



# Application for Accommodation

Care Ashore, Springbok Estate, Alfold, Cranleigh, Surrey GU6 8EX

Telephone (01403) 752555 Email: [info@careashore.org](mailto:info@careashore.org) [www.careashore.org](http://www.careashore.org)

## About You

Please provide the following details for you and your partner, or joint applicant.

Please send us proof of your identity and your address, so that we can process your application. We cannot process your application until we have received this. This might be a copy of your passport or birth certificate, as well as a copy of a gas, water or electricity bill.

### Your Details

Male

Female

Surname

Forename(s)

Previous Name (e.g. maiden name)

Current address

Postcode

Date of birth

National Insurance number

### Joint Applicant

Male

Female

Surname

Forename(s)

Previous Name (e.g. maiden name)

Current address

Postcode

Date of birth

National Insurance number

**Your Contact Details**

Home telephone number (including area code)

Mobile number

Email address

**Joint Applicant Contact Details**

Home telephone number (including area code)

Mobile number

Email address

**Details of Household Members**

Please give details of everyone else that needs accommodation with you. Please continue on a separate sheet if necessary.

1	<p>Full name <span style="float: right;">Date of birth</span></p> <p>Relationship to you</p> <p>Do they live with you now? Yes <input type="radio"/> No <input type="radio"/></p> <p>If no, please give their current address</p>
2	<p>Full name <span style="float: right;">Date of birth</span></p> <p>Relationship to you</p> <p>Do they live with you now? Yes <input type="radio"/> No <input type="radio"/></p> <p>If no, please give their current address</p>

## Where do you live now?

What type of home do you live in now?

House  Bungalow  Flat  Maisonette

Sheltered Housing  Hotel/Hostel  No fixed abode

Other (please specify)

If you live in a flat, what floor are you on?

How many bedrooms does your current home have?

When did you move into your current home?

If you have been at your current address for less than three years, please give previous addresses and dates:

Are you: Renting from a housing association  Living with friends or relatives

Renting from a private landlord  Council tenant

In a supported housing scheme

An owner-occupier/shared owner

Other (please specify)

If renting, please give your current landlord's name and address

## Why do you want/need to move?

Please tick all relevant boxes or main reasons for applying. Any evidence that you can give us to support your reason will make it easier for us to assess your needs.

- |   |  |  |
|---|--|--|
| Homelessness <input type="checkbox"/>       | Need sheltered housing <input type="checkbox"/>        | Overcrowding <input type="checkbox"/>            |
| Urgent social need <input type="checkbox"/> | Relationship breakdown <input type="checkbox"/>        | Tenancy is ending <input type="checkbox"/>       |
| Financial hardship <input type="checkbox"/> | Racial harassment <input type="checkbox"/>             | To give/receive support <input type="checkbox"/> |
| Medical needs <input type="checkbox"/>      | Moving from supported housing <input type="checkbox"/> |  |
| Other (please specify)                      |  |  |

## Criminal Convictions

Have you had any contact with the criminal justice system in the past?

Yes  No

If yes, do you have any unspent criminal convictions?

Yes  No

If yes, please give further details

## Your Health

Please tell us about any health, hearing, sight, memory or mobility problems you or your partner may have, how long you have had them and how they affect you.

<b>You</b>	<b>Joint Applicant</b>
Health	Health
Mobility	Mobility

## Sea Service

### You

Total length of sea service in years

Was service in the Merchant Navy or other maritime service? (eg. Royal Navy, RFA or fisherman)

Discharge book number (if known)

Rank on leaving the Navy

#### Details of sea service

Role    Company    Dates (start and end)

Reason for leaving the sea

Was sea service terminated by illness/accident?

Yes                   No

If yes, give details

### Joint Applicant

Total length of sea service in years

Was service in the Merchant Navy or other maritime service? (eg. Royal Navy, RFA or fisherman)

Discharge book number (if known)

Rank on leaving the Navy

#### Dates of sea service

Role    Company    Dates (start and end)

Reason for leaving the sea

Was sea service terminated by illness/accident?

Yes                   No

If yes, give details

## Employment

Have you worked ashore? If so, please give details

**Job Title    Name of company    Dates**

Have you worked ashore? If so, please give details

**Job Title    Name of company    Dates**

## Current Employment Status

### Are you...

Working full time?

Working part time?

Long term sick/disabled?

Retired?

A full-time carer?

Unemployed?

Other (please specify)

### Is the Joint Applicant...

Working full time?

Working part time?

Long term sick/disabled?

Retired?

A full-time carer?

Unemployed?

Other (please specify)

## Income and Expenses

<b>Current weekly income</b>	<b>You</b>	<b>Joint Applicant</b>
Earnings	£	£
State Retirement Pension	£	£
Child Benefit	£	£
Employment Support Allowance	£	£
Housing Benefit	£	£
War Pension	£	£
PIP/Disability Living Allowance	£	£
Pension Credit	£	£
Attendance Allowance	£	£
Navy Pension	£	£
Company Pension	£	£
Other Charitable Sources (give details)	£	£
Any other income not included above (i.e. investments, rentals, savings or other sources)	£	£
<b>Total</b>	<b>£</b>	<b>£</b>

<b>Current weekly expenses</b>	<b>You</b>	<b>Joint Applicant</b>
Rent / Mortgage Repayments	£	
Council Tax (after any rebate)	£	
Total Utility Bills (gas, water, electricity)	£	
Phone / Mobile / Broadband	£	
Insurance(s)	£	
Other Regular Expenses (food/travel etc – please list)	£	
<b>Total</b>	<b>£</b>	<b>£</b>

## Savings

Do you have any cash in the Bank, Building Society or Post Office? Yes  No   
 If yes, please give details

Type of account	Amount	Interest earned per year

## Investments

Do you have any other investments? i.e. Premium Bonds, Savings Certificates, Shares etc

Yes  No

If yes, please give details and amounts

## Mortgages, Loans & Debts

Please give below details of any loans and debts owed, for example, to banks, landlord, catalogues etc.

Amount Borrowed	Amount Outstanding	Name of Lender	Weekly Repayment	Purpose of Loan

## Additional information

Please tell us anything else that you would like us to know about your application.

## Declaration

The information I have given in this form is true, and I understand the following

- ❖ Care Ashore will put the information I have provided on your computer and use it to assess my application.
- ❖ Care Ashore will keep the information confidential and hold it in line with the Data Protection Act 1998. Care Ashore will only pass this information to another person if this will help to process my application.
- ❖ Care Ashore may make enquiries about my application with other agencies.
- ❖ If I give false information, Care Ashore may take action against me to end any contract or payment you give me.
- ❖ If required, I accept that I will provide proof of the information provided in this form.
- ❖ I must tell Care Ashore immediately if any of the information in this application changes.
- ❖ Care Ashore agree to a regular review of its circumstances and application procedure.
- ❖ Care Ashore may require a home visit.

**Your signature**

**Date**     /     /

**Joint Applicant signature**

**Date**     /     /

## Equal Opportunities

It is against the law to discriminate against anyone because of their gender, marital status, race, colour, ethnic origin, nationality, disability or religious beliefs. Care Ashore is committed to ensuring that all applicants are treated fairly, in order to check that this policy is carried out, it would be helpful if you could answer the questions following. This information will remain strictly confidential.

Please note: You are not obliged to complete the next section and your application will not be affected in any way.

## Disability

Under the Disability Discrimination Act 1995, a person is considered to have a disability if he/she has a physical or mental impairment which has a substantial and long-term effect on his/her ability to carry out normal day-to-day activities.

Do you consider that you meet this definition of disability?

You Yes  No

Joint Applicant Yes  No

If yes, please state the nature of the disability

Visual impairment  Communication difficulties  Poor Mobility

Hearing Impairment  Learning Disability  Mental Ill Health

Other (please specify)

## Ethnic/Racial Origin

**You**  
**Joint Applicant**

**You**  
**Joint Applicant**

<input type="radio"/>	<input type="radio"/>	White British	<input type="radio"/>	<input type="radio"/>	Asian/Asian British - Chinese
<input type="radio"/>	<input type="radio"/>	White Irish	<input type="radio"/>	<input type="radio"/>	Asian/Asian British - Other
<input type="radio"/>	<input type="radio"/>	White Other	<input type="radio"/>	<input type="radio"/>	Mixed – White/Black Caribbean
<input type="radio"/>	<input type="radio"/>	Black British	<input type="radio"/>	<input type="radio"/>	Mixed – White/Black African
<input type="radio"/>	<input type="radio"/>	Black - Caribbean	<input type="radio"/>	<input type="radio"/>	Mixed - White/Asian
<input type="radio"/>	<input type="radio"/>	Black - African	<input type="radio"/>	<input type="radio"/>	Mixed – Other
<input type="radio"/>	<input type="radio"/>	Black Other	<input type="radio"/>	<input type="radio"/>	Arab
<input type="radio"/>	<input type="radio"/>	Asian/Asian British - Indian			
<input type="radio"/>	<input type="radio"/>	Asian/Asian British - Pakistani			
<input type="radio"/>	<input type="radio"/>	Asian/Asian British – Bangladeshi			

Any other ethnic group (please specify)