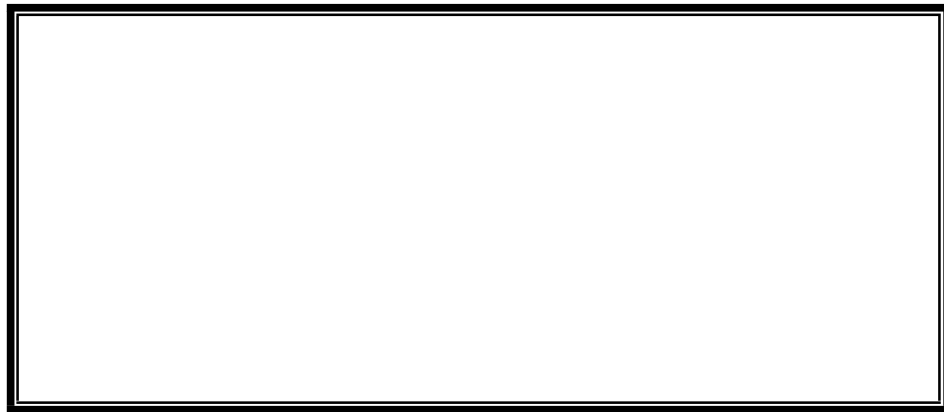


HOUSING APPLICATION/SELF ASSESSMENT FORM

(For Housing Executive and Housing Association Accommodation)
Applicants from outside Northern Ireland

Please Return This Form To:



Date form issued (if Phone application).....

**IF YOU REQUIRE A FORM IN LARGE PRINT,
PLEASE CONTACT ANY HOUSING EXECUTIVE OR
HOUSING ASSOCIATION OFFICE.**

If you need an interpreter or translation to help to complete this housing application form, please contact any Housing Executive or Housing Association office.

Polish

Jeżeli potrzebujesz polskiego tłumacza lub pomoc w wypełnieniu tego wniosku mieszkaniowego to skontaktuj się z jakimkolwiek biurem Housing Executive lub Housing Association.

Lithuanian

Jei Jums reikalingas vertėjas raštu ar žodžiu, kuris padėtų Jums užpildyti gyvenamojo ploto pareiškimo formą, kreipkitės į bet kurį Gyvenamojo Ploto Valdybos (Housing Executive) arba Gyventojų Asociacijos (Housing Association) biurą.

Portuguese

Se precisar de um intérprete ou de uma tradução para o ajudar a preencher este impresso de candidatura a habitação, deve contactar um Representante Habitacional ou um departamento de uma Associação de Habitação.

Russian

Обратитесь в любой исполнительный комитет по жилищным вопросам или в жилищно-строительную ассоциацию, если для того, чтобы заполнить эту заявку на предоставление жилья, вам нужен ее письменный перевод или помощь устного переводчика.

French

Si vous avez besoin d'un interprète ou d'une traduction pour vous aider à remplir le formulaire de demande, veuillez contacter n'importe quel bureau Housing Executive ou Housing Association.

Cantonese

如果你需要口譯員的協助，或者需要我們提供表格的中文（普通話）翻譯本才能填好本房屋申請表格，請聯絡房屋行政處（Housing Executive）或房屋協會辦事處。

Mandarin

如果你需要口译员的协助，或者需要我們提供表格的中文（普通話）翻譯本才能填好本房屋申請表格，請聯絡房屋行政處（Housing Executive）或房屋協會辦事處。

Housing Application

Please read the following notes before completing this application

1. You should use this application if you are applying for social housing in Northern Ireland (with the exception of accommodation let on a non-permanent basis); this may be provided in the form of an introductory or secure tenancy by either the Housing Executive or one of the government registered housing associations (which are simply referred to as housing associations in the rest of this form).
2. The Housing Executive and housing associations have agreed that all housing applications should be assessed in the same way. The completion of this single application means that your application can be considered by many of the social landlords (the Housing Executive and housing associations) in your preferred areas (see note 7).
3. Some social landlords provide specialised accommodation, such as supported housing for those with special needs. All social landlords use this application for their specialised accommodation as well as their general housing.
4. Returned applications will be acknowledged by the appropriate office. Please note it may be necessary to contact you by telephone to obtain more information or further details.
5. As you are living outside Northern Ireland we will not be able to visit you in your home. You should therefore include sufficient information relating to your circumstances to enable a proper assessment of your housing need to be carried out. If you only wish to be housed by a particular landlord this will not affect the assessment.
6. In order to process this housing application, you must supply proof of identity. This may consist of one of the following documents: UK Driving License with a photograph (current and valid), current passport or National Identity Card.

If none of the above is available, two or more of the following should be produced: Benefit Payment Book, Birth Certificate, Credit Cards, Utility Bill (previous quarter), Medical Cards, recent Bank Statement/Wage slip, Marriage Certificate etc. Only photocopied evidence should be posted.

7. Information you provide will be placed on a computerised Waiting List and may be seen by any social landlord who participates either now or in the future. This does not affect your rights under the General Data Protection Regulations or UK Data Protection legislation. In order to comply with Data Protection requirements, the Housing Executive has prepared an information leaflet which is available at your local district office / housing association.
8. The Housing Executive and housing associations strive to ensure complete fairness in the treatment of all households and individuals in the provision of housing for those in need regardless of political affiliation, religious belief or racial group. It is important therefore that we collect basic information on the racial and religious compositions of households for monitoring purposes. When completing the sections on Racial Group and Religion please indicate which best describes you.
9. In addition to this application you should receive a booklet giving general information about the Executive and each housing association, and a booklet called "The Housing Selection Scheme" which explains how your needs are assessed. Your housing need will be assessed in the same manner as all other applications under the Housing Selection Scheme and you will be awarded points accordingly and registered on the Waiting List. You will receive a letter to confirm your points on the Waiting List.

Housing Application

APPLICATION FORM FOR PERSONS LIVING OUTSIDE OF NI

Current Status (Mark "Y" against one category)

Council Tenant		Housing Association Tenant		Other	
----------------	--	----------------------------	--	-------	--

APPLICANT DETAILS		ADDRESS include Number/Street/Town/County	
Surname			
First Name			
Title			
Sex		Post Code	
Date of Birth		Telephone No	
Nat Ins Number		Mobile No	
		E Mail	
Reason For Applying			
How long can you remain in your current address?			

Marital Status

Single	S	Married	M	Co-Habiting	C
Separated	U	Divorced	D	Widower	W
Civil Part	P	CP separated	B	CP dissolved	

Religious Affiliation tick box that represents the household

Catholic	C	Protestant	P	Mixed	MI
None	N	Other	O	Refused'	R

Ethnic Group (Circle or Tick one category)

White	H	Bangladeshi	B	Chinese	D
Indian	E	Irish Traveller	F	Pakistani	G
Black African	A	Black Caribbean	C	Black Other	J
Mixed ethnic group	I	Other ethnic group	O	Refused	R

Nationality: What do you consider the nationality of your household to be?

Nationality	
-------------	--

Other Household Members (to be housed)

Only complete the Racial Group / Religion (using the relevant code) if different to the applicant

Title	1 st Name	Surname	Date of Birth	Sex	Relation to applicant	Racial Group	Religion

OFFICE USE ONLY

Date Registered by L O	Registered By	Reference Number

Housing Application

SECTION 1 PERSONAL DETAILS

Employment Details / Income

If you or your partner are working, please complete the following:

	Employers Name & Address
Name:	
Name:	

Benefits Are you or your partner receiving state benefit(s)? Yes No

If YES, please give details of the type of benefit(s) below:

Applicant/Tenant / Partner

Details of Benefit(s)

Relative of Employee

Are you, or any member of your household a close relative* of an employee of the Northern Ireland Housing Executive or a housing association in N. Ireland? Yes No

If YES, please give details:

**Close relative is defined as husband / wife / partner / son / daughter / foster child / brother / sister / step brother / step sister / son in law / daughter in law / father / mother / mother in law / father in law / step son / step daughter / step parents / sister in law / brother in law / uncle / aunt / nephew / niece / grandparent / grandson / granddaughter.*

	Yes	No
Are you or a member of your household getting married?		
If yes, please enter date:		
Are you or a member of your household expecting a child?		
If yes, please enter date:		
Are you or a member of your house hold being hospitalised or discharged from hospital/prison or other institution?		
If yes, please enter date:		

If yes, please list the details below and note that the person may only appear on one form.

Name of Person	Name and address of the other application	Reference no. if known

Housing Application

SECTION 2 ELIGIBILITY

We need the following information to help decide if you and your partner are eligible for social housing in Northern Ireland.

Age Requirements

If you are under 18, please complete the following questions. If not, go to Connection with N Ireland.

Are you currently living outside the family home? Yes No

If YES, please tell us who are you living with and what their relationship to you is:

Are you leaving care? Yes No

If YES, please give details below

Have you a dependent child or children, or expecting a child?

Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Yes	<input type="checkbox"/>	No	<input type="checkbox"/>

Are you married with no children?

Have you a specific offer of training, full-time education or employment?

If YES, please give details below and attach copies of correspondence you have received with your application.

Connection with Northern Ireland Requirements

Have you, or any member of your household, ever lived in Northern Ireland? Yes No

Have you any connection with Northern Ireland? Yes No

** Connection includes such matters as your normal residence, employment or employment prospects, family associations or other special circumstances.*

If you have answered YES to either or both the above questions, please provide details below:

Has anyone ever made any complaints against you, or a member of your household, in relation to anti- social behaviour committed in, or in the locality of, any home occupied by you at that time? **Yes / No**

Have you or any member of your household any unspent convictions, of a serious offence committed in, or in the locality of, any home occupied by you at that time? **Yes / No**

Note: If you have answered Yes to any of above please give additional information in relation to complaints made or details of unspent convictions on a separate sheet of paper which you should attach to this application.

Are you subject to immigration control? **Yes / No**

Are there any conditions or limits to your leave to enter or remain in the U.K? **Yes / No**

Note: If you have answered Yes to above section we require documentary proof in relation to your status. If you are not sure about your status, you may wish to get you own independent advice.

Housing Application

SECTION 3 YOUR PRESENT HOME DETAILS

How many bedrooms are there in your current property?

Does the property have more than one living room or a separate dining room? Yes No

What type of property (e.g. house, flat) is it?

Please tick the description that best describes your current housing tenure.

	Tenure	
1	Owner occupier/buying his/her own home	
2	Tenant in furnished accommodation(Private Sector)	
3	Tenant in unfurnished accommodation (Private Sector)	
4	Subtenant in furnished accommodation(Private Sector)	
5	Subtenant in unfurnished accommodation (Private Sector)	
6	Lodger	
7	Housing Executive tenant	
8	Sharing Housing Executive accommodation	
9	Sharing other rented accommodation	
10	Sharing with an owner occupier or someone who is buying their home	
11	Living in Board and Lodgings (B&B) or in a private hotel	
12	Living in a hostel	
13	Living in residential accommodation (e.g. Nurse's Home)	
14	Child in Care	
15	Living in a Caravan	
16	Prisoner	
17	Hospital Patient	
18	Traveller	
19	Illegal Occupant	
20	Housing Association Tenant	
21	Applicant from outside N. Ireland	
22	No fixed abode	
23	Other - please specify	

Current Landlord Details

The following question is for current tenants of a Local Authority or Registered Housing Association only. If this does not apply to you please go to Section 4.

Please provide name and address and telephone details for your landlord:

Name of Landlord:	<input style="width: 95%;" type="text"/>
Address:	<input style="width: 95%;" type="text"/>
Telephone Number:	<input style="width: 95%;" type="text"/>

SECTION 4 YOUR CURRENT HOUSING CONDITIONS

SHARING

If you are sharing the property with anyone who is not to be re-housed with you, please complete the following questions, otherwise go to Overcrowding questions.

Do you share a living room with anyone not to be re-housed with you?	Yes		No	
Do you have a separate living room in the property?	Yes		No	
Do you share a kitchen?	Yes		No	
Do you share a w.c.?	Yes		No	
Do you share a Bathroom?	Yes		No	

Overcrowding

Please give details of anyone who lives in the property who is **NOT** to be re-housed with you.

Name	Relationship (if any)	Sex	Age (if under 18)
1.			
2.			
3.			
4.			
5.			

How many double bedrooms (100 + square feet / 9.3+ square metres) are in your property?	
How many single bedrooms (40 to 100 square feet / 3.7 to 9.3 square metres) are in the property?	

LACK OF AMENITIES AND DISREPAIR

Describe any general defect in the fabric or structure of the dwelling e.g. excessive dampness etc.

Is there a satisfactory supply of mains water to your kitchen?	Yes		No	
If there is a kitchen does it contain:				
A sink?	Yes		No	
A cooker point?	Yes		No	
A supply of hot water?	Yes		No	
A table or work surface?	Yes		No	
Larder / storage facilities?	Yes		No	
Is there a w.c.?	Yes		No	
Is the w.c. outside?	Yes		No	
Is there a fixed bath or shower?	Yes		No	
Is there an electricity supply available?	Yes		No	

SECTION 5 HEALTH AND SOCIAL CONSIDERATIONS

If you have, or any member of your household has, a health and social wellbeing problem which is being seriously affected by your current housing conditions please complete this section. If you do not have such problems proceed to SECTION 6.

FUNCTIONALITY

The following section should not be completed in respect of a person who has a temporary condition which restricts his/her mobility. It is intended to deal with people who have a substantial disability which makes it difficult for them to manage in their present accommodation.

For each person who has a disability, based on the descriptions below, please complete the following table.

- I = Able to function without need of assistance. This includes using artificial aids to carry out the function.
- H = Need some physical assistance in order to adequately manage the task or need to be supervised in the home while carrying out the task.
- D = Persons totally reliant on others to assist them to carry out the task.

If relevant - Circle the appropriate letter in the columns

Within The Dwelling	1 st Person	2 nd Person	3 rd Person	4th Person
Use a walking aid	I H D	I H D	I H D	I H D
Wheelchair user	I H D	I H D	I H D	I H D
Have difficulty, or need help, moving around the home	I H D	I H D	I H D	I H D
Unable to move around the home	I H D	I H D	I H D	I H D
Climb Stairs to access the Bathroom	I H D	I H D	I H D	I H D
Climb Stairs to access the Bedroom	I H D	I H D	I H D	I H D
External Factors				
Difficulty negotiate external steps, or unable to negotiate external steps	I H D	I H D	I H D	I H D
Difficulty negotiating a steep approach to current dwelling, or unable to negotiate a steep approach to current dwelling	I H D	I H D	I H D	I H D

If you have entered details in the table above then please complete the table below

	Name	Relationship to Applicant
1 st Person		
2 nd Person		
3 rd Person		
4 th Person		

Housing Application

Please list any adaptations that have been carried out in your current property:

SUPPORT AND CARE NEEDS

Do you need help or support with any of the following on an ongoing basis?

PLEASE TICK AS APPROPRIATE	NEED HELP				CANNOT DO			
Dressing / Undressing	Yes		No		Yes		No	
Getting in / out of bed?	Yes		No		Yes		No	
Using bathroom facilities?	Yes		No		Yes		No	
Lighting the fire or managing the heating system	Yes		No		Yes		No	
Doing heavy household duties?	Yes		No		Yes		No	
Cooking meals?	Yes		No		Yes		No	
Making snacks?	Yes		No		Yes		No	
Doing your shopping?	Yes		No		Yes		No	

If you have answered YES to any of the above questions, please state who helps you.

Name	Relationship to you	How often is help provided?
Contact details/address:		Tel. No

If you have completed the previous section please give as much relevant details as possible in the space given below, about any medical or social difficulties. It may be necessary for us to contact you further on this aspect of your application.

SECTION 6 – PROFESSIONALS INVOLVED

Please identify any professionals with whom you are currently involved or known to e.g. your Social Worker, Community Nurse, Occupational Therapist, Care Manager.

Contact	Name/Address	Tel No
GP		
Consultant		
Social Worker		
Occupational Therapist		
Care Manager		
District Nurse		
Health Visitor		
Community Psychiatric Nurse		
Community Nurse		
Probation Board		
Voluntary Groups		
Police		
Other		

Housing Application

SECTION 7 - YOUR HOUSING CHOICES

We want to know what sort of accommodation you need. Certain types of accommodation may only be suited to certain applicants. For example, severely disabled applicants require ground floor accommodation.

If YOU need special accommodation because for example, of your age, disability or ill health. Please indicate what type. *Sheltered accommodation provides independent living with supervision through a Warden with a range of communal facilities available for social purposes.

Warden Assisted/Sheltered housing*		Other – please specify
Ground floor accommodation		
Wheelchair facilities		

How many bedrooms do you need?

Please note, while your preference may be as stated above, the number of bedrooms assessed as being required to house you, may be different.

Please indicate areas where you would like to live.

1st Area of interest	2nd Area of interest
Additional	Additional
Additional	Additional
Additional	Additional
Additional	Additional

Mutual Exchange

Are you interested in obtaining accommodation by exchanging your current home with another person in Northern Ireland? Yes No

If Yes please complete the Type of housing you would consider:

Please give any other details which have not been covered by the questions in the form, but which you feel are relevant to your application:

SECTION 8 OTHER HOUSING OPTIONS

LATENT DEMAND

Are there any rural areas with little or no Executive/housing association where you would be prepared to accept if accommodation were built there? Yes No

If YES give details

1 st Preference	2 nd Preference

OTHER TENURES

Are you interested in any other tenure, please answer the following questions?

i) Garage

Are you interested in renting a garage from either the Housing Executive or housing association(s)
 Yes No

If you have answered YES, you should contact the relevant Housing Executive or housing association office for further information, please note, however, that we do not have garages in every area.

ii) Renting From Private Landlord

Are you interested in renting from a private landlord? Yes No

iii) Purchasing Own Home

If you become a tenant, would you be interested in purchasing your own home? Yes No

Are you interested in owning your own home now? Yes No

iv) Co-Ownership

The Executive seeks to assist the Northern Ireland Co-ownership Housing Association in planning new schemes. The Co-ownership scheme is a form of low cost home ownership where you part buy and part rent your home to start with, and can buy the rest later. You choose the property. Co-ownership is available all over Northern Ireland.

Are you interested in low cost ownership through the Co-ownership's scheme? Yes No

If YES, please indicate the area/s where you would be prepared to consider purchasing under the Co-ownership scheme.

1st Area of interest	2nd Area of interest

v) Group Housing Scheme

Are you interested in a Group Housing scheme*? Yes No

** Group Housing Schemes cater for specific communities i.e. Irish Travellers.*

Release of Information on other Tenures

If you have expressed an interest in tenures other than social housing, the Executive may provide details of your name and address to those housing associations, estate agents and / or providers of private housing who may be able to assist you further.

Do you wish this information to be released? Yes No

DECLARATIONS

Important Information to be provided under the Housing (NI) Order 1988, Article 17

- Where a person approaches the Housing Executive seeking housing and claiming to be homeless or threatened with homelessness, the 1988 Housing Order makes it an offence, punishable with a fine, to knowingly or recklessly give false information, or to knowingly withhold information which the Housing Executive may reasonably require, in connection with a positive homeless decision.
- This law also requires that if at any time before you receive the homelessness decision there is any change of facts material to your case, you must notify the Housing Executive as soon as possible. Failure to do so is an offence punishable with a fine.

Declarations

I/we understand

- And confirm that I/we have read, or been read, the above information about the effect of 1988 Housing Order.
- If the Housing Executive discovers I/we have given false information, withheld information or not informed them of a material change in the facts of my/our homelessness case, this may result in prosecution, any offer of housing being cancelled, and or eviction from any housing accommodation provided.
- That under the Fraud Act 2006 it is an offence to dishonestly make a false statement or representation or to dishonestly withhold information for personal gain.
- That by dishonestly giving false information, withholding information or failing to disclose a change in my/our circumstances concerning my/our housing/homelessness application at any time before accepting an offer of tenancy I/we may be guilty of an offence under the Fraud Act 2006 and may be prosecuted; have any offer of housing cancelled or be evicted from any housing provided.

I/we declare that the information given above is correct, true and complete to the best of my/our knowledge and belief.

Furthermore, I/We hereby promise to notify the Landlord if there is any material change in my/our circumstances.

Signed

Date / /

Signed

Date / /

YOUR INFORMATION

What we do with your information

You have applied to the Housing Executive for the assessment of your housing needs. The Housing Executive is providing these services to you as part of our statutory housing and homelessness functions as a public body. Processing your personal information is necessary for us to perform public tasks based on those statutory functions.

More details are available on the NIHE website: www.nihe.gov.uk/privacy_notice

The Housing Executive requires the information to:

1. Better understand your housing needs and respond to your enquiries.
2. Provide services for you, such as assessing your application for housing and/or homelessness and assisting you in resolving any problems in order to prevent you from risk of homelessness or from becoming homeless.
3. If appropriate, find accommodation with private landlords.
4. Assist you in managing any tenancy which may be awarded to you as a result of your application.

In order to meet any of the purposes outlined above, information you have provided may be shared with other Housing Executive departments.

Sharing your information with others

The Housing Executive may share any of the information provided for the above purposes with individuals (e.g. professionals/prospective landlords), agencies/bodies (statutory and non-statutory), registered housing associations, local councils, contractors who carry out work in tenant's homes, service providers and utility providers.

Consent for the Housing Executive to receive information

Under the lawful basis of consent, the Housing Executive may receive information from others with whom it has shared your information to assist the Housing Executive to meet any of the purposes outlined above.

I/We agree to the Housing Executive receiving this information (Please tick box if you agree)

Signed

Date / /

Signed

Date / /

Notes

You can withdraw your consent, to the Housing Executive receiving information from others, at any-time by emailing dataprotection@nihe.gov.uk or write to: Data Protection Officer, Northern Ireland Housing Executive, 4th Floor, 2 Adelaide Street, Belfast, BT2 8PB.

If consent is not given, or is subsequently withdrawn, then the Housing Executive may not be able to access information from other parties to assist in any of the purposes outlined above.

Housing Application

Input Form Part 1 Housing

(THE REST OF THIS FORM IS FOR OFFICE USE ONLY)

Bedrooms assessed as required	
-------------------------------	--

Indicate which of the following types of accommodation are required (not desired).

Wheelchair Facilities Y/N		Ground Floor Y/N	
---------------------------	--	------------------	--

If answer is Y, please detail reasons below

Confirmation of preferences

1st preference	CLA		Comments/Exclusions:
2nd preference	CLA		Comments/Exclusions:
Additional	CLA		Comments/Exclusions:
Additional	CLA		Comments/Exclusions:
Additional	CLA		Comments/Exclusions:
Additional	CLA		Comments/Exclusions:
Additional	CLA		Comments/Exclusions:
Additional	CLA		Comments/Exclusions:
Additional	CLA		Comments/Exclusions:
Additional	CLA		Comments/Exclusions:

Points Assessment

Other Homeless	Y N
Sharing Kitchen	FAUN
Sharing Living Room	FAUN
Sharing WC	FAUN
Sharing Bath / Shower	FAUN
Overcrowding <i>(Enter number of bedrooms short)</i>	
Serious Disrepair	Y N
Dampness Prejudicial to Health	Y N
Inadequate Lighting, Heating & Ventilation	Y N
Inadequate Water Supply	Y N
Unsatisfactory Kitchen Facilities	Y N
Unsuitably Located / No WC	Y N
Inadequate Bath / Shower	Y N
No Electricity Supply	Y N
Unsuitable Accommodation	Y N
Sheltered / Supported Housing	Y N

Primary Social Needs Factors (PSN's)

Violent PSNs - Only one of these PSNs may be awarded			
1. Violence		Yes	No
2. Harassment with fear of violence		Yes	No
3. Fear of violence		Yes	No
Non-violent PSNs			
4. Distress related to recent trauma		Yes	No
5. To prevent going into care		Yes	No
6. Larger acc. to facilitate fostering		Yes	No
7. Family with children living apart		Yes	No
8. Analogous* circumstances	Analogous to:	Yes	No

Other Social Needs Factors (OSN's)

The total number of points available for 'other social needs' factors is automatically capped at 40 by HMS (equivalent to 4 OSNs). All factors affecting the Applicant should still be recorded on the system. **Keying guide:** A record of all information relevant to the award of OSN points must be added to the relevant notepad on HMS. **PLEASE NOTE THAT OSN 17 CAN ONLY BE AWARDED ONCE, EITHER AS ORDINARY OR AREA BASED POINTS**

Other social needs factors							
1. Rehousing would resolve neighbourhood dispute		Yes	No				
2. Harassment with no fear of physical violence (N/A if PSN2 awarded)		Yes	No				
3. Cannot cope in accommodation as a result of burglary/vandalism		Yes	No				
4. To facilitate staying/weekend access to children		Yes	No				
5. Current accommodation is too expensive		Yes	No				
6. Unable to maintain current accommodation		Yes	No				
7. Remaining party's medical condition is adversely affected by applicant staying in his/her home (not Transfers)		Yes	No				
8. Recent bereavement in applicant's current accommodation		Yes	No				
9. Cannot live with partner for reasons beyond their control (have no children)		Yes	No				
10. Socially isolated		Yes	No				
15. Alternative accommodation recommended by social services because:							
a) an extra room is needed for a live in carer		Yes	No				
b) an extra room is needed for specialist medical equipment		Yes	No				
c) current accommodation is particularly unsuitable		Yes	No				
16. Child under 10 living in accommodation all above ground floor level		Yes	No				
17. Analogous* circumstances (ORDINARY)	Analogous to:	Yes	No				
For OSN 11-14 and OSN 17 (where points are analogous to Area Bases OSN) Please answer Y/N and record the relevant CLA code in the space provided		Y/N	1st AOC				
11. Does not live within reasonable travelling distance to new job/course of study							
12. Needs to live in an area to give/receive support							
13. Needs to be near family for childcare to facilitate employment							
14. Needs to move to be closer to specialist facilities							
17. Analogous* circumstances (AREA BASED)	Analogous to:						
Reason for other social needs award/ supporting evidence:							

*Analogous means circumstances similar to, but not the same as, one of the other OSNs. When awarding analogous circumstances you should specify the OSN to which the circumstances are similar.

Housing Application

THIS PAGE APPLIES TO COMPLEX NEEDS APPLICANTS ONLY

Is applicant /tenant a potential Complex Needs Applicant?
If Yes, State Reasons:

Yes No

Has a recent "COMMUNITY CARE" assessment been carried out already?
If Yes, give details:

Yes No

	Date
Case referred to Housing Support Service	
Case referred to Health / Social Services Trust	

OUTCOME	Y / N
Applicant / tenant has Complex Needs	
General Needs Option Agreed	
Supported housing Option Agreed	
Other (Please specify below)	

Agreed Housing Choice

Complete if general needs option	Yes / No
Complex needs points	