

ONLINE APPLICATION FOR ACCOMMODATION AT



INCORPORATED REGISTERED CHARITY NO: 1102658

PLEASE BRING
TWO PASSPORT
PHOTOGRAPHS
WITH YOU WHEN
ATTENDING
INTERVIEW

The information provided and additional rent account data in relation to any applicant or resident will be stored on a computer data retrieval system.
"This organisation is committed to upholding the 8 data protection principals of good computer practice" Data Protection Act 1984. Reg. No: Z1499481

Please complete all sections of this form.

PERSONAL DETAILS

FIRST NAME	MIDDLE NAMES	SURNAME
<input type="text"/>	<input type="text"/>	<input type="text"/>

	<i>Day</i>	<i>Month</i>	<i>Year</i>						
Date of Birth	<input type="text"/>	<input type="text"/>	<input type="text"/>		N I No:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Marital Status Tel No: Mobile

Current Address: House Name or No.

Street/Road

Town/City

County Post Code

Name of Next of Kin Relationship to you

Address: House Name or No.

Street/Road

Town/City

County Post Code

Telephone No: Mobile No:

REASONS FOR APPLICATION – (select by clicking in appropriate boxes)

- | | | |
|--|---|---|
| <input type="checkbox"/> Evicted | <input type="checkbox"/> Harassment | <input type="checkbox"/> Health or medical reasons |
| <input type="checkbox"/> Poor physical housing conditions | <input type="checkbox"/> Need for support | <input type="checkbox"/> To be near family, friends or Employment |
| <input type="checkbox"/> Breakdown of relationship | <input type="checkbox"/> Need for independence | <input type="checkbox"/> In B&B or temporary accommodation |
| <input type="checkbox"/> Move out of shared or hostel | <input type="checkbox"/> Financial difficulties | <input type="checkbox"/> Living in overcrowded accommodation |
| <input type="checkbox"/> Discharged from long stay institution | <input type="checkbox"/> Required to leave home | <input type="checkbox"/> Other reasons |

FOR OFFICE USE ONLY				
Entered on TALISMAN		Signed		Date Entered

Application for Accommodation at High Wycombe YMCA

In providing accommodation High Wycombe YMCA operates a policy of Equal Opportunities. We aim to provide a good standard of accommodation for single young people in the greatest housing need regardless of gender, race, faith, disability or sexual orientation. To ensure that this policy is carried out we monitor those who apply and those who are offered accommodation to make sure that all applicants are treated strictly on the basis of their need, and that no group of applicants is considered less favourably than others.

To help us in assessing your application please give details below of your current situation including any other information you wish to be taken into consideration.

Please click in those boxes below which best describe your current circumstances:

A. CLIENT GROUP

- | | | |
|---|--|--|
| <input type="checkbox"/> AIDS/HIV | <input type="checkbox"/> Degenerative & debilitating illness | <input type="checkbox"/> Leaving penal establishment |
| <input type="checkbox"/> Alcohol related problems | <input type="checkbox"/> Mental health related problems | <input type="checkbox"/> Young person leaving care |
| <input type="checkbox"/> Drug related problems | <input type="checkbox"/> Leaving other supported housing | <input type="checkbox"/> Refugees/asylum seeker |
| <input type="checkbox"/> Learning difficulties | <input type="checkbox"/> Women at risk of domestic violence | <input type="checkbox"/> Young person at risk |
| <input type="checkbox"/> Physical Disability | <input type="checkbox"/> Single homeless in need of support | <input type="checkbox"/> Other |

B. CURRENT ACCOMMODATION

- | | | |
|---|--|--|
| <input type="checkbox"/> Approved probation/bail hostel | <input type="checkbox"/> Living with family | <input type="checkbox"/> Living with friends |
| <input type="checkbox"/> Children's home/foster care | <input type="checkbox"/> Local authority tenant | <input type="checkbox"/> Private tenant |
| <input type="checkbox"/> Hospital | <input type="checkbox"/> Residential care home | <input type="checkbox"/> Hostel/shared housing |
| <input type="checkbox"/> Housing Association Tenant | <input type="checkbox"/> Other temporary accommodation | <input type="checkbox"/> Owning or buying |
| <input type="checkbox"/> Prison | <input type="checkbox"/> Self-contained supported housing tenant | <input type="checkbox"/> Other |

C. SOURCE OF REFERRAL

- | | | |
|---|--|---|
| <input type="checkbox"/> Wycombe District Council | <input type="checkbox"/> Social Services/Leaving Care Team | <input type="checkbox"/> Youth Offending Team |
| <input type="checkbox"/> Probation | <input type="checkbox"/> Citizen's Advice | <input type="checkbox"/> Local Paper |
| <input type="checkbox"/> Direct Application | <input type="checkbox"/> Supported Housing Association | <input type="checkbox"/> Friend |
| <input type="checkbox"/> Tea Warehouse | <input type="checkbox"/> Y.E.S. | <input type="checkbox"/> Other |

D. ECONOMIC CIRCUMSTANCES

- | | | |
|--|---|---|
| <input type="checkbox"/> Working full-time (Over 16 hours) | <input type="checkbox"/> Working part-time (16 hours or less) | <input type="checkbox"/> Registered Unemployed |
| <input type="checkbox"/> Full-time student | <input type="checkbox"/> On Government Training Scheme | <input type="checkbox"/> Incapacity or other benefits |

How long have you lived at your present Address?

What is your total pay after deductions?

£

Does any of your money come from Benefits?

Will you qualify for Housing Benefit if you are offered accommodation at the YMCA?

HEALTH - (select by clicking in appropriate boxes)

- | | | |
|-------------------------------------|---|---|
| <input type="checkbox"/> Asthmatic | <input type="checkbox"/> Diabetic | <input type="checkbox"/> Depression/Mental Health |
| <input type="checkbox"/> Disability | <input type="checkbox"/> Hearing impaired | <input type="checkbox"/> Visually impaired |
| <input type="checkbox"/> Epileptic | <input type="checkbox"/> None | <input type="checkbox"/> Other |

If other, please give details

Details of regular medication

DOCTOR'S DETAILS

Name:

Address: House Name or No.

Street/Road

Town/City

County

Post Code

Tel No

When do you need the Accommodation?

Do you require accommodation for a wheelchair user?

Do you have any Criminal Convictions/Court Orders/Police Involvement etc?

If yes, please give details:

Do you or have you had a history of problems relating to Drugs/Alcohol/Gambling?

If yes, please give details:

Do you have any friends or relations living at this YMCA?

Have you lived at High Wycombe YMCA before?

If you are currently renting accommodation, please provide details of your landlord

Name:

Address: House Name or No.

Street/Road

Town/City

County

Post Code

Tel No

REFERENCES

Please give the name, address and telephone number of two people (not relatives) that you have asked to act as a reference as to your personal character (employer, priest, teacher, social worker, probation officer or support worker).

FIRST REFERENCE	
Name:	
House Name or No.	
Street/Road	
Town/City	
County	
Post Code	<input type="text"/>
Tel No	<input type="text"/>
Relationship to you	

SECOND REFERENCE	
Name	
House Name or No.	
Street/Road	
Town/City	
County	
Post Code	<input type="text"/>
Tel No	<input type="text"/>
Relationship to you	

Please give details of your reasons for applying to High Wycombe YMCA, and how you think you will benefit from this accommodation.

Please give details of any other circumstances you wish to be considered in support of your application.

I declare that to the best of my knowledge the information that I have provided is true and complete. Failure to declare information which may later come to light will invalidate this application and may result in the termination of any licence/tenancy issued.

I will inform High Wycombe YMCA should my circumstances change.

Signed Date

(The Application Form will need to be signed by you when you attend an interview)

If someone else has completed this form on your behalf, please complete details.

Name: Relationship to Applicant:

EQUAL OPPORTUNITIES

The purpose of this section is to help us to discover the extent to which racial discrimination prevents people gaining equal access to Housing Association accommodation. The statistical evidence gathered from this question will be used to combat racial discrimination by improving the quality of our services.

Your application will not be affected if you chose not to answer this question, although we would appreciate it if you did.

Please tick the box which best describes your ethnic origin.

<input type="checkbox"/> African	<input type="checkbox"/> Asian/SE Asian	<input type="checkbox"/> British Black
<input type="checkbox"/> British Other	<input type="checkbox"/> British White	<input type="checkbox"/> Caribbean
<input type="checkbox"/> European	<input type="checkbox"/> Irish	<input type="checkbox"/> Mixed Race
<input type="checkbox"/> Other: <i>please specify</i>	<input type="text"/>	

Thank you for taking the time to complete this questionnaire