاتف رقم01000 821000 وسوف نبذل قصاري جهدنا لمساعدتك.

#### Hindi

यदि आपको इस दस्तावेज़ को समझने में कठिनाई पेश आ रही है तो, कृपया हमारे साथ 01983 821000 पर सम्पर्क करें और हम आपकी सहायता करने का पूरा प्रयास करेंगे।

#### Puniabi

ਜੇਕਰ ਤੁਹਾਨੂੰ ਇਹ ਦਸਤਾਵੇਜ਼ ਸਮਝਣ ਵਿਚ ਮੁਸ਼ਕਲ ਪੇਸ਼ ਆ ਰਹੀ ਹੈ ਤਾਂ ਕ੍ਰਿਪਾ ਕਰਕੇ ਸਾਡੇ ਨਾਲ 01983 821000 'ਤੇ ਸੰਪਰਕ ਕਰੋ ਅਤੇ ਅਸੀਂ ਤੁਹਾਡੀ ਸਹਾਇਤਾ ਕਰਨ ਦੀ ਪੂਰੀ ਕੋਸ਼ਿਸ਼ ਕਰਾਂਗੇ।

#### Urdu

#### Chinese

如果您对此份文件难以理解,请致电01983821000与我们联系。我们将力尽所能帮助您。

#### Bengali

এই তথ্য বুঝতে না পারণে অনুগ্রহ করে আমাদেরকে  $01983\,\,821000$  নাম্বারে কোন করবেন। আমরা আপনাকে যথাসাধ্য সাহায্য করবো।

#### Polish

Jeśli mają Państwo trudności w zrozumieniu niniejszego dokumentu, prosimy o kontakt z nami pod numerem 01983 821000 – dołożymy wszelkich starań, by Państwu pomóc.

#### French

Si vous avez des difficultés à comprendre ce document, veuillez nous appeler au 01983 821000 et nous ferons de notre mieux pour vous aider.

#### Italiar

Per ulteriori chiarimenti su questo documento, Vi preghiamo di contattarci per telefono al numero 01983 821000 dove riceverete la nostra migliore attenzione.

#### German

Sollte es Ihnen Schwierigkeiten bereiten, dieses Dokument zu verstehen, rufen Sie uns bitte an unter 01983 821000, und wir werden unser Bestes tun, um Ihnen zu helfen.

#### Hungarian

Ha nehézséget okoz e dokumentum értelmezése, kérjük, forduljon hozzánk a 01983 821000 számon, és minden tőlünk telhetőt megteszünk, hogy segítsünk.

#### Spanish

Si tiene dificultad para entender este documento, por favor póngase en contacto con nosotros llamando al número 01983 821000 y haremos todo lo posible para ayudarle.

#### Romaniar

Dacă aveți dificultăți în înțelegerea acestui document, vă rugăm să ne contactați la numărul 01983 821000 și vom face tot ceea ce putem să vă ajutăm.











#### Your household

Title	Surname	First name	Date of birth	Relationship to applicant	Sex	National insurance number	To be rehoused with you
				Applicant	M/F		
					M/F		Y/N
					M/F		Y/N
					M/F		Y/N
					M/F		Y/N
					M/F		Y/N
					M/F		Y/N

### Are any of those people listed above not currently living with you?

Their name		Their current address	;	Relationship to applicant	
Your current address		Contact details			
		Home phone:			
		Mobile phone:			
		Email address:			
Postcode:		Date you moved to	this address (dd/mm	/уууу):	
		,			
What is your preferred method of cont	act?		Email	Letter	

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 eg, rented, family, owned, other	Reason for moving
Please list the previous addresses of the	he joint applicants i	n the last five years	s starting with the n	nost recent.
Address	Date moved in	Date moved out	Tenure eg, rented, family, owned, other	Reason for moving
Address	Date moved in	Date moved out	owned, other	neason for moving
Have you ever been known by a differ	ent name? If yes, plo	ease tell us your pre	evious name.	
Do you own or rent any other property in the world apart from the one you're	living in now?		Yes	No
If yes, please state the address and indicate		or own this property		
Add	lress		Rent	Own
What is your nationality?				
Have you been a UK resident continuo	usly for two years?		Yes	No
If no, are you subject to any form of im in order to enter or remain in the UK?	nmigration control		Yes	No

House Flat Maisonette Mobile home/Caravan  Bedsit/Studio Bungalow Sofa Surfing Sleeping Rough  How many bedrooms are available to your household?	Are you or any member of	your household pregnant?		Yes	No	
lave you or a member of your household ever been council or housing association tenant?  If yes, please provide the following details  Who Address Date moved in moved out Landlord  Idave you or a member of your household ever been evicted from property because of rent arrears or anti-social behaviour?  If yes, please provide the following details  Who Address Date moved in moved out Landlord  Out will not be considered for housing if you have any current or past housing debt unless out have been making regular agreed payments for at least six months.  If yes, please provide the following details  Who Address Date moved in moved out Landlord  If yes, please provide the following details  Who Address Date Date moved out Landlord  What is your present type of home?  House Flat Maisonette Mobile home/Caravan  Bedsit/Studio Bungalow Sofa Surfing Sleeping Rough  How many bedrooms are available to your household?	If yes, please state who and					
yes, please provide the following details    Date		Name	Sex (male, female,u	ınknown)	Estimated date of birth	
yes, please provide the following details    Date						
yes, please provide the following details    Date						
yes, please provide the following details    Date			I			
Who Address Date moved in moved out Landlord  lave you or a member of your household ever been evicted from property because of rent arrears or anti-social behaviour?  If yes, please provide the following details  Who Address Date moved in moved out Landlord  To u will not be considered for housing if you have any current or past housing debt unless out have been making regular agreed payments for at least six months.  It was you or any other member of your household ever been erved with an Anti-Social Behaviour Order (ASBO)?  If yes, please provide the following details  Who Address Date moved in moved out Landlord  What is your present type of home?  House Flat Maisonette Mobile home/Caravan  Bedsit/Studio Bungalow Sofa Surfing Sleeping Rough  Now many bedrooms are available to your household?	-	Yes	No			
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No lave been making regular agreed payments for at least six months.    No lave you or any other member of your household ever been erved with an Anti-Social Behaviour Order (ASBO)?    Yes						
No lave been making regular agreed payments for at least six months.    No lave you or any other member of your household ever been erved with an Anti-Social Behaviour Order (ASBO)?    Yes						
No lave been making regular agreed payments for at least six months.    No lave you or any other member of your household ever been erved with an Anti-Social Behaviour Order (ASBO)?    Yes	You will not be considered for	or housing if you have any current	t or past housing deh	ot unless		
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Bedsit/Studio Bungalow Sofa Surfing Sleeping Rough  How many bedrooms are available to your household?	What is your present type of home?					
low many bedrooms are available to your household?	House FI	at Maisonette	Mobile home/	'Caravan		
low many bedrooms are available to your household?	Redsit/Studio D	ungalow Sofa Surface	Slooping Pous	nh.		
	Scassostadio Sangaion Sold Sanning Siceping hough					
	How many bedrooms are a	vailable to vour household?				
BEGSH             /       3       4       5       6	Bedsit 1	2 3 4	5 6			

What floor level do you live on?					
Lower Ground First	Second Third Fourth +				
Do you have the use of a lift?	Yes No				
Please tick which box best describes your current situati	ion.				
You are living with relatives You are living	g with friends You are a lodger				
You are renting from a private landlord (please state b	elow the name and address of landlord)				
Total are remaining month a private familiaria (prease state a	eton the nume una uudress on undiora,				
You are a council tenant (please state below, which co	uncil)				
You are a housing association tenant (please state belo	ow which housing association)				
Todate a modshing association tentant (prease state better	ow, which housing association,				
You own your own home	You are a mobile home owner				
You are living in sheltered housing	You are living in a rented mobile home				
You are living in accommodation tied to your job	You are living in HM Forces accommodation				
You are living in a bed and breakfast	You are living in temporary housing provided by your local authority				
You live in a hostel	You live in a Women's Refuge				
You are in hospital/prison/other institution	You are living in a care/nursing home				
You are squatting  You are sofa surfing					
You are sleeping rough (eg, outdoors)	Other (please state)				
Does your home lack any of the following facilities?					
Cooking Toilet Electricity	Water Supply Bathroom/Shower				
Do you share any of the following facilities with another household?					
Cooking Toilet Bathroom/Sh					

Is the condition of y members of your he		e likely to seriously	affect the	Yes	No
If yes, please give de	tails				
<b>Have you informed</b> If yes, please give de			ried out on the pr	Yes	No
, 5.,					
If you rent your cur	rent home, how r	nuch is your rent?	£	Per week/month	
Are you in arrears w	vith your rent?	Yes	No	If yes, how much?	£
You will not be consi you have been makii If you own your cur	ng regular agreed	payments for at least	six months.	g debt unless	
What is its value?	£	C	outstanding morto	gage or loan £	
Mortgage lender					
Are you in arrears w mortgage repayme	•	Yes	No	If yes, how much?	£
Have you or a joint Order requiring you What date do you ha	u to leave your cu		Possession	Yes	No
<b>Have you been acce</b> What date do you ha		ntutory homeless by	/ a local authorit	y? Yes	No No

Please list all sources of income that norma	lly come into	your household each week.
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Type of income (eg, Income S	Support, wages)	Amount	Frequency
Do you or any member of your household ha	ive any savings or investments	? Yes	No
f yes, please give details below.			
De	escription		Amount
Do you or any person applying with you hav  Condition	Who	Deta	ails
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 m health condition listed above?	nedical/	Yes	No
If yes, how would it be improved if you moved?			
Are you or any member of your household a	t risk of, or suffering from		
violence, physical, emotional or sexual abus		Yes	No

If yes, we will contact you for further information.

## Please tick the box that best describes your situation or any other member of your household.

	Need or requirement	Tick	Which per	son does this re	elate to?	
Α	Use a wheelchair indoors most of the time, including kitchen and bathroon					
В	Occasionally need to use a wheelcha indoors, unable to climb steps or stail					
С	Do not use a wheelchair indoors but cannot climb steps or stairs.					
D	Can manage one or two steps.					
Ε	Can manage one flight of stairs					
in	Do you or anyone included in this application currently receive support in your home (eg, from a carer, social services, friends or relatives)?  If yes, please give details below.					
	Name of person receiving support	ort	Who provide	s support?	Frequency	
Would support be required in your new home?  If yes, please give details below.			No			
	Name of person receiving support		Details of sup	oport needed		
На	ve you been permanently resident o	on the Isla	nd for the last five years?			
	plicant: Yes	No	Joint applicant:	Yes	No	
Do you have permanent employment on the continuous employment for a minimum of 2				Yes	No	
yea	you have close family who have live ars on the Island? (close family being ldren):			Yes	No	
	Name		Address	Relationship to applicant	How long they have lived on the Island	

Are any members of your household of have been discharged in the last 5 years.	Yes No	
Are any members of your household of forces or have been discharged in the		Yes No
Are you due to cease occupying or be following the death of your spouse/civ	Yes No	
If you have no local connection to the circumstances for your application to Please provide details in the box on the	be accepted?	Yes No
Please note that you will be required to e HomeFinder. Examples of the types of d		
What type of property would you wan	t to be considered for?	
Bedsit	Bungalow	Studio
Maisonette	Flat	Older persons housing
House	Disabled adapted	
If you have indicated above that you vou would consider living in.	vish to be considered for older perso	ons' housing, please tick which areas
Binstead East Cowes	Gurnard Newport	Shanklin Wroxall
Cowes Freshwater	Lake Ryde	Ventnor
Where would you like to live?		
Please tick any areas that apply. This info Once you are registered on Island Home		uncil and its partners plan for the future. or bid for any properties in any area you like.
Arreton	East Cowes	Newport - Hunnyhill
Bembridge	Freshwater	Newport - Mountjoy
Binstead	Godshill	Newport - Pan
Brading	Havenstreet	Newport - Parkhurst
Brighstone	Lake	Newport - Shide
Calbourne	Nettlestone	Niton and Whitwell
Carisbrooke	Newchurch	Northwood
Chale/Chale Green	Newport - Central	Rookley
Cowes	Newport - Gunville	Ryde - Central

Continued overleaf

Ryde - Elmfield	Shanklin	Whippingham
Ryde - Haylands	Shorwell	Winford/Apse Heath
Ryde - Oakfield	St Helens	Wootton
Ryde - Weeks	Totland	Wroxall
Sandown	Ventnor - Central	Yarmouth
Shalfleet and Newbridge	Ventnor - Upper Ventnor	
If you would like to be considered for he you have a connection to the parish.	ousing in a rural parish, you may have to	provide evidence that
Are you interested in other housing o	options, for example:	
Intermediate rented properties	Yes No	
Part buy/part rent	Yes No	
Discounted sale	Yes No	
HomeBuy	Yes No	
Private rented sector	Yes No	
Is there anything else you wish to tell	us about why you want to move?	
, , ,		

	d Homefinder gives you the cherties that are advertised local		•			or vacant			
Do you think you will need help to use Island Homefinder to look for and apply for housing?						Yes		No	
If yes	, we will contact you to discus	s how we c	ould help you.						
	ou or any member of your housing sssociations operati			_		or one of			
	As an employee			As a councillor or committee member					
	Relative of an employee			Relative of a councillor or committee member					
Pleas	e give their name:								
Whic	th of the following ethnic growth	oups do yo	ou consider the r	majority of your l	ouse	hold to be?			
	British		Irish			Traveller of I	rish he	eritage	
	Gypsy/traveller		Any other white background						
	Asian or Asian British								
	Indian		Pakistani Bar			Bangladeshi	Bangladeshi		
	Any other Asian background								
	Mixed								
	White and Black Caribbean		White and Black	African		White and A	sian		
	Any other mixed background	H							
	Black or Black British								
	Caribbean		Any other Black	background		African			
	Chinese		Any other ethn	ic background		I do not wis	h to a	nswer	

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 (App	olicant/Applicant's representati	ve) Date
Signed (Joir	nt applicant [if applicable])	Date
If someone h	nas assisted you in completing this	form they should provide details below
Title Surname		First name(s)
Address		
Relationshi	p to applicant(s)	Contact telephone number
Email addre	ess	

#### **Local connection evidence examples**

The following list gives examples of evidence that could be provided to prove local connection to the Isle of Wight. This list is not exhaustive and other forms of evidence could be provided if it clearly proves a connection. Any documents that are provided to evidence a length of time must clearly be dated and only one form of evidence is required if it shows a local connection, although several documents may be accepted if they show a connection over time when combined.

#### Qualifying person criteria

1. Applicant or joint applicant has lived on the island and has done so for a minimum of five years immediately prior to application (a break of one year will be allowed for returning residents with a minimum five years previous residency). Residency at university, service in the Armed Forces or other reasons for being temporarily away from the applicants principal home on the island who have an intention to return will not be counted as a break in residency)

Examples of evidence for applicant or joint applicant

- Tenancy agreement(s)
- Rent book(s)
- Council tax records
- Benefit agency letters
- Official letters from housing benefit, social services, doctors, hospital, solicitors
- Utility bills
- Bank or credit card letters/statements
- Medical cards
- School records
- Electoral registration
- 2. Applicant or joint applicant has close family who live on the Island and have done so for at least five years (close family being mother, father, siblings or adult children

Examples of evidence for close family member

- Tenancy agreement(s)
- Rent book(s)
- Council tax records
- Benefit agency letters
- Official letters from housing benefit, social services, doctors, hospital, solicitors
- Utility bills
- Bank or credit card letters/statements
- Medical cards
- Electoral registration
- 3. Applicant has a permanent job on the Island and has been in continuous employment for a minimum of two years

Examples of evidence of employment

Wage slips (if they include location of work) dating back at least two years Official letter from employer

4. There are exceptional circumstances – such as those fleeing domestic violence, those wishing to move closer to relatives to give or receive support on severe medical or welfare grounds where there is no-one else who can give this support; those under the Witness Protection Scheme

Examples of evidence

Any documentation that supports individual circumstances, such as official letters from the Police, Women's Refuge, doctor or specialist etc

5. Service personnel as defined by the Allocation of accommodation: guidance for local authorities in England, chapter 3, Eligibility and Qualification, 3.27 are exempt from requiring a local connection but will be required to evidence their circumstances to confirm their exemption status

#### **PRIVACY NOTICE**

The Isle of Wight Council, as data controller, will process your personal information in accordance with the Data Protection Act 1998. The council's Data Protection Officer is Helen Miles and can be contacted by email to information@iow.gov.uk, or by letter to, County Hall, High Street, Newport, IW, 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 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.