



The Housing Application Form (HAF) is used to allow Inclusion to consider granting occupancy to an individual.

The content of the form must be **verified** by an appropriate person from the company, business or Local Authority who hold the **nomination rights** into the property before Inclusion will consider the application.

All sections of the form **must be completed**, if the question is not relevant the person completing the form must state N/A rather than leaving the section blank.

Incomplete forms will be returned to the sender. Inclusion request that the form is fully completed and submitted where possible **2 weeks** before a proposed move in date, failure to complete the form in full may result in **delays** in occupancy commencement.

1. Applicant's details:	
Name	
Date of birth	
Email address	
Phone number	
National Insurance number	

2. Proposed address	
Flat number (if applicable)	
Street address	

3. Proposed date of occupancy (Please note, this must be a Monday)	
--	--

4. Applicant's current address	
---------------------------------------	--

5. Current accommodation type	
<input type="checkbox"/>	Living with relatives
<input type="checkbox"/>	Living in residential care
<input type="checkbox"/>	In hospital or other NHS facility
<input type="checkbox"/>	In Supported Housing
<input type="checkbox"/>	Social/Private Rental
<input type="checkbox"/>	Other (please state):

6. How long has the applicant lived at their current address?	
--	--

7. If less than five years at current address, please list previous addresses with dates	
---	--

8. Does the applicant have any history of:

Rent Arrears? If yes, please give details and dates	<input type="checkbox"/> Yes	
	<input type="checkbox"/> No	
Anti-social behaviour? If yes, please give details and dates	<input type="checkbox"/> Yes	
	<input type="checkbox"/> No	
Legal Notices served/any housing related proceedings? If yes, please give details and dates	<input type="checkbox"/> Yes	
	<input type="checkbox"/> No	
Fire Setting/Arson related offences? If yes, please give details and dates	<input type="checkbox"/> Yes	
	<input type="checkbox"/> No	

9. Is the applicant on any section?

9. Is the applicant on any section?	<input type="checkbox"/> Yes	If yes, what Section?
	<input type="checkbox"/> No	

If the applicant is on a S117, is their accommodation required due to the reasons they were detained?

If the applicant is on a S117, is their accommodation required due to the reasons they were detained?	<input type="checkbox"/> Yes	If Yes, they are not eligible for Housing Benefit as their accommodation is part of their aftercare plan and should be provided for free.
	<input type="checkbox"/> No	The Council and/or CCG, ICB should pay for this, and funding agreed prior to sign up. Guidance and Case Law for this can be found below. Accommodation as a Section 117 need – Page 7 Ombudsmen release joint guidance to tackle common mistakes in aftercare of mental health in-patients - Local Government and Social Care Ombudsman Judgements – Regina v Manchester City Council House of Lords - Regina v Manchester City Council, Ex P Stennett and Two Other Actions

10. Is the proposed property suitable for the applicant in its present form without the need for any adaptations?

10. Is the proposed property suitable for the applicant in its present form without the need for any adaptations? If No, please specify the adaptations that would be needed to enable the applicant to live in the property	<input type="checkbox"/> Yes	If No: -
	<input type="checkbox"/> No	

11. Which of the following categories would apply to the applicant?

(Please pick one only)

<input type="checkbox"/>	Learning Disability
<input type="checkbox"/>	Mental Health
<input type="checkbox"/>	Physical Support
<input type="checkbox"/>	Autism and Complex Needs
<input type="checkbox"/>	Misuse of Drugs/Alcohol
<input type="checkbox"/>	Living in older people accommodation

12. Which of the following categories would apply to the applicant?

(Please pick one only)

Core Hours Per Week:	
1 to 1 Hours Per Week:	
Total Hours Per Week:	
Overnight support?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Support Needs:	*

13. Please describe how a move to the proposed scheme would benefit the applicant

--

14. Has funding for the applicant's support/care package been confirmed yet?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If Yes, what is the start date?	
If No, please advise current status of application for funding of support/care package and timescale for confirmation	
Which referring agency put this person forward for supported accommodation? Adult Social Care / NHS etc	
Has the support provider confirmed the support needs of the applicant can be met by moving to this property?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Name of Support Provider:	
Address:	
Key Contact:	
Email:	

15. Does the applicant currently have capacity to consent to signing their own agreement?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If No, please provide evidence of how an assessment of the applicant's capacity to make this specific decision at the present time has been carried out. Please provide copy of <ul style="list-style-type: none"> • Mental Capacity Assessment • Best Interests decision and / or <ul style="list-style-type: none"> • Court of Protection in place
16. Does the applicant have any pets that they would	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, please provide details: -

wish to be accommodated at the scheme?		
--	--	--

17. Current Benefits

Benefit Type	Receiving?	Amount £	Frequency Weeks/Monthly etc	Start Date DD/MM/YYYY
UC Housing Element	<input type="checkbox"/>			
UC Standard Allowance	<input type="checkbox"/>			
UC Limited Capability for work/ work related activity	<input type="checkbox"/>			
ESA	<input type="checkbox"/>			
JSA	<input type="checkbox"/>			
PIP Care Component	<input type="checkbox"/>			
PIP Mobility Component	<input type="checkbox"/>			
DLA Care	<input type="checkbox"/>			
DLA Mobility	<input type="checkbox"/>			
SDA	<input type="checkbox"/>			

Does the tenant have a mobility Vehicle?	<input type="checkbox"/> Yes <input type="checkbox"/> No
--	---

18. Does the applicant have any other income e.g., pension?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, please give details including frequency and amount received.
--	---	--

19. Does the applicant currently have any savings?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, please give details.
Does the person own any assets?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Property Shares/ Premium Bonds etc

20. Does the applicant have a current Housing Benefit claim? If yes, please fill out the questions below:	<input type="checkbox"/> Yes <input type="checkbox"/> No	
HB Claim Reference Number		
Claiming from which Local Authority		
Address claim is for		
Amount Received		Freq:
Start Date		

21. Does the applicant currently have an SMI exemption for Council Tax?	<input type="checkbox"/> Yes <input type="checkbox"/> No
--	---

22. Does the applicant currently manage their own money? If no, please give details below of the applicant's current appointee and/or a Deputy appointed by the Court Of Protection, or any pending applications for these powers to be granted to a third party	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does the tenant need an appointee? If the tenant has an appointee already, please fill their details out below:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Appointee Name	
Appointee Address	
Appointee Phone Number	
Appointee Email Address	

23. Does the applicant have the right to reside in the UK?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If No, please describe the applicant's current immigration status
---	---	---

24. Does the applicant have the right to reside in the UK?	<p>Are there any factors to be considered that may impact existing persons / future persons or the person in question by a move into this accommodation?</p> <ul style="list-style-type: none"> • 	<input type="checkbox"/> Yes <input type="checkbox"/> No
---	--	---

25. Please provide copies of the following documents. These are necessary for the Housing Benefit application		
These will be required prior to Inclusion offering formal occupancy documents for signing:		
Bank Statement		
Copy of ID Document		
Copy of the proof of the National Insurance Number		

Alternatively, please provide the contact details for the person who will be able to provide the copy of the documents:	
Contact Name:	
Relation to applicant:	
Phone Number:	
Email Address:	

26. Information Sharing and Consents
Please confirm that all parties have consented to your sharing their personal contact details. Please add relevant names and contact details below.

Applicant	<input type="checkbox"/> Yes <input type="checkbox"/> No
<i>Where capacity allows</i>	
Appointee	<input type="checkbox"/> Yes <input type="checkbox"/> No
Financial appointee	<input type="checkbox"/> Yes <input type="checkbox"/> No
Next of kin	<input type="checkbox"/> Yes <input type="checkbox"/> No
Other family	<input type="checkbox"/> Yes <input type="checkbox"/> No
Current GP	<input type="checkbox"/> Yes <input type="checkbox"/> No
Other health professional	<input type="checkbox"/> Yes <input type="checkbox"/> No
Occupational therapist	<input type="checkbox"/> Yes <input type="checkbox"/> No
Anyone else?	<input type="checkbox"/> Yes <input type="checkbox"/> No

27. Authorisation

This section should be signed by the applicant where they have capacity to confirm. If no capacity, their authorised representative should sign on their behalf.

I hereby authorise Inclusion to use the information provided in this application form and to make further enquiries as necessary with relevant agencies.

Signed	
Print name	
Date	

Please note, Inclusion will handle personal data in accordance with the provision of the Data Protection Act 2018. Inclusions policy on Data Protection compliance is available on request.

28. The information on this application was verified and confirmed as being a true and accurate record, by (nomination rights holder or care provider only):

Signed	
Print name	
Contact details	
Business	
Position in the company	
Date	

Please send this completed application form to Managing Agent for your area