



# London Housing Project

## Housing Application Form

### Supported Housing

Please return the completed Application Form to: [info@londonhousingproject.co.uk](mailto:info@londonhousingproject.co.uk)  
This is an application form for London Housing Project.

#### SECTION 1 – GENERAL INFORMATION

**Project/Home applied for**

(Please see attached schedule or contact LHP for more information)

2nd choice (optional)

**Applicant Details**

Applicant Name:

Date of Birth:

Present Address:

Postcode:

Telephone No:

**Referral Details**

Name of Referrer:

Job Title:

Organisation:

Sector (if applicable):

Address:

Postcode:

Telephone No:

**NOTE:** Admission to an **LHP Scheme** cannot proceed until the completion of a Full Needs Assessment and financial assessments, including confirmation of funding from the DSS or Local Authority Social Service Department, where appropriate. Details of the weekly charge for the home/project that you are applying for are available from the home/project or from LHP.

**FOR LHP USE ONLY**

Referral No	<input type="text"/>	Date Received	<input type="text"/>	Waiting List Ref	<input type="text"/>
Tenant Ref.	<input type="text"/>	Unit Ref.	<input type="text"/>	Allocation Date	<input type="text"/>

*Please continue on next page ➤*

**SECTION 2 – MONITORING INFORMATION**

London Housing Project has a policy of giving equal access to its housing to all groups of people in society. We try to make sure that we do not discriminate in respect of race, colour, gender, sexuality, disability, marital status, dependants, political view or creed.

To check that we are being fair in our policies, we ask you to provide us with the following information about yourself. Please complete the questions below. The information will not affect your application in any way.

Some of the questions in this section are used to collect this information and will not affect your application.

**Who is completing this section?** The Applicant .....  The Applicant’s Representative .....

<b>Are you</b> (the applicant)	<input type="checkbox"/> Male	<input type="checkbox"/> Female	
What is your <b>age</b> (in years) .....			
<b>Do you consider yourself to be</b>	<input type="checkbox"/> Not disabled	<input type="checkbox"/> Unregistered disabled	<input type="checkbox"/> Registered disabled
<b>Do you use a wheelchair ...</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
<b>Do you consider yourself to be ... (Please tick only one)</b>			
<b>White ...</b>	<input type="checkbox"/> British <sup>(1)</sup>	<input type="checkbox"/> Irish <sup>(2)</sup>	<input type="checkbox"/> Other <sup>(3)</sup>
<b>Mixed ...</b>	<input type="checkbox"/> White & Black Caribbean <sup>(4)</sup>	<input type="checkbox"/> White & Black African <sup>(5)</sup>	
	<input type="checkbox"/> White & Asian <sup>(6)</sup>	<input type="checkbox"/> Other <sup>(7)</sup>	
<b>Asian or Asian British ...</b>	<input type="checkbox"/> Indian <sup>(8)</sup>	<input type="checkbox"/> Pakistani <sup>(9)</sup>	<input type="checkbox"/> Bangladeshi <sup>(10)</sup> <input type="checkbox"/> Other <sup>(11)</sup>
<b>Black or Black British ...</b>	<input type="checkbox"/> Caribbean <sup>(12)</sup>	<input type="checkbox"/> African <sup>(13)</sup>	<input type="checkbox"/> Other <sup>(14)</sup>
<b>Chinese or other ethnic group ...</b>	<input type="checkbox"/> Chinese <sup>(15)</sup>	<input type="checkbox"/> Other <sup>(16)</sup>	
<b>I prefer not to answer this question</b>	<input type="checkbox"/> <sup>(17)</sup>		

**What type of accommodation do you currently/did you live in? (Tick one)**

- Local Authority Tenant .....  Housing Association (General Needs) ...  Bed and Breakfast .....
- Private Tenant .....  Owning or buying.....  Living with Family/Friends .....
- Approved probation/bail hostel.....  Hostel/Shared Housing.....  Children’s Home/Foster Care....
- Hospital .....  Supported Housing Tenant (Self-contained accommodation) .....
- Residential Care Home .....  Sheltered Accommodation .....  Prison.....
- Squatting .....  No Fixed Abode.....
- Other (please specify) .....

If you are a Housing Association Tenant, which Housing Association? \_\_\_\_\_

If you receive support, what organisation provides it? \_\_\_\_\_

Address: \_\_\_\_\_

Telephone No: \_\_\_\_\_

**SECTION 2 – Monitoring Information (Continued)**

**What is the main reason for needing to be housed in the scheme?**

- Tick One
- Rehoused from temporary hostel/shared housing.....
  - Rehoused from an institution (Prison, Hospital, Care Home) .....
  - Move-on to supported self-contained housing.....
  - Needs accommodation providing more support.....
  - Requires specially adapted accommodation.....
  - Required/asked to leave home .....
  - Leaving home of family or friends by choice.....
  - Rough sleeper .....
  - Racial harassment.....
  - Other Harassment.....
  - Domestic Violence.....
  - Problems related to physical health .....
  - Refugee/asylum seeker .....
  - Requires alcohol/drug rehabilitation.....
  - Probation Service order.....
  - Evicted from housing .....
  - Young person at risk or leaving care.....
  - Other.....

**Are you homeless?**

- Tick One
- Not Homeless.....
  - Statutorily homeless under the 2002 Act .....
  - Other Homeless.....
  - Referral under 1989 Children Act .....

**Client Group/Needs**

	Main Tick one	Secondary Tick one
Physical Disability .....	<input type="checkbox"/>	<input type="checkbox"/>
AIDS/HIV .....	<input type="checkbox"/>	<input type="checkbox"/>
Learning Difficulties .....	<input type="checkbox"/>	<input type="checkbox"/>
Mental Health related problems.....	<input type="checkbox"/>	<input type="checkbox"/>
Drug related problems .....	<input type="checkbox"/>	<input type="checkbox"/>
Leaving penal establishment / probation referral.....	<input type="checkbox"/>	<input type="checkbox"/>
Refugee/asylum seeker.....	<input type="checkbox"/>	<input type="checkbox"/>
Young person at risk/leaving care.....	<input type="checkbox"/>	<input type="checkbox"/>
Frail older person .....	<input type="checkbox"/>	<input type="checkbox"/>
Single homeless in need of support .....	<input type="checkbox"/>	<input type="checkbox"/>
Other.....	<input type="checkbox"/>	<input type="checkbox"/>

**Economic status?**

- Tick One
- Full time work .....
  - Part time work .....
  - Job Seeker .....
  - Government New Deal Programme .....

**NOTE: The information that you have provided in this section is used for statistical and monitoring purposes only. It is confidential and it will not affect your application.**

If the applicant does not wish to provide this information, please tick here.....

**SECTION 3 – FINANCIAL INFORMATION**

**Is the applicant moving from a residential or nursing home?** Yes...  No....

**Who paid the fees?** DSS.....  Social Services.....  Both .....  Applicant ...

**National Insurance Number** | | | | | | | | | |

**Is the Court of Protection involved?** Yes...  No....

**Does the applicant have an appointee?** Yes...  No....

Name/Relationship of Appointee: \_\_\_\_\_

**What is the applicant’s weekly income?**

<b>State Benefits</b> (excluding housing benefits, council tax benefit and residential care payments)	£	:
<b>Income from employment</b> (after deductions)	£	:
<b>Income from pensions</b>	£	:
<b>Other income</b>	£	:
<b>TOTAL WEEKLY INCOME</b>	£	:

**Please detail State Benefits received**

Benefit Name	Weekly Amount
	£ :
	£ :
	£ :
	£ :
	£ :

**Does the applicant receive an occupational pension?** Yes ...  No.....

**Does the applicant have any savings, stock or shares, etc?** Yes ...  No.....

Details \_\_\_\_\_ Amount £ \_\_\_\_\_

Details \_\_\_\_\_ Amount £ \_\_\_\_\_

**Does the applicant own any property/land?** Yes ...  No.....

If "Yes", what is the value? £ \_\_\_\_\_

**Does the applicant currently have any rent arrears?** Yes ...  No.....

Details \_\_\_\_\_ Amount £ \_\_\_\_\_

Details \_\_\_\_\_ Amount £ \_\_\_\_\_

NOTE: Information on rent arrears will not affect this application.

**SECTION 4 – REFERRAL INFORMATION**

**TO BE COMPLETED BY THE REFERRER**

**What is your relationship to the Applicant?** \_\_\_\_\_

**How long have you known the Applicant?** \_\_\_\_\_

**(a) Applicants to supported housing:**

Has a Pathway Assessment been completed .....

If applicant is over 18, has a Community Care Assessment been completed .....

**What are the reasons for this referral?** (Please continue on a separate sheet if necessary)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**What are the applicant’s present support needs?** (Tick all that apply)

- Domestic Violence .....     Eating Disorders.....     Institutionalisation .....
- Learning Difficulties .....     Life Skills (General) .....     Life Skills (Budgeting) .....
- Mental Health .....     Offending .....     Offending (Other) .....
- Physical Disabilities .....     Refugee .....     Substance Misuse (Drugs)...
- Substance Misuse (Alcohol).....     Challenging Behaviour .....
- AIDS/HIV .....     Racial harassment.....
- Other (Specify).....

Which of the above does the applicant need **most** support with?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please indicate any other areas where particular support is required (**Tick all that apply**)

- Budgeting .....     Cooking.....     Cleaning .....
- Eating disorder.....     Self harm .....     Sight .....

Medication .....     Literacy.....     Numeracy .....   
 Communication skills.....     Personal Hygiene .....     Assertiveness skills.....   
 Hearing .....     Continence .....     AIDS/HIV .....   
 Physical/Sex abuse .....     Racial Harassment.....     Other .....   
 Other, please specify \_\_\_\_\_

**Ongoing Contact with Applicant**

It is the normal expectation of the LHP, Supported Housing that the referring agency will continue contact with the applicant if accepted into the Project/Home. Regular reviews (IPs) will take place to which the referrer will be invited.

**Please outline the level and frequency of your intended contact**

\_\_\_\_\_  
 \_\_\_\_\_

**What is the earliest date that the applicant would like to move in?** \_\_\_\_\_

**SECTION 5 – ACCOMMODATION HISTORY**

**Is the applicant on a Housing Association or Council waiting list?**                      Yes ...     No.....

Details \_\_\_\_\_ Time on List \_\_\_\_\_  
 Details \_\_\_\_\_ Time on List \_\_\_\_\_  
 Details \_\_\_\_\_ Time on List \_\_\_\_\_

**Please detail any previous stays in residential, hostels, supported housing or institutions**

Name of home/hostel etc	Dates from/to	Reason for leaving

**SECTION 6 – SPECIAL SUPPORT NEEDS**

**Does the applicant have any known history of violent or challenging behaviour?** Yes...  No...

(i.e. Behaviour that may cause or risk injury to the applicant or others)

If yes, please detail any incidents below:  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Please detail any particular support the applicant requires in respect of the violent/challenging behaviour:

Four horizontal lines for detailing support requirements.

Who may we contact for more details about this?

Name \_\_\_\_\_ Telephone \_\_\_\_\_

**Does the applicant have any other behaviour/ needs (past or present) that require particular support?** (e.g. Self harm, noise, arson, damage to property, etc) Yes.....  No .....

Please detail the behaviour/needs

Four horizontal lines for detailing behaviour/needs.

Please detail the support required in respect of the behaviour/needs

Four horizontal lines for detailing support requirements.

**Does the applicant have any needs or preferences relating to their ethnicity? If so, please state what these are:**

Four horizontal lines for detailing ethnicity-related needs or preferences.

**Does the applicant have any social/cultural or religious needs? If so, please state what these are.**

Four horizontal lines for detailing social/cultural or religious needs.

**SECTION 7 – OTHER PEOPLE INVOLVED WITH THE APPLICANT**

**Please give a brief family history of the applicant (if known), including details of present contact and relationships.** (It is particularly useful if we can have details of any dependant children)

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**Does the applicant have an Advocate?**

Yes ...  No.....

**Who is the applicant’s Next of Kin?**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

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Telephone No: \_\_\_\_\_

Relationship to applicant: \_\_\_\_\_

**Please list all social contacts.** (Please include details of attendance at clubs, day centres, etc, both past and present)

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**Please detail professional contacts below: -**

	<b>Name</b>	<b>Work Base</b>	<b>Frequency of contact</b>
CPN			
Social Worker			
Probation Officer			
Psychiatrist			
Consultant			
Health Visitor			
District Nurse			
Physiotherapist			
Other _____			

**SECTION 8 – PHYSICAL HEALTH**

**Please give history of any significant health problems:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Please give name and address of current or most recent GP:**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Telephone No: \_\_\_\_\_

**Please detail any medication that the applicant currently takes below: -**

<b>Name of Medication</b>	<b>Reason for taking</b>	<b>Side effects</b>



**SECTION 10 - SUBSTANCE MISUSE – ALCOHOL**

**Does the applicant have a history of alcohol misuse?**

Yes.....  No .....

**If "No" please go to Section 11**

**Please provide details of alcohol misuse**

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**How much alcohol is consumed?** \_\_\_\_\_ Units per **day/week/month/other** \_\_\_\_\_

\*Delete as appropriate

**Please detail any difficulties the applicant experiences from the misuse.**

(E.g. overspending, violence, offending)

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**Please detail any physical/health problems that may be related to alcohol consumption**

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**How does the applicant present when they have consumed alcohol?**

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**Please detail below any treatment the applicant has received for alcohol misuse**

Type of treatment	Date of last treatment	Project/clinic	Length of stay

**SECTION 11 – MENTAL HEALTH**

**Does the applicant have a history of mental health problems?** Yes...  No ....

**If "No" please go to Section 12**

**Please provide details of the mental health problems**

Date	Details	Hospital admission?
		Yes <input type="checkbox"/> No <input type="checkbox"/>
		Yes <input type="checkbox"/> No <input type="checkbox"/>
		Yes <input type="checkbox"/> No <input type="checkbox"/>
		Yes <input type="checkbox"/> No <input type="checkbox"/>
		Yes <input type="checkbox"/> No <input type="checkbox"/>
		Yes <input type="checkbox"/> No <input type="checkbox"/>

**Please provide details of hospital admissions below**

Hospital	Date and length of admission	Was the applicant under a Mental Health Section?

**Date of applicant's last contact with a psychiatrist** \_\_\_\_\_

Name of Psychiatrist \_\_\_\_\_ Hospital \_\_\_\_\_

Please describe any symptoms, behaviour traits etc. which may be significant, and describe how mental distress presents itself

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**SECTION 12 – OFFENDING**

Does the applicant have a history of offending behaviour? Yes.....  No .....

If "No" please go to Section 13

Please provide details of past offending. Please list all offences and provide full details of serious offences.

**NOTE:** SERs can no longer be sent with referrals. In order that we may process any referral for an applicant with offending behaviour it is essential that we have full details of their offending history. We will not be able to proceed with this referral if this information is not provided.

Offence	Date	Sentence	Spent/Ongoing

Is the Applicant on any Sex Offenders Register? Yes...  No...

Details

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Please detail any restrictions and/or reporting obligations the applicant has in respect of the above

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**Has the applicant attended a groupwork programme for sex offenders (past or present)?  
Please give details below**

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**Is the applicant subject to any Probation Order/Supervision?**

Yes....  No .....

Please detail type and duration below:

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**SECTION 13 – EMPLOYMENT/DAYTIME ACTIVITIES**

**Is the applicant currently working?**

Yes.....  No .....

**Please provide details of the applicant’s employment history**

Employer	Dates	Nature of work	Full/part time	Salary

**Does the applicant attend a day centre?**

Yes.....  No .....

**Please provide details of day centre(s) attended**

Name of Day Centre	Days attended	Details

**Please give details of the applicant's regular weekly activities**

Day	Morning	Afternoon	Evening
<b>Monday</b>			
<b>Tuesday</b>			
<b>Wednesday</b>			
<b>Thursday</b>			
<b>Friday</b>			
<b>Saturday</b>			
<b>Sunday</b>			

**SECTION 14 – SUPPORTING INFORMATION**

**Please supply any further information that you feel may be relevant to this application**

**Please detail why the applicant and the referrer feel that the project (or the part of the project chosen) as detailed in Section 4 is most suitable for the applicant’s needs**

If you are unsure of which home/project or part of project matches the applicants needs, please indicate this below and indicate what type of accommodation you feel the applicant would benefit from (i.e. high support, some independent living, etc) and why.

**SECTION 15 - SIGNATURES**

I/we confirm that the information supplied on this form is true and complete to the best of our knowledge. I/we understand that the providing of false information or the concealing of relevant information may lead to the eviction of the applicant should a place be offered on the basis of the information supplied in this Application Form.

**Signature of Applicant** \_\_\_\_\_ **Date** \_\_\_\_\_

**Signature of Referrer** \_\_\_\_\_ **Date** \_\_\_\_\_

**SECTION 16 – APPLICANT’S SUPPORTING INFORMATION**

**FOR COMPLETION BY THE APPLICANT**

**It would be helpful to us if you could give some information about yourself in order to give us a better understanding of why you want to live in an LHP housing scheme project.**

**You do not have to answer any of the questions below, and any information you give will be confidential.**

**Why do you want to leave where you are currently living?**

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**Why do you specifically want to live in an LHP Supported Housing Scheme, and the part of the project you have applied for (if appropriate)? (Please discuss this with the person who is referring you.)**

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**What particular issues do you wish to work on whilst living in the scheme? (Please discuss this with the person who is referring you.)**

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**What do you hope to achieve whilst living in the scheme?**

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**What do you expect from the scheme?**

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**If you come to live in an LHP supported housing scheme, the staff there will want to work with you to achieve the above aims and expectations.**

**Are you willing for them to do this?**

Yes ....  No .....  Don't know.....

**What would you expect from staff?**

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**Who completed this section?**

The Applicant .....

The Applicant's Representative.....

**Applicant's Signature** \_\_\_\_\_ **Date** \_\_\_\_\_