

Island HomeFinder

application form

Please complete and return
this application to:

Housing Services, 7 High Street,
Newport, Isle of Wight PO30 1SS

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 رقم 01983 821000 وسوف نبذل قصارى 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।

Punjabi

ਜੇਕਰ ਤੁਹਾਨੂੰ ਇਹ ਦਸਤਾਵੇਜ਼ ਸਮਝਣ ਵਿੱਚ 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

اگر آپ کو اس دستاویز کو سمجھنے میں مشکلات کا سامنا ہو تو برائے مہربانی ہم سے اس نمبر پر رابطہ کیجئے 01983 821000 اور ہم آپ کی مدد کرنے کے لیے ہر ممکن کوشش کریں گے۔

Chinese

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

Bengali

এই ডকুমেন্টে বা পারলে অনুগ্রহ করে আমাদেরকে 01983 821000 নাম্বারে ফোন 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.

Italian

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.

Romanian

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.

This form is available on
request as an audiotape,
in large print and in Braille.
For further details, please
contact housing services
on (01983) 823040.



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
Postcode:	Home phone:
	Mobile phone:
	Email address:
	Date you moved to this address (dd/mm/yyyy):

What is your preferred method of contact?

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 joint applicants in 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

Have you ever been known by a different name? If yes, please tell us your previous name.

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

What is your nationality?

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

Are you or any member of your household pregnant?

 Yes No

If yes, please state who and the estimated date of birth

Name	Sex (male, female, unknown)	Estimated date of birth

Have you or a member of your household ever been a council or housing association tenant?

 Yes No

If yes, please provide the following details

Who	Address	Date moved in	Date moved out	Landlord

Have you or a member of your household ever been evicted from a property because of rent arrears or anti-social behaviour?

 Yes No

If yes, please provide the following details

Who	Address	Date moved in	Date moved out	Landlord

You will not be considered for housing if you have any current or past housing debt unless you have been making regular agreed payments for at least six months.

Have you or any other member of your household ever been served with an Anti-Social Behaviour Order (ASBO)?

 Yes No

If yes, please provide the following details

Who	Address	Date moved in	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?

 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 situation.

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

- You are renting from a private landlord (please state below the name and address of landlord)

- You are a council tenant (please state below, which council)

- You are a housing association tenant (please state below, which housing association)

- | | |
|---|---|
| <input type="checkbox"/> You own your own home | <input type="checkbox"/> You are a mobile home owner |
| <input type="checkbox"/> You are living in sheltered housing | <input type="checkbox"/> You are living in a rented mobile home |
| <input type="checkbox"/> You are living in accommodation tied to your job | <input type="checkbox"/> You are living in HM Forces accommodation |
| <input type="checkbox"/> You are living in a bed and breakfast | <input type="checkbox"/> You are living in temporary housing provided by your local authority |
| <input type="checkbox"/> You live in a hostel | <input type="checkbox"/> You live in a Women's Refuge |
| <input type="checkbox"/> You are in hospital/prison/other institution | <input type="checkbox"/> You are living in a care/nursing home |
| <input type="checkbox"/> You are squatting | <input type="checkbox"/> You are sofa surfing |
| <input type="checkbox"/> You are sleeping rough (eg, outdoors) | <input type="checkbox"/> 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/Shower

Is the condition of your current home likely to seriously affect the members of your household? (See scheme guide for more information)

 Yes No

If yes, please give details

Have you informed your landlord of the above?

 Yes No

If yes, please give details of their response and any work carried out on the property as a result.

If you rent your current home, how much is your rent?

Per week/month

Are you in arrears with your rent?

 Yes No

If yes, how much?

You will not be considered for housing if you have any current or past housing debt unless you have been making regular agreed payments for at least six months.

If you own your current home, please give us the following details:

What is its value?

Outstanding mortgage or loan

Mortgage lender

Are you in arrears with your mortgage repayments?

 Yes No

If yes, how much?

Have you or a joint applicant received a Notice or Court Possession Order requiring you to leave your current home?

 Yes No

What date do you have to leave?

Have you been accepted as being statutory homeless by a local authority?

 Yes No

If yes, please provide date and name of the local authority.

Please list all sources of income that normally come into your household each week.

Type of income (eg, Income Support, wages)	Amount	Frequency

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

If yes, please give details below.

Description	Amount

When assessing your housing need, we will consider whether your current housing is adversely affecting your welfare or medical needs.

Do you or any person applying with you have any of the following?

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 condition listed above? Yes No

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

Are you or any member of your household at risk of, or suffering from violence, physical, emotional or sexual abuse whilst in your current home? 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 person does this relate to?
A	Use a wheelchair indoors most of the time, including kitchen and bathroom.		
B	Occasionally need to use a wheelchair indoors, unable to climb steps or stairs.		
C	Do not use a wheelchair indoors but cannot climb steps or stairs.		
D	Can manage one or two steps.		
E	Can manage one flight of stairs		

Do you or anyone included in this application currently receive support in your home (eg, from a carer, social services, friends or relatives)? Yes No

If yes, please give details below.

Name of person receiving support	Who provides support?	Frequency

Would support be required in your new home? Yes No

If yes, please give details below.

Name of person receiving support	Details of support needed

Have you been permanently resident on the Island for the last six months or three years out of the last five years

Applicant: Yes No Joint applicant: Yes No

Do you have permanent employment on the Island? Yes No

If you do not live or work on the Island, do you have immediate family who have lived continuously for the last five years on the Island? For example, parents, brothers/sisters or adult children.

 Yes

 No

Name	Address	Relationship to applicant	How long have they lived on the Island?

What type of property would you want to be considered for?

 Bedsit

 Bungalow

 Studio

 Maisonette

 Flat

 Older persons' housing

 House

 Disabled adapted

If you have indicated above that you wish to be considered for older persons' housing, please tick which areas you would consider living in.

 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 information will help the Isle of Wight Council and its partners plan for the future. Once you are registered on Island HomeFinder, you can register your interest 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 housing in a rural parish, you may have to provide evidence that you have a connection to the parish. For more information, please refer to the scheme guide.

Are you interested in other housing 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

(See scheme guide for more details of these options)

Is there anything else you wish to tell us about why you want to move?

Island Homefinder gives you the choice to decide whether you want to be considered for vacant properties that are advertised locally. You do this by bidding for a specific vacancy.

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 discuss how we could help you.

Are you or any member of your household connected to the Isle of Wight Council or one of the housing associations operating on the Island, through the following means:

As an employee

As a councillor or committee member

Relative of an employee

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

British

Irish

Traveller of Irish heritage

Gypsy/traveller

Any other white background

Asian or Asian British

Indian

Pakistani

Bangladeshi

Any other Asian background

Mixed

White and Black Caribbean

White and Black African

White and Asian

Any other mixed background

Black or Black British

Caribbean

Any other Black background

African

Chinese

Any other ethnic background

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 details below

Title

Surname

First name(s)

Address

Relationship to applicant(s)

Contact telephone number

Email address