



Application Form to Join the West Lindsey District Council and Acis Group Housing Register

Supported Housing Application Form

GUIDANCE NOTES

**If you have any difficulty in completing your application, please contact
Acis House, Bridge Street, Gainsborough on 01427 678000**

This joint housing application form enables applicants to progress on the West Lindsey District Council or Acis Group's Housing Registers. Acis Group Ltd manages the Housing Register for West Lindsey District Council under an Agency Agreement.

Both the Council and Acis Group use a 'points' system for its waiting list. Therefore, the more information and evidence you are able to provide, the easier it will be for us to award the correct number of points to your application.

It is important that you complete your form as fully as possible and supply evidence where necessary e.g medical evidence etc.

Failure to do so may result in your form being returned to you. This in turn will cause delays in placing your application on the Housing Register.

**Please return your completed form to:
Acis Group Ltd, Acis House, Bridge Street,
Gainsborough, Lincolnshire DN21 1GG**



INVESTOR IN PEOPLE



Supported Housing Application Form

FOR JOINT APPLICATIONS PLEASE COMPLETED BOTH BOXES

	First Applicant	Second Applicant
Mr/Mrs/Miss		
First Name		
Other Names		
Surname		
Address		
Telephone Number		
E-mail Address		
Date of Birth		
N. I Number		

Please list below any other people who are currently living with you

Name	Date of Birth	Relationship to applicant	Do they require re-housing with you?
			Yes <input type="checkbox"/> No <input type="checkbox"/>
			Yes <input type="checkbox"/> No <input type="checkbox"/>
			Yes <input type="checkbox"/> No <input type="checkbox"/>

YOUR CURRENT ACCOMMODATION

Please tick appropriate box			
Council Tenant	<input type="checkbox"/>	Living with Family	<input type="checkbox"/>
Housing Association Tenant	<input type="checkbox"/>	Living with Friends	<input type="checkbox"/>
Tied Accommodation	<input type="checkbox"/>	Privately Rented Property	<input type="checkbox"/>
Owner Occupier	<input type="checkbox"/>		
If you rent from a Private Landlord, please provide Name and address:			

What type of accommodation do you live in?	Flat <input type="checkbox"/> Bungalow <input type="checkbox"/> House <input type="checkbox"/> Maisonette <input type="checkbox"/>
How many bedrooms does your accommodation have?	1 Bedroom <input type="checkbox"/> 2 Bedroom <input type="checkbox"/> 3 Bedroom <input type="checkbox"/> 4 Bedroom <input type="checkbox"/>
Is the bathroom upstairs, downstairs?	Upstairs <input type="checkbox"/> Downstairs <input type="checkbox"/>
Is the W.C upstairs, downstairs or both?	Upstairs <input type="checkbox"/> Downstairs <input type="checkbox"/> Both <input type="checkbox"/>
Does your property have a stair lift?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Do you have difficulty using the stairs?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Do you have difficulty entering or exiting your accommodation?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Do you have a ramp to either the back or front door?	Yes <input type="checkbox"/> No <input type="checkbox"/> Back door <input type="checkbox"/> Front door <input type="checkbox"/>

Do you have a Cat **Dog** **(please note some types of accommodation are not suitable for pets)**

YOUR SUPPORT NEEDS

Are you currently receiving support? Yes <input type="checkbox"/> No <input type="checkbox"/>	
If you are currently receiving support please complete the following section.	
Do you receive any of the following services?	
Social Worker	Yes <input type="checkbox"/> No <input type="checkbox"/> Name: _____ Telephone number: _____
District Nurse	Yes <input type="checkbox"/> No <input type="checkbox"/> Name: _____ Telephone number: _____
Community Psychiatric Nurse (C.P.N)	Yes <input type="checkbox"/> No <input type="checkbox"/> Name: _____ Telephone number: _____
Carers	Yes <input type="checkbox"/> No <input type="checkbox"/> Name: _____ Telephone number: _____
Agency Worker	Yes <input type="checkbox"/> No <input type="checkbox"/> Name: _____ Telephone number: _____
Family Help	Yes <input type="checkbox"/> No <input type="checkbox"/> Name: _____ Telephone number: _____
Other	Name: _____ Telephone number: _____

If you are not currently receiving support but consider yourself to have support needs, please complete the following section

DO YOU NEED?

Help with housework	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Help with bathing/showering	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Help with dressing	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Help with the provision of meals	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Help with managing money	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Help with shopping	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Help with social activities	Yes <input type="checkbox"/>	No <input type="checkbox"/>

WALKING AIDS

Do you use any of the following aids?

Walking Stick/s	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Walking Frame	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Wheelchair	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Mobile Scooter	Yes <input type="checkbox"/>	No <input type="checkbox"/>

MEDICAL CIRCUMSTANCES

Doctors Name:

Surgery Address:

Telephone number:

Please use the following space to inform us of any medical problems you have

.....
.....
.....

If you currently have medical problems, please also completed the enclosed self-assessment Medical and Support Form

Supported Housing Choice

Please tick boxes to select from the following:

SHELTERED HOUSING

Newlands Court, Gainsborough	43	1 Bed room Flats	<input type="checkbox"/>
Pillared House, Gainsborough	26	1 Bed room Flats	<input type="checkbox"/>
Oaklands, Saxilby	20	1 Bed room Flats	<input type="checkbox"/>
Park House, Welton	16	1 Bed room Flats	<input type="checkbox"/>
	3	1-2 Bed room Bungalow	<input type="checkbox"/>
Dale View, Caistor	16	1 Bed room Flats	<input type="checkbox"/>
	4	1-2 Bed room Bungalow	<input type="checkbox"/>
St Oswalds, Bardney	11	1 Bed room Flats	<input type="checkbox"/>
Braemar Close, Middle Rasen	16	1 Bed room Bungalow	<input type="checkbox"/>
Lammas Leas, Market Rasen	30	1-2 Bed room Bungalow	<input type="checkbox"/>
Fletcher Court, Market Rasen	50	1-2 Bed room Bungalow	<input type="checkbox"/>
Grand Luce Court, Cherry Willingham	8	1 Bed room Flats	<input type="checkbox"/>
Whittons Mill, Gainsborough	39	1 Bed room Flats	<input type="checkbox"/>
	6	2 Bed room Flats	<input type="checkbox"/>
Princess Diana Court, Gainsborough	34	2 Bed room Bungalows.	<input type="checkbox"/>
Phoenix Court, Gainsborough	36	2 Bed room Chalet Bungalow	<input type="checkbox"/>
Hubert Ward House, Keelby	18	Bedsits	<input type="checkbox"/>
	6	1 Bed room Flats	<input type="checkbox"/>
	1	2 Bed room Flats	<input type="checkbox"/>
Church View, Nettleham	30	1 Bed room Flats	<input type="checkbox"/>

EQUAL OPPORTUNITIES

The Commission for Racial Equality advocates that Housing Agencies should keep records to make sure that no person applying for Housing is treated less favourably because of their race, colour, ethnic or national origin. In order to ensure the Company complies with its declared policy of giving equal treatment to all applicants, we would be grateful if you would complete this form by placing a tick in the appropriate boxes.

This information will be used solely for monitoring purposes and will be treated as confidential.

White	British <input type="checkbox"/>	Irish <input type="checkbox"/>	Other <input type="checkbox"/>		
Mixed	White & Black <input type="checkbox"/>	White & Black <input type="checkbox"/>	White Asian <input type="checkbox"/>	Other <input type="checkbox"/>	
	Caribbean <input type="checkbox"/>	African <input type="checkbox"/>			
Asian or Asian British	Indian <input type="checkbox"/>	Pakistani <input type="checkbox"/>	Bangladeshi <input type="checkbox"/>	Other <input type="checkbox"/>	
Black or Black British	Caribbean <input type="checkbox"/>	African <input type="checkbox"/>	Other <input type="checkbox"/>		
Chinese or other ethnic group	Chinese <input type="checkbox"/>		Other <input type="checkbox"/>		
Refused	<input type="checkbox"/>				

RELATIONSHIP TO STAFF OR BOARD OF DIRECTORS

Are you or any member of your household who is included in the application related to any senior officer or member of the board of management of Acis Group Ltd or any of the following social housing providers?

Yes No

- | | | | |
|-----------------------------------|--------------------------|---------------------------------------|--------------------------|
| Longhurst Group | <input type="checkbox"/> | Northern Counties Housing Association | <input type="checkbox"/> |
| Axiom Housing Association | <input type="checkbox"/> | West Lindsey District Council | <input type="checkbox"/> |
| North British Housing Association | <input type="checkbox"/> | New Wolds Housing Trust | <input type="checkbox"/> |
| Havelok Housing Association | <input type="checkbox"/> | Anchor Housing Association | <input type="checkbox"/> |
| Other (please specify) | <input type="checkbox"/> | Please give details | _____ |

Where did you hear about Acis Group Ltd?

Poster	<input type="checkbox"/>	Leaflet	<input type="checkbox"/>	Family	<input type="checkbox"/>	Friends	<input type="checkbox"/>	Press	<input type="checkbox"/>
Local Authority	<input type="checkbox"/>	Other	<input type="checkbox"/>						

DECLARATION

I/We declare that to the best of my/our knowledge, the above information is correct in every respect. I/We understand that my/our application will be withdrawn if incorrect information has been supplied and I/we are aware that Acis Group Ltd will be relying on this information to assess my/our application.

I/We authorise Acis Group Limited to disclose information to any third party including any lender whom I/we may apply for a mortgage. I authorise Acis Group Ltd to make such enquires as it considers necessary relating to my/our application, including a credit reference agency check and verification of my/our income with my/our employer.

I/We agree to notify Acis Group Limited of any change in circumstances that relate to my/our application before completion of purchase and I/We authorise my/our Solicitor to disclose any relevant information to Acis Group Limited.

I/We understand that the completion of this form does not guarantee the offer of a property, or commit me to the purchase of the property.

Signed _____ Date: _____

Signed _____ Date: _____

Acis Group Limited
Acis House
Bridge Street
Gainsborough
Lincolnshire
DN21 1GG

Telephone Number: 01427 678000
Facsimile Number: 01427 679679
E-mail: info@acisgroup.co.uk
Web: www.acisgroup.co.uk

