

Welcome

Welcome

Welcome to Under One Roof's online housing application form.

Over the next few pages you will be asked for various details of your current circumstances, including details such as your connections to this area, property you live in now, employment details, any benefits received, medical conditions, amongst others.

Do not worry if you do not have all details at hand immediately, you can exit the form and return to it later, logging back in using your registration details. The more detail you can provide now will greatly assist any assessment of your circumstances we make.

Eligibility

Only certain people who are persons from abroad are eligible to join our housing register. The following questions will help us determine if you are eligible.

Please confirm your eligibility to join the Housing Register*

☒

A British citizen

☐

A citizen of a country within the EEA

☐

A Commonwealth citizen

☐

A family member of a citizen of a country within the EEA

☐

A refugee with permission to be in the UK

☐

An Irish citizen

☐

An overseas student from a country outside of the EEA

☐

None of the above

☐

Seeking, or have sought asylum in the UK

☐

Someone with permission to be in the UK because you have a sponsor

Please provide details of any other supporting information that will help us confirm your eligibility

not entered

Which Local Authority Area do you wish to be rehoused in

Which Local Authority Area do you wish to be rehoused in?*

St Helens



Your details as primary applicant

Your details

Primary household member details

Personal Details

What is your title?*

Mr

What is your first name(s)?*

Joseph

What is your middle name?

Michael

What is your surname?*

Percival

Are you known by any other names?

No

What is your date of birth?*

05/02/1982

What gender are you?*

Male

What is your National Insurance Number?*

JL 09 53 65 B

Original value: JL095365B

What is your marital status?
not selected
Are you pregnant?*
No
If yes, when is your baby due?
not entered

How can we contact you

What is your preferred contact method?
Email
Original value: Mobile telephone
What is your mobile telephone number?
07709718757
What is your home telephone number?
not entered
What is your work telephone number?
not entered
What is your email address?
joseph.m.percival@gmail.com

Address Details

Current Address

22 Grafton Street ST. HELENS Merseyside WA10 4HQ
Date you moved in to this address:28/02/2019

Correspondence Address

Correspondence description:Home
22 Grafton Street ST. HELENS Merseyside WA10 4HQ

Medical

Do you have a medical condition that is being affected by your current home and a move would assist in alleviating your current situation?*
No

Medical Assessment

Do you have a medical condition that makes it difficult to live in the current home and therefore need to move to a property more suitable in order to improve your health and well being
not selected
Do you suffer from COPD?
not selected
Please provide related details and medication
not entered
Do you suffer from Arthritis?
not selected
What form of Arthritis and what joints are affected?
not entered
Are you waiting for any treatment, investigations or operations?
not selected
Please provide details
not entered
Do you suffer from Diabetes?
not selected
Please provide details and medication if any
not entered
Do you suffer from Epilepsy?
not selected
Provide details and medication

not entered
Do you suffer from MS? not selected
Please provide details not entered
Do you suffer from mental ill health? not selected
Is there a psychiatrist or psychologist involved? not selected
Provide details of the illness not entered
Do you have a diagnosed severe medical condition? not selected
Please give details not entered
Please provide full details of any other illnesses, medical conditions not listed above not entered
What treatment , medication is currently being taken? not entered
Are you currently in hospital but are unable to be discharged not selected
Discharge Date not entered
Please provide discharge details not entered
Are you currently involved with a consultant or specialist? not selected
Please provide details not entered
Do you have any mobility issues? not selected
Can you walk? not selected
Is a wheelchair being used? not selected
Where do you use the wheelchair? not selected
How often do you use the wheelchair? not selected
Do you need a ground floor property? not selected
Do you use any specialist equipment or medical supplies? not selected
Please give details not entered
Please provide brief details as to why you think your health needs would be improved or resolved by moving to alternative accommodation. not entered

About your home

How many stairs are in your home? not selected
Is your staircase straight, curved or have a landing on the stairs? not selected
If you are unable to manage the stairs, please provide further details not entered
If you use your main living room or another room downstairs as your bedroom, please give details

not entered

Where is your current bathroom located?

not selected

Where is your toilet located?

not selected

Have you been assessed as needing a toilet upstairs and downstairs?

not selected

Do you have any adaptations in your home?

not selected

Please list the adaptations

Adapted access

Adapted Bedroom

Adapted for hearing impairment

Adapted for visual impairment

Adapted Kitchen

Additional toilet downstairs

Adjustable kitchen

Ceiling hoist

Ceiling track hoist

Disabled parking spot

Door entry system

Grab rails inside

Grab rails outside

Ground floor bedroom & bathroom

Ground floor toilet

Hardstanding

Key safe

Level access shower/wet room

Lever taps

Low level switches & sockets

Lowered kitchen

Personal alarm available

Ramp to back door

Ramp to front door

Scooter store

Shower over bath

Shower with tray

Specialist bath

Specialist toilet

Stair lift

Step lift

Through-floor lift

Wet room

Wheelchair accessible property

Wheelchair vertical lift

Widened doors

Other - please state

If other, please provide details

not entered

Were these adaptations provided for you?

not selected

If yes, when

not entered

Have you applied or are you waiting for any adaptations?

not selected

Please list the adaptations

Adapted access

Adapted Bedroom

Adapted for hearing impairment

Adapted for visual impairment

Adapted Kitchen

Additional toilet downstairs

Adjustable kitchen

Ceiling hoist

Ceiling track hoist

Disabled parking spot

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Shower over bath

Shower with tray

Specialist bath

Specialist toilet

Stair lift

Step lift

Through-floor lift

Wet room

Wheelchair accessible property

Wheelchair vertical lift

Widened doors

Other - please state

If Other, please provide details

not entered

Have you been assessed by an Occupational Therapist in the last 12 months?

not selected

Please provide details of your OT? By providing these details you are providing consent for us to contact your OT on your behalf.

not entered

If adaptations were provided would you be able to stay in your current home?

not selected

Is your mobility outside your home?

not selected

What type of transport do you rely on?

not selected

Do you have steps to the front of your home?

not selected

How many stairs are at the front of your home?

not selected

Do you have steps to the rear of your home?

not selected

How many stairs are at the rear of your home?

not selected

Do you have any grab rails or a ramp to the outside of your home?

not selected

Will you require adaptations in your new home?

not selected

Please list the adaptations required

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Stair lift
Step lift
Through-floor lift
Wet room
Wheelchair accessible property
Wheelchair vertical lift
Widened doors
Other - please state

If other, please provide details
not entered

Do you receive any benefits or assistance to help with your medical issues?
not selected

Please provide details
not entered

Medical Care and Support

Do you receive care or support on a daily or regular basis?
not selected

Please give details of who the carer is and what care is provided?
not entered

How many hours of care and or support do you receive weekly?
not entered

Do you have a care plan or general needs assessment?
not selected

Please give details
not entered

Where possible please provide additional information in support of your application i.e. letters from consultants, psychiatrists, specialists etc.
not entered

Nationality & equal opportunities

What is your ethnic origin?*
White British

Which language do you prefer using?
English

Do you require an interpreter?*
No

Are you a British citizen?*
Yes

Original value: False
What is your nationality?*
UK national
Have you arrived in or returned to the UK in the last two years?*
No
Are you moving from abroad?*
No
If yes, for what reason?
not selected
Do you have any reading/writing/or learning difficulties?
Reading Difficulties*
No
Writing Difficulties*
No
Learning Difficulties*
No
Do you have a disability?*
No
If yes, what type of disability?
not selected
Please give details of your disability
not entered
What is your religion?*
Christian



Your joint applicant/partner's details and other household member details

Joint applicant and other household members

All fields marked * are mandatory and you will not be allowed to proceed until they are completed

Additional household member details

Other household members - Who they are

Please add the details of all the people in your current household and the details of the people who will be moving with you

What is their title?*
Mr
What is their first name(s)?*
Liam
Original value: Laim
What is their middle name?
Lennon
What is their surname?*
Percival
Are they known by any other names?
No
What is their date of birth?*
07/07/2006
What gender are they?*
Male
What is their relationship to you?*

Son
Do they currently live with you?*
Yes
Do they share a bedroom with you?*
No
Are they in a relationship and currently sharing a bedroom with another household member?*
No
Does this person currently live with you but is not being rehoused with you as part of this application?*
No
Are they pregnant?*
No
If yes, when is their baby due?
not entered

Address Details

Current Address

22 Grafton Street ST. HELENS Merseyside WA10 4HQ
Date you moved in to this address:28/12/2019

Will they live with the applicant full time?*
Yes

Medical

If being rehoused, do you have a medical condition that is being affected by your current home and a move would assist in alleviating your current situation?*
No

Medical Assessment

Do you have a medical condition that makes it difficult to live in the current home and therefore need to move to a property more suitable in order to improve your health and well being
not selected
Do you suffer from COPD?
not selected
Please provide related details and medication
not entered
Do you suffer from Arthritis?
not selected
What form of Arthritis and what joints are affected?
not entered
Are you waiting for any treatment, investigations or operations?
not selected
Please provide details
not entered
Do you suffer from Diabetes?
not selected
Please provide details and medication if any
not entered
Do you suffer from Epilepsy?
not selected
Provide details and medication
not entered
Do you suffer from MS?
not selected
Please provide details
not entered
Do you suffer from mental ill health?
not selected

Is there a psychiatrist or psychologist involved?
not selected
Provide details of the illness
not entered
Do you have a diagnosed severe medical condition?
not selected
Please give details
not entered
Please provide full details of any other illnesses, medical conditions not listed above
not entered
What treatment , medication is currently being taken?
not entered
Are you currently in hospital but are unable to be discharged
not selected
Discharge Date
not entered
Please provide discharge details
not entered
Are you currently involved with a consultant or specialist?
not selected
Please provide details
not entered
Do you have any mobility issues?
not selected
Can you walk?
not selected
Is a wheelchair being used?
not selected
Where do you use the wheelchair?
not selected
How often do you use the wheelchair?
not selected
Do you need a ground floor property?
not selected
Do you use any specialist equipment or medical supplies?
not selected
Please give details
not entered
Please provide brief details as to why you think your health needs would be improved or resolved by moving to alternative accommodation.
not entered

About your home

How many stairs are in your home?
not selected
Is your staircase straight, curved or have a landing on the stairs?
not selected
If you are unable to manage the stairs, please provide further details
not entered
If you use your main living room or another room downstairs as your bedroom, please give details
not entered
Where is your current bathroom located?
not selected
Where is your toilet located?
not selected
Have you been assessed as needing a toilet upstairs and downstairs?
not selected

Do you have any adaptations in your home?

not selected

Please list the adaptations

Adapted access

Adapted Bedroom

Adapted for hearing impairment

Adapted for visual impairment

Adapted Kitchen

Additional toilet downstairs

Adjustable kitchen

Ceiling hoist

Ceiling track hoist

Disabled parking spot

Door entry system

Grab rails inside

Grab rails outside

Ground floor bedroom & bathroom

Ground floor toilet

Hardstanding

Key safe

Level access shower/wet room

Lever taps

Low level switches & sockets

Lowered kitchen

Personal alarm available

Ramp to back door

Ramp to front door

Scooter store

Shower over bath

Shower with tray

Specialist bath

Specialist toilet

Stair lift

Step lift

Through-floor lift

Wet room

Wheelchair accessible property

Wheelchair vertical lift

Widened doors

Other - please state

If other, please provide details

not entered

Were these adaptations provided for you?

not selected

If yes, when

not entered

Have you applied or are you waiting for any adaptations?

not selected

Please list the adaptations

Adapted access

Adapted Bedroom

Adapted for hearing impairment

Adapted for visual impairment

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Shower with tray
Specialist bath
Specialist toilet
Stair lift
Step lift
Through-floor lift
Wet room
Wheelchair accessible property
Wheelchair vertical lift
Widened doors
Other - please state

If Other, please provide details
not entered

Have you been assessed by an Occupational Therapist in the last 12 months?
not selected

Please provide details of your OT? By providing these details you are providing consent for us to contact your OT on your behalf.
not entered

If adaptations were provided would you be able to stay in your current home?
not selected

Is your mobility outside your home?
not selected

What type of transport do you rely on?
not selected

Do you have steps to the front of your home?
not selected

How many stairs are at the front of your home?
not selected

Do you have steps to the rear of your home?
not selected

How many stairs are at the rear of your home?
not selected

Do you have any grab rails or a ramp to the outside of your home?
not selected

Will you require adaptations in your new home?
not selected

Please list the adaptations required

Adapted access
Adapted Bedroom
Adapted for hearing impairment
Adapted for visual impairment
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Additional toilet downstairs
Adjustable kitchen
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Specialist toilet
Stair lift
Step lift
Through-floor lift
Wet room
Wheelchair accessible property
Wheelchair vertical lift
Widened doors
Other - please state

If other, please provide details
not entered

Do you receive any benefits or assistance to help with your medical issues?
not selected

Please provide details
not entered

Medical Care and Support

Do you receive care or support on a daily or regular basis?
not selected

Please give details of who the carer is and what care is provided?
not entered

How many hours of care and or support do you receive weekly?
not entered

Do you have a care plan or general needs assessment?
not selected

Please give details
not entered

Where possible please provide additional information in support of your application i.e. letters from consultants, psychiatrists, specialists etc.
not entered

Additional household member details

Other household members - Who they are

Please add the details of all the people in your current household and the details of the people who will be moving with you
--

What is their title?*
Miss

What is their first name(s)?*
Gillian

What is their middle name?
Jane

What is their surname?*
Percival

Are they known by any other names?
No

What is their date of birth?*
08/07/2008

What gender are they?*

Female
What is their relationship to you?*
Daughter
Do they currently live with you?*
Yes
Do they share a bedroom with you?*
No
Are they in a relationship and currently sharing a bedroom with another household member?*
No
Does this person currently live with you but is not being rehoused with you as part of this application?*
No
Are they pregnant?*
No
If yes, when is their baby due?
not entered

Address Details

Current Address

22 Grafton Street ST. HELENS Merseyside WA10 4HQ
Date you moved in to this address:28/12/2019

Will they live with the applicant full time?*
Yes

Medical

If being rehoused, do you have a medical condition that is being affected by your current home and a move would assist in alleviating your current situation?*
No

Medical Assessment

Do you have a medical condition that makes it difficult to live in the current home and therefore need to move to a property more suitable in order to improve your health and well being
not selected
Do you suffer from COPD?
not selected
Please provide related details and medication
not entered
Do you suffer from Arthritis?
not selected
What form of Arthritis and what joints are affected?
not entered
Are you waiting for any treatment, investigations or operations?
not selected
Please provide details
not entered
Do you suffer from Diabetes?
not selected
Please provide details and medication if any
not entered
Do you suffer from Epilepsy?
not selected
Provide details and medication
not entered
Do you suffer from MS?
not selected
Please provide details
not entered

Do you suffer from mental ill health?
not selected
Is there a psychiatrist or psychologist involved?
not selected
Provide details of the illness
not entered
Do you have a diagnosed severe medical condition?
not selected
Please give details
not entered
Please provide full details of any other illnesses, medical conditions not listed above
not entered
What treatment , medication is currently being taken?
not entered
Are you currently in hospital but are unable to be discharged
not selected
Discharge Date
not entered
Please provide discharge details
not entered
Are you currently involved with a consultant or specialist?
not selected
Please provide details
not entered
Do you have any mobility issues?
not selected
Can you walk?
not selected
Is a wheelchair being used?
not selected
Where do you use the wheelchair?
not selected
How often do you use the wheelchair?
not selected
Do you need a ground floor property?
not selected
Do you use any specialist equipment or medical supplies?
not selected
Please give details
not entered
Please provide brief details as to why you think your health needs would be improved or resolved by moving to alternative accommodation.
not entered

About your home

How many stairs are in your home?
not selected
Is your staircase straight, curved or have a landing on the stairs?
not selected
If you are unable to manage the stairs, please provide further details
not entered
If you use your main living room or another room downstairs as your bedroom, please give details
not entered
Where is your current bathroom located?
not selected
Where is your toilet located?
not selected

Have you been assessed as needing a toilet upstairs and downstairs?

not selected

Do you have any adaptations in your home?

not selected

Please list the adaptations

- Adapted access
- Adapted Bedroom
- Adapted for hearing impairment
- Adapted for visual impairment
- Adapted Kitchen
- Additional toilet downstairs
- Adjustable kitchen
- Ceiling hoist
- Ceiling track hoist
- Disabled parking spot
- Door entry system
- Grab rails inside
- Grab rails outside
- Ground floor bedroom & bathroom
- Ground floor toilet
- Hardstanding
- Key safe
- Level access shower/wet room
- Lever taps
- Low level switches & sockets
- Lowered kitchen
- Personal alarm available
- Ramp to back door
- Ramp to front door
- Scooter store
- Shower over bath
- Shower with tray
- Specialist bath
- Specialist toilet
- Stair lift
- Step lift
- Through-floor lift
- Wet room
- Wheelchair accessible property
- Wheelchair vertical lift
- Widened doors
- Other - please state

If other, please provide details

not entered

Were these adaptations provided for you?

not selected

If yes, when

not entered

Have you applied or are you waiting for any adaptations?

not selected

Please list the adaptations

- Adapted access
- Adapted Bedroom
- Adapted for hearing impairment
- Adapted for visual impairment
- Adapted Kitchen
- Additional toilet downstairs
- Adjustable kitchen
- Ceiling hoist
- Ceiling track hoist
- Disabled parking spot
- Door entry system
- Grab rails inside
- Grab rails outside

Ground floor bedroom & bathroom
Ground floor toilet
Hardstanding
Key safe
Level access shower/wet room
Lever taps
Low level switches & sockets
Lowered kitchen
Personal alarm available
Ramp to back door
Ramp to front door
Scooter store
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Through-floor lift
Wet room
Wheelchair accessible property
Wheelchair vertical lift
Widened doors
Other - please state

If Other, please provide details
not entered

Have you been assessed by an Occupational Therapist in the last 12 months?
not selected

Please provide details of your OT? By providing these details you are providing consent for us to contact your OT on your behalf.
not entered

If adaptations were provided would you be able to stay in your current home?
not selected

Is your mobility outside your home?
not selected

What type of transport do you rely on?
not selected

Do you have steps to the front of your home?
not selected

How many stairs are at the front of your home?
not selected

Do you have steps to the rear of your home?
not selected

How many stairs are at the rear of your home?
not selected

Do you have any grab rails or a ramp to the outside of your home?
not selected

Will you require adaptations in your new home?
not selected

Please list the adaptations required
Adapted access
Adapted Bedroom
Adapted for hearing impairment
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Adapted Kitchen
Additional toilet downstairs
Adjustable kitchen
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Grab rails inside
Grab rails outside

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Lever taps

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Personal alarm available

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Wet room

Wheelchair accessible property

Wheelchair vertical lift

Widened doors

Other - please state

If other, please provide details

not entered

Do you receive any benefits or assistance to help with your medical issues?

not selected

Please provide details

not entered

Medical Care and Support

Do you receive care or support on a daily or regular basis?

not selected

Please give details of who the carer is and what care is provided?

not entered

How many hours of care and or support do you receive weekly?

not entered

Do you have a care plan or general needs assessment?

not selected

Please give details

not entered

Where possible please provide additional information in support of your application i.e. letters from consultants, psychaitrists, specialists etc.

not entered



You and your household's address history

Address History

1	Mr Joseph Percival (Primary applicant)	
Current address	22 Grafton Street ST. HELENS Merseyside WA10 4HQ	Date lived at address
Previous address	143 North Road ST. HELENS Merseyside WA10 2UA	28/02/2019 to Present
Date lived at address	22 Kitchener Street ST. HELENS Merseyside WA10 4LY	01/09/2018 to 28/02/2019
		05/04/2011 to 01/09/2018



Your financial situation

Financial Details

Are you in employment?

No

Is this employment?

not selected

Are you on an Apprenticeship or training?

No

Are you a student or in full time education?

No

Are you retired?

No

What is your total household income per week?*

349.50

Original value: 398.0000000000

What is the total amount of your savings?*

0.00

What is the value of your capital assets?*

0.00

Do you have a bank account?

Yes

Are you able to use Direct Debits and other banking facilities?

Yes

Is your home unaffordable due to financial hardship?

Yes

Original value: No

Please give details

Its a private rent 3 bedroomed house. 3rd bedroom is not big enough to fit a single be in. The house is really damp. This is costing £495/month

Original value: Empty

Are you able to budget on your current income to meet your household needs?

No

Original value: Yes

Do you have any debts?

No

If yes, what are they?

not entered

Do you or your partner owe any monies to a current or previous landlord?

No

Please provide details

not entered

Do you have or have you ever had a Debt Relief Order, Bankruptcy Order, Individual Voluntary Arrangement?

No

Date of order

not entered

Your benefits

Please confirm if you or any member of your household receive any benefits*

Attendance Allowance

Carers Allowance

☒ Child Benefit

Child Support Agency/Maintenance

☒ Child Tax Credit

Disability Living Allowance

Employment Support Allowance

☒Housing Benefit

Income Support

Job Seekers Allowance

Personal Independence Payment

☒Universal Credit

Working Tax Credit

Other

I do not receive any of the above

Original value:

☒Universal Credit

If other, please describe
not entered

What is the total amount you receive from benefits weekly?
349.50

Original value: 398.0000000000



Your suitability to apply

Behaviour in your current accommodation

Do you or anyone to be rehoused with you, have any rent arrears?*

No

If yes, how much is the arrears?
not entered

Is there a repayment arrangement in place to pay the arrears?
not selected



Your current home

About your current home

Please select the type of property you live in now*

House

If your home is a caravan, do you have a permanent place to park it?
not selected

If your home is a flat, maisonette or bedsit, please tell us which floor it is on
not selected

Is there a lift available?
No

Original value: Empty

How many bedrooms are there in your current property?*

3

Original value: 2

Where do you live now?*

Private Tenant

You have selected other, please give details: Landlords Name, Address and Contact Details, Phone/Email
not entered

Adaptations

Do you have any adaptations in your home?
No

Adaptations

Adapted access

Adapted Bedroom

Adapted for hearing impairment

Adapted for visual impairment

Adapted Kitchen

Additional toilet downstairs

Adjustable kitchen

Ceiling hoist

Ceiling track hoist

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Shower over bath

Shower with tray

Specialist bath

Specialist toilet

Stair lift

Step lift

Through-floor lift

Wet room

Wheelchair accessible property

Wheelchair vertical lift

Widened doors

Adaptation details

not entered

Do you still need these adaptations in support of a disability?

not selected

Property facilities

Does your home lack any of the following where there is no prospect of the condition being remedied?*

A bathroom

A kitchen

Gas, Electricity or Adequate Heating

Hot or cold water supplies

☒ I do not lack any of the above facilities

Inside WC

Please provide details of any other supporting information that will help us confirm your lacking facilities

The house is overcrowded, as the 3rd bedroom is a box room and too small to fit a bed in adequately. Every room in the house is damp and is causing health issues.

Original value: I currently have my 2 children living with myself. My son who is 14 and my daughter who is 12, they need their own bedrooms.

Current Owner Occupiers

Do you or any member of your household own or part own any properties in the UK or abroad?*

No

If yes, Who owns the property

not entered

What is the address?

not entered

If you are not living there what is the reason why?
not entered

Is the property for sale?
not selected

If yes, have contracts been exchanged by all parties?
not selected

Value of the property?
not entered

Mortgage outstanding?
not entered

Former Owner Occupiers

Have you or your partner previously owned your home?*

No

Who owned the property?
not entered

What was the address?
not entered

What date was the property sold or disposed of?
not entered

What was the outcome of the sale or disposal?
not entered

What is the total amount of equity you had in the property?
not entered

Other Tenancies

Do you still have any other tenancies?*

No

If yes, what is the address?
not entered

Why are you not living there?
not entered



Reasons for moving

Reasons for moving from current address

Please select the reason(s) why you need to move from your current address:*

CPO/Demolition Order

Current home has disabled adaptations which are no longer required

Current planned to be demolished or needs major repairs

End of Tenancy

☒ Existing home is overcrowded

Existing house is too large for my needs

☒ Experiencing anti-social behaviour or harassment

☒ Experiencing domestic violence

Financial Hardship

Found employment in the area and need to move closer to work or will otherwise lose that employment

Homeless, or about to become homeless

Housing for older people required

Leaving Care

Medical need or have a disability and my existing home is not appropriate for my needs

Move on from Supported

Need level access

Need to move to give or receive support and proven level of support is required and can be given

Other reason

☒ Property in Poor Condition

Relationship breakdown

Staying contact with a child/children and I live in accommodation where the child/children are not allowed to stay overnight

Unable to return to property

Urgent Social Need

Original value:

☒Existing home is overcrowded

Please provide details of any other supporting information that will help us confirm your housing need

The ex wife knows my address and a recent court order (Restraining Order) was awarded The neighbours are argueing, fighting, playing music loudly and smoking illegal substances. The house is damp and in combination with the above reaons is causing a negative effect on mine and my childrens health and well being It is over crowded as the 3rd bedroom is of an inadequate size for a teenaged girl The rent is too much

Original value: I currently have my 2 children living with myself. My son who is 14 and my daughter who is 12, they need their own bedrooms.



Your current circumstances

Housing circumstances

Are you homeless now or likely to become homeless in the next 28 days?

No

Are you likely to become homeless in the next 28 - 56 days?

No

Have you been asked to leave your current accommodation?

No

If yes, who has asked you to leave?

not entered

Is your home at risk due to mortgage arrears?

No

Please provide details

not entered

Is your home due to be demolished?

No

Please give details

not entered

Is your home uninhabitable due to serious level of disrepair?

No

Please provide details

not entered



Armed Forces

Armed Forces

Are you now or have you ever served in the Armed Forces?*

No

Are you or someone moving with you due to be discharge from the Armed Forces?

not selected

What date are you due to be discharged?

not entered

Please give details

not entered

Have you been discharged from the Armed Forces wihin the last 5 years?

not selected

What date were you discharged?

not entered

Are you serving in the regular forces and suffering from a serious injury, illness or disability which is attributable (wholly or partly) to your service?
not selected

Have you formerly served in the regular services
not selected

If yes, please provide the dates
not entered

Have you recently ceased, or will cease to be entitled, to reside in accommodation provided by the Ministry of Defence following the death of your spouse or civil partner who has served in the regular forces and whose death was attributable (wholly or partly) to that service?
not selected



Social Need

Social Need

Are you suffering antisocial behaviour?
Yes
Original value: No

Is it so serious you cant live at your current home?
No
Original value: Empty

Have you informed your landlord, Local Authority, Police or other Agency?
Yes
Original value: Empty

Please provide details of the Anti Social Behaviour
The neighbours persistently fight, argue and play music loudly. The police are always present due to a near by house being used as a "crack den" for the addicts
Original value: Empty

Are you in fear of or at risk of violence, harrassment or abuse?
Yes
Original value: No

Is it so serious you cant live at your current home?
Yes
Original value: Empty

Please provide details of the issues
My ex wife has been found guilty and there has been an undertaking awarded by St. Helens Courts for her to stay away from my address due to the level of abuse and harrassment myself and the children have recieved, however, she has no intention of staying away and its causing alarm and distress fo me and the kids shall we stay here - hence the application..
Original value: Empty

Do you consider yourself a victim of hate crime?
No

Is it so serious you cant live at your current home?
not selected

Please provide details of the issues
not entered

Do you feel socially isolated?
No

Do you require accommodation in order to obtain or maintain an offer of employment?
No

Please provide details
not entered



Support

Care and Support Agencies

Are you now or have you been involved with any specialist agencies?

No

Please select which specialist agencies you have been involved with

Community Psychiatric Nurse

Occupational Therapist

Other

Police

Probation

Social Services

Support Worker

Please provide your support officers name and address.

not entered

Has someone helped you to complete this form?

No

Has someone completed this form on your behalf?

No

Who completed the form and what relationship are they to you?

not entered

Do they have permission to discuss all elements of your application on your behalf?

No

Care and Support

Do you need to move to give or receive care or support to or from other family members?*

No

Please provide details of the care you receive or who you are providing care for

not entered

Do you need an extra bedroom for a carer?

No

Are you wishing to move nearer to a specialist centre, specialist support, specialist schools?

No

If yes please give details

not entered

Are you a care leaver or a person leaving care or do you have looked after children?

No

Please provide details

not entered

Are you or anyone requiring housing leaving supported housing?

No

Please give details

not entered

Do you have, or have you ever experienced mental ill health?

No

If you are currently experiencing mental ill health, are you open to mental health services or receiving other support?

not selected

Do you have alcohol or drug use needs?

No

If yes, are you receiving any support?

not selected



Accommodation for Older Persons

Accommodation for Older Persons

Do you or anyone require rehousing to accommodation that is for a person aged 55 and over with extra support on site?

No

Sheltered Housing - St Helens

not selected

Sheltered Housing - Warrington

not selected

Staying Home and OKEach Day Service

not selected

Extra Care - St Helens

not selected

If yes, please indicate your preferred choice(s) of scheme

Foundry Wharf

Heald Farm Court

Heyeswood

Reeve Court

Extra Care - Warrington

not selected

If yes, please indicate your preferred choice(s) of scheme

Harpers Green

Sankey Manor (Sankey)

Woolston Hall (Woolston)



Local Connection

Local Connection to St Helens

In order to help us understand why you want to live in St Helens, we need to know about your connection. Please choose from the following options.

Have you or joint applicant lived in St Helens for 3 out of the last 5 years or 6 out of the last 12 months*

Yes

Do you or the joint applicant have close family living in St Helens?*

Yes

How long have they lived in St Helens?

35 years

Original value: 30+ years

What is their address?

16 Hewit Avenue, St. Helens, Merseyside WA10 4ES

Original value: 36 Chisnall Avenue, St. Helens, Merseyside WA10 4ED

What is the relationship to you or the joint application

Brother

Have you or the joint applicant been in settled employment in St Helens for more than 6 months?*

No

Job title

not entered

Employers Name and Address

not entered

Do you or the joint applicant have any special circumstances that require you to live St Helens? i.e. Provide care and support to someone or receive support from someone in St Helens. *

No

Please provide details of any other supporting information that will help us confirm your local connection

not entered

Local Connection to Warrington

Have you lived in Warrington for at least 6 out of the last 12 months or 3 out of the last 5 years?*

not selected

Have you been in full time employment in the Warrington Borough Council area before at least 6 months before applying to Under One Roof*

not selected

Please give the date you started employment

not entered

Employers Name and Address

not entered

Do you have close family associations in the Warrington Borough Council area?*

not selected

Family name

not entered

Relationship

not entered

Address

not entered

Other very special reasons e.g. need to frequently access a specialist hospital in Warrington Borough Council area. Please give details *

not entered



Future property details

Preferred areas

Eccleston

St Helens



Previous tenancies

Behaviour in your previous tenancies

Have you or anyone to be rehoused with you ever been evicted from a tenancy?*

No

If Yes, please provide details, Full Name, Address, Landlord Details, Date of Eviction, Reason for Eviction.

not entered

Are you or anyone to be rehoused with you subject to an antisocial behaviour order or injunction?

No

Please give details:

not entered

Has any action been taken against you or anyone to be rehoused with you due to rent arrears in the last five years?*

No

If yes, please provide details of the action taken

not entered

Please enter the amount of rent arrears for your previous tenancy

not entered

Have you or anyone to be rehoused with you ever had action taken against them for Anti-social behaviour?*

No

If yes, please provide details: Full Name, Details of Anti-Social Behaviour, Date of Incidents, Details of Action Taken.

not entered

Do you or anyone to be rehoused with you have any unspent convictions(as specified in the Rehabilitation of Offenders Act 1974)?*

No

If yes, please provide details: Full Name, Relationship, Date of Incidents(s), Nature of Incident, Location of Incident, Sentence.

not entered



Other connections

Employee connections

Are you or the joint applicant:

An employee or Board member of Helena Partnerships, Golden Gates, Torus, Warrington Council, St Helens Council or any other partner organisation e.g. Your Housing, Riverside etc.*
No

A former employee of Helena Partnerships, Golden Gates, Warrington Council, St Helens Council or any other organisation as above. * This applies for 12 months after leaving employment. *
No

If you have answered yes to any of the above, please confirm Job Title and Organisation.
not entered

Relative connections

Are you are related to someone working for Helena Partnerships, Golden Gates, Torus, Warrington Council, St Helens Council or any other partner organisation e.g. Your Housing, Riverside etc?*
No

A friend or relative of a Warrington Borough Council or St Helens Council Councillor?*
No

If you have answered yes to any of the above, please confirm their Name, Job Title, Organisation and Relationship to you.
not entered



Completing your application

Declaration

It is very important that you read this section of the application. The Housing Act 1996, Section 171 makes it an offence to give false information or to knowingly withhold relevant information when seeking assistance with housing.

Please read and respond to the declaration below:

1. I/We declare that the information provided, to be correct and complete to the best of my/our knowledge, and accept it is an offence under the Housing Act 1996 to give false information or misleading information.

2. I/We understand that if I/We have withheld information or supplied false information, any tenancy granted could be terminated by Court Order.

3. I am/We are aware that I/We have a duty to notify you of any change in circumstances that may affect my/our application for housing.

4. I/We understand that the information will be held on computer in the strictest confidence and that this information is subject to the Data Protection Act 1998.

5. I/We understand that the information may be shared with the Local Authority and other housing associations who may be involved with My/Our housing application.

6. I/We give consent to Under One Roof obtaining or releasing information relating to My/Our application to other professional housing or public bodies where necessary, for the prevention and detection of crime.

7. I/We accept that if offered a property through Under One Roof My/Our registration will be disclosed. I am /We are aware that this is to ensure that homes let through Under One Roof are let in a fair, transparent and equitable way.

8. I/We consent that you may pass on any relevant supporting information to My/Our new landlord when I/ We are successful in obtaining a property in order that they manage the tenancy successfully.

9. I/we give consent for Under One Roof releasing information to a third party for an independent assessment where a review of a medical assessment has been requested.

I have read the above conditions and would like to submit my application*
Yes

Please be sure that all the details you have entered are correct

Once you click the submit button below you cannot change your details

