

**Housing Application**

**Additional Assessment Form**

Please read the leaflet “Allocations Policy - Additional Assessment Guidance Note” before completing this form.

You can apply for an assessment if you think that you or a member of your household’s situation is being made worse by your current housing.

This form is to provide information concerning your current living situation which may enable you to receive extra priority on the Housing Register.

Do not use this form if a member of your household has a disability or a physical or mental health issue which has a substantial and long-term adverse effect on normal day-to-day activities. If you have such a need please complete a medical assessment form.

You do not need any letters of support to apply. However, if you already have any information relating to your circumstances, please attach this to your assessment form. This information could be from an Estate Officer, support worker, social worker, police officer, neighbour or anyone with knowledge of your circumstances.

If you are unable to complete the form a friend, family member or support worker can complete it for you. If they do so, they should sign the statement on the back page and explain why they have completed it for you.

|  |
| --- |
| **FOR OFFICE USE ONLY** |
| **Reference no:** |
| Checked by: |
| Supporting documents received: |
| Date Form received |
| Agreed by Housing Needs Manager: |
| Updated: June 2016 |

**Guidance Notes**

If you need any help with this form please phone us on:

0207 332 1237 / 3452.

What you should do:

• Complete the form in black ink

• Give as much detail as possible.

• Sign and date the form.

• Return the form to us.

**• Please try to answer all of the questions.**

We will use the information you give us to assess your household’s housing needs.

We need as much information as possible to make our decision.

What happens next?

* We may make a referral to a support worker or other professional to assess your situation and enable you to remain in your home.
* We may make an appointment for a home visit
* If you are a tenant of the City of London we will discuss your situation with your Estate Manager, who may assist us to understand the situation.
* We will write to you when a decision has been made.

**All of the information you give us will be treated as strictly confidential. If you give us permission, we may contact the people who you mention in the form who provide you with services or support.** The City of London Corporation is a data controller, and processes personal data in accordance with the General Data Protection Regulation (GDPR) and the Data Protection Act 2018. For full details of how and why the City of London Corporation processes personal data, please refer to the full privacy notice at [www.cityoflondon.gov.uk/privacy](http://www.cityoflondon.gov.uk/privacy). Alternatively, you can request a hard copy. Please direct all data protection queries to the Information Compliance Team at [information.officer@cityoflondon.gov.uk](mailto:information.officer@cityoflondon.gov.uk).

**Please make sure that you sign the declaration on Page 10.**

**If you do not sign the declaration the form will not be assessed and will be returned to you.**

Housing Needs Team

Barbican Estate Office

3 Lauderdale Place

London

EC1V 8EN

**Additional assessment form**

|  |
| --- |
| **Housing Application number:** |
| **Name of main applicant** |
| **Date of birth:** |
| **Name of person/s claiming welfare priority:** |
| **Date of birth** |

**Your contact details:**

|  |
| --- |
| Address where you currently live: |
| Postcode: |
| Phone No: |
| Mobile No: |
| Email address: |

**Correspondence address, if different from above**

Address

|  |
| --- |
| Address for mail only: |
| Postcode: |

**Details of your current home:**

Please tick the box that best describes your current circumstances:

**Tenure**

|  |  |
| --- | --- |
| A City of London tenant |  |
| Tenant in sheltered housing |  |
| Tenant of another Local Authority |  |
| Tenant of a Housing Association |  |
| Tenant in private rented sector |  |
| A member of the armed forces |  |
| Living in a property I own |  |
| A tied or service tenancy |  |
| Staying with parents |  |
| Staying with relatives or friends |  |
| Living in a hostel / hotel |  |
| Living in a refuge |  |
| No fixed abode |  |
| Other (please give details) |  |

**How long have you lived at this address?**

|  |  |  |  |
| --- | --- | --- | --- |
| years |  | months |  |

**Is there a problem with the physical structure of the property?**

|  |  |  |  |
| --- | --- | --- | --- |
| Yes |  | No |  |

If yes please indicate below

|  |  |  |
| --- | --- | --- |
|  | Yes | No |
| Damp |  |  |
| Condensation |  |  |
| No heating |  |  |
| Noise |  |  |
| Dangerous structure |  |  |
| Other (Please state) |  |  |

If you answer yes to any of the above, please give details:

|  |
| --- |
|  |

Do you feel unsafe in your home?

|  |  |  |  |
| --- | --- | --- | --- |
| Yes |  | No |  |

If yes please give details:

|  |
| --- |
|  |

Have you been the victim of crime, harassment, violence, aggression or threats in your home?

|  |  |  |  |
| --- | --- | --- | --- |
| Yes |  | No |  |

If yes please give details:

|  |
| --- |
|  |

Do you have problems with members of your family?

|  |  |  |  |
| --- | --- | --- | --- |
| Yes |  | No |  |

If yes please give details:

|  |
| --- |
|  |

Do you have problems with your neighbours or people in the community?

|  |  |  |  |
| --- | --- | --- | --- |
| Yes |  | No |  |

If yes please give details:

|  |
| --- |
|  |

If you answered yes to any of the above questions, have the police or other agencies been involved?

|  |  |  |  |
| --- | --- | --- | --- |
| Yes |  | No |  |

If yes, please give details (include Crime Reference number if relevant):

|  |
| --- |
|  |

Please provide contact details for any individuals from professional agencies who have been involved in your situation

|  |  |
| --- | --- |
| Name: |  |
| Job title |  |
| Address: |  |
| Postcode: |  |
| Phone number: |  |

|  |  |
| --- | --- |
| Name: |  |
| Job title |  |
| Address: |  |
| Postcode: |  |
| Phone number: |  |

Have adaptations been made to your property under the Sanctuary scheme?

|  |  |  |  |
| --- | --- | --- | --- |
| Yes |  | No |  |

Please provide details of the adaptations made

|  |
| --- |
|  |

**Why do you want to move?**

**(Continue on a separate sheet if more space required)**

|  |
| --- |
|  |

**Do your relatives currently give care or support to you or a member of your household?**

|  |  |  |  |
| --- | --- | --- | --- |
| Yes |  | No |  |

**If ‘yes’, please give details:**

|  |
| --- |
| Relative’s name  Relationship |
| Relative’s address |
| Postcode |
| Phone number |
| How often is support needed? |

**Can we contact this person to discuss your application?**

|  |  |  |  |
| --- | --- | --- | --- |
| Yes |  | No |  |

**Do your relatives have difficulty supporting you because of your location?**

|  |  |  |  |
| --- | --- | --- | --- |
| Yes |  | No |  |

**If ‘yes’, please give details:**

|  |
| --- |
| Relative’s name  Relationship |
| Relative’s address |
| Postcode |
| Phone number |
| How often is support needed and what is the difficulty caused by your location? |

**Can we contact this person to discuss your application?**

|  |  |  |  |
| --- | --- | --- | --- |
| Yes |  | No |  |

**Please use this space to tell us any relevant additional information**

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**If you do not sign the declaration below, the form will not be assessed and will be returned to you.**

**Declaration and authority to seek information**

• I/we confirm that the details I/we have given are to the best of my knowledge true in every respect.

• I/we confirm my/our agreement for you to access details from professional s in connection with my/our application.

• I/we will notify you of any change in the details provided on the form.

• I/we authorise you to make any necessary enquiries in accordance with the Data Protection Act 1998. This may include sharing your information with other council departments.

• I/we authorise you to make any referrals necessary in connection with my/our application. (This might include referrals to other services such as social services and the police).

• I/we consent to any visits that may be needed to further assess my/our situation.

**Signed (applicant):**

……………………………………………………. Date …………………..…..

**Signed (other adult members of the household aged 16 or over who are referred to in the assessment):**

……………………………………………………. Date ……………………....

**If you have filled in this form for the applicant please fill in the section below.**

**Signed on behalf of applicant**

……………………………………………………. Date ………………………

Relationship to applicant ………………………………………………………

**Please tell us why the applicant is unable to fill in the form:**

……………………………………………………………………………………

……………………………………………………………………………………

……………………………………………………………………………………

……………………………………………………………………………………

Please return this form to:

Housing Needs Team

Barbican Estate Office

3 Lauderdale Place

London

EC1V 8EN