

Application for Accommodation and Support

The information recorded on this document is strictly confidential.

If you are having difficulty in completing this form, the Tenancy Support Leader will be pleased to help you fill it out.

We cannot guarantee that in completing and returning this document that you to be offered an interview or accommodation.

If you are thinking of applying to East Cleveland Youth Housing Trust. Please read this information first

Are you

- Aged 18 - 25
- Living in temporary accommodation
- Homeless or at risk of homelessness
- Living in poor housing conditions
- In need of housing related support
- Willing to participate in support & self help activities
- Entitled to claim housing benefits or low income

If you have answered **Yes** to the above questions then ECYHT may be suitable for you.

Please return this completed application form to

East Cleveland Youth Housing Trust
Riverside Building
New Company Row
Skinningrove
Saltburn by the Sea
TS13 4AU

An online version of this application form can be found at www.ecyhtrust.com

What happens next

Your application will be reviewed to see whether you meet ECYHT's criteria for housing and support and we aim to contact you within 7 working days.

If your application meets our criteria, we will invite you to visit us for an assessment and affordability check.

If you are not accepted, we will offer advice and signposting to other suitable housing.

Your Personal Details

Name						
Contact Address						
Contact telephone No						
Email						
Date of Birth				Age		
Gender	Male		Female		Other	
Ethnic Origin						
Disability	Yes		No			
If yes, please specify						
National Insurance No						

Applicants under 18 or Leaving Care

Are you 17 or younger?	Yes		No	
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If you have answered **Yes** to the above question. Please provide the name, address and contact details of the person or organisation who currently supports you or acts as your trustee. Alternatively, that person / organisation can fill out the Referrer's information below.

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Referrer's Information

Please complete this section if you are filling this form in on someone else's behalf

Name					
Organisation					
Contact Telephone No					
Email					
Address					

How long have you known the applicant?	Years		Months	
Has the applicant consented to this referral?	Yes		No	
Will you continue to be involved with the applicant and if so what support will you provide?				

Are any other agencies involved?

	Contact name	Telephone No
Social Worker		
Probation / YOS worker		
CPN / Psychiatrist		
Health visitor		
Substance misuse agencies		
Leaving care		
Other		

Does the applicant have a support / care plan with the referring agency?	Yes		No	
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Your Current Housing Status

Are you currently:

Homeless		In a difficult situation	
Leaving Care		Other	

Please describe your current housing situation and any support you require. Please provide as much detail as possible.

For example - You wish to be independent; Have been asked to leave your current address; Parents unable to support you; Are sofa surfing or have no fixed abode

	Yes	No
Have you been awarded homelessness status by a local authority?		
Have you spent 3 months or more in a refuge or hostel?		
Have you ever had a joint or shared tenancy?		

Are you

Single		Couple		Family		Lone Parent	
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Name of those who will live with the applicant	Relationship	D.O.B

Have you ever had your own tenancy?	Yes		No	
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If Yes, please list your addresses over the last 5 years

Address	Landlord	Reason for leaving

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Do you have any rent arrears?	Yes		No	
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Are you having any deductions made from your housing benefit or Universal Credit?	Yes		No	
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If **Yes**, how much per week / month? £

Please tick any boxes that are relevant

Any debt or financial difficulties?	
Have you ever been evicted?	
Asked to leave a property? (Without eviction)	
Do you have any pets?	
Any history of mental health conditions?	
Currently receiving housing benefit?	
Any convictions / probation orders? (Current, spent or pending)	
Any anti-social behaviour orders?	
Are you pregnant?	
Any history of substance misuse?	

Supporting you

ECYHT provides supported housing for people who have been homeless or in a housing crisis. To help you. Which areas would you like support with?

Managing a tenancy		Claiming benefits	
Sorting out utilities		Parenting	
Accessing training / education		Developing confidence	
Finding employment		Improving mental or emotional health	
Improving contact with family and friends		Help with substance / alcohol misuse	
Finances (Budgeting, paying bills, reducing debts)		Developing living skills	
Other (Please provide more details below)			

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Employment Status

Full time work (30+ hours)		In training / apprentice / volunteer	
Part time work (less than 30 hours)		Full time student	
Unable to work due to sickness / disability		Jobseeker	
Not looking for work			

How did you here about ECYHT?

Housing options	
From another worker / organisation	
Friend or family	
ECYHT poster / advert	
Website, email or social media	
Other	

References: (One from your current or most recent landlord)

Name	
Address	
Telephone No	

Name	
Address	
Telephone No	

Declaration

The information I have given in this form is accurate and complete. I understand that if I have given incorrect or incomplete information then my application may be cancelled or delayed.

Yes		No	
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Name	
Signature	
Date	