

HOMELESS PLACEMENT APPLICATION

London Borough of Merton – Housing Needs and Strategy

Tell Us
About
Yourself

Personal Details:-

Name:

Title Mr Mrs Miss Ms Other

Date of Birth:

Family Name:

Given Names:

Do you currently use any other names: Yes No

If yes, Please provide details

Gender: Male Female

Relationship Status

- | | |
|--|--|
| <input type="checkbox"/> Married | <input type="checkbox"/> Single |
| <input type="checkbox"/> Divorced | <input type="checkbox"/> Civil partnership |
| <input type="checkbox"/> Separated | <input type="checkbox"/> Widowed |
| <input type="checkbox"/> Unmarried partner | <input type="checkbox"/> Same sex partner |
| <input type="checkbox"/> Dissolved partnership | <input type="checkbox"/> Surviving |

Employment Details:-

Are you currently working? Yes No

If YES, Name of your employer

Address:
.....
.....
.....

How many hours a week do you work?

If yes, how long have they been in employment?

- less than 6 months from date of homelessness application.
- 6 months from date of homeless application.
- more than 6 months from date of homeless application.

About your Partner

Your partner

Name:

Title Mr Mrs Miss Ms Other

Date of Birth:

Family Name:

Given Names:

Does he/she currently use any other names: Yes No

If YES, Please give details:

Gender: Male Female

Relationship Status

- | | |
|--|--|
| <input type="checkbox"/> Married | <input type="checkbox"/> Single |
| <input type="checkbox"/> Divorced | <input type="checkbox"/> Civil partnership |
| <input type="checkbox"/> Separated | <input type="checkbox"/> Widowed |
| <input type="checkbox"/> Unmarried partner | <input type="checkbox"/> Same sex partner |
| <input type="checkbox"/> Dissolved partnership | <input type="checkbox"/> Surviving |

Employment Details:-

Are you currently working? Yes No

If YES, Name of your employer

Address:

.....

.....

How many hours a week do you work?

If yes, how long have they been in employment?

- less than 6 months from date of homelessness application.
- 6 months from date of homeless application.
- more than 6 months from date of homeless application.

Your Partner

Is your partner known to Adult Social Care

- Yes No

If yes, please provide information on Adult Social Care involvement

.....
.....
.....
.....

Does your partner receive treatment for a physical or mental health condition?

- Yes No

If yes, please provide details of the hospital or NHS Service.

.....
.....
.....
.....

Are they at a critical point in their treatment?

(Housing Officer to seek advice from the Council’s Medical Adviser)

- Yes No

Does your partner provide care and support to another family member in Merton who is not part of the household?

- Yes No

If you answered YES is the carer in receipt of Carers Allowance?

- Yes No

About your Partner

(Evidence will be required)

Does the cared-for person (family member cares for) receive

- Middle Rate DLA
- High Rate DLA
- Daily living component of PIP

Please detail what benefits your partner receives:

.....

.....

.....

.....

Is your partner subject to the benefit cap?

- Yes No

Are there any other exceptional/compelling circumstances to consider?

- Yes No

If yes, please detail.

.....

.....

.....

.....

Your Dependants

Dependant 1

Tell Us About Your Dependants

Name:

Title Mr Mrs Miss Ms Other

Family Name:

Given Names:

Date of Birth:

What is the dependant's relationship to you

Child under 18

Other

If other please specify

Is this person dependant on you? yes No

Tell us about this dependant's current address

Does this dependent live with you yes no

Address:

House Number or Name:

Street Name:

Town or City:

County:

Postcode:

Why does this dependent not live at your address?

.....

.....

Does the child attend school, college or university? Yes No

Name of school, college or university:.....

Dependant 2

Name:

Tell Us About Your Dependants

Title Mr Mrs Miss Ms Other

Family Name:

Given Names:

Date of Birth:

What is the dependant's relationship to you

Child under 18

Other

If other please specify

Is this person dependant on you? yes No

Tell us about this dependant's current address

Does this dependent live with you yes no

Address:

House Number or Name:

Street Name:

Town or City:

County:

Postcode:

Why does this dependent not live at your address?

.....
.....
.....

Does the child attend school, college or university? Yes No

Name of school, college or university:.....

Dependant 3

Tell Us About Your Dependants

Name:

Title Mr Mrs Miss Ms Other

Family Name:

Given Names:

Date of Birth:

What is the dependant's relationship to you

Child under 18

Other

If other please specify

Is this person dependant on you? yes No

Tell us about this dependant's current address

Does this dependent live with you yes no

Address:

House Number or Name:

Street Name:

Town or City:

County:

Postcode:

Why does this dependent not live at your address?

.....

.....

.....

Does the child attend school, college or university? Yes No

Name of school, college or University:.....

***IF YOU HAVE MORE THAN 3 DEPENDANTS PLEASE USE A BLANK PAGE TO
WRITE THE SAME INFORMATION FOR EACH CHILD/YOUNG PERSON.***

Are any of the child(ren) subject to an Educational Health and Care Plan in Merton?

About the Applicant

Yes No

Details:

.....

.....

.....

.....

Is the applicant (family members) known to Children’s Social Care?

Yes No

Are any of the child(ren) subject to a Child Protection Plan?

Yes No

Are any child(ren) enrolled in GCSE, AS or A level courses in Merton with exams to be taken within the next academic year

Yes No

If yes, please provide

Details of Child(ren):

.....

.....

.....

.....

Details of school:

.....

.....

The Applicant

Is the applicant known to Adult Social Care

- Yes No

If yes, please provide information on Adult Social Care involvement

.....
.....
.....
.....

Does the applicant or members of his/her family receive treatment for a physical or mental health condition?

- Yes No

If yes, please provide details of the hospital or NHS Service.

.....
.....
.....
.....

Are they at a critical point in their treatment?

(Housing Officer to seek advice from the Council’s Medical Adviser)

- Yes No

Does the applicant or a member of his family provide care and support to another family member in Merton who is not part of the household?

- Yes No

If you answered YES is the carer in receipt of Carers Allowance?

- Yes No

(Evidence will be required)

About the Applicant

Does the cared-for person (family member cares for) receive

- Middle Rate DLA
- High Rate DLA
- Daily living component of PIP

Please detail what benefits the applicant receives:

.....

.....

.....

.....

Is the applicant subject to the benefit cap?

- Yes No

Are there any other exceptional/compelling circumstances to consider?

- Yes No

If yes, please detail.

.....

.....

.....

.....

DECLARATION:

- I confirm that the information that I have given on this form is correct.

I understand that if I give false information, the Council may take action against me and I could be prosecuted.

Name:

Signature:

Date:

Reasons for Placement

Equalities Monitoring

We want to make sure that our housing policies work fairly, and we have decided to keep records of everyone who applies for social housing. We would like you to tell us what you consider your ethnic origin, religion or belief and sexuality to be as well as information on any disabilities. We will only use this information for monitoring our housing policies.

Main Ethnic Group:

Main Ethnic Group

- White**
 British
 Irish
 Other

- Black or Black British**
 African
 Caribbean
 Other

- Asian or Asian British**
 Indian
 Pakistani
 Bangladeshi
 Other

- Mixed**
 White and Black African
 White and Black Caribbean
 White and Asian
 Other

- Other Background**
 Chinese
 Any Other

I do not wish to give this information

Disability

- Wheelchair user
 Other physical impairment
 Require letters in large print
 Require letters on audio tape
 Require letters instead of phone calls
 I do not wish to give this information

Gender

- Male
 Female
 Transgender
 I do not wish to give this information

Sexuality

- Heterosexual
 Lesbian
 Gay
 Bisexual
 Other
 I do not wish to give this information

Religion

- Buddhist
 Jewish
 Christian
 Sikh
 Hindu
 Muslim
 None
 Other
 I do not wish to give this information

Reason(s) for Placement (For Officer Use Only):-

(√ select as appropriate)

- HA 1996 Part 7
- Childrens Act 1989

Is the recommendation from the Housing Officer to procure accommodation?

- In Borough
- 90 minutes travelling
- Any area.

Signed:

Print Name:

Approved by:

Print Name: