

MOVE ON OPPORTUNITIES HOUSING APPLICATION FORM



Application Form

 Name

 Address

 Education

 Work Experience



**Move On Opportunities
Astral House
2 Holland Road
Weymouth Dorset
DT4 0AL**



Telephone: 07789633361



E-mail—jberger@ebht.org.uk



Personal Details



Mr/Mrs/Miss/Ms  **Surname**

First Names.....

Address.....



Postcode



Telephone No. Home

Telephone No. Work.....



Mobile No.....

Date of Birth/...../..... **Age**

National Insurance No./...../...../...../...../...../...../...../.....

2nd Person (if you are hoping to share a home with someone)

Mr/Mrs/Miss/Ms  **Surname**

.....



First Names.....

Address.....

.....

Postcode



Telephone No. Home

Telephone No. Work.....



Mobile No......

Date of Birth/...../..... **Age**

National Insurance No./...../...../...../...../...../...../...../.....

Medical/Special Need Information



Do you have a medical condition that would be improved by moving to different accommodation?



Yes 

.....

No 

.....

If yes, please provide details.

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

Do you have a physical need that should be taken into account?

You might need wider access or ground floor accommodation for a wheelchair



Yes 

.....

No 

.....

If yes, please provide details of

any changes to the property you might need.

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

Do you live with anyone now?

Yes



No



If the answer is Yes



please provide the following information in the space provided:

Mr/Mrs/Miss/Ms



Surname

.....

First Names.....

Address.....

.....

Postcode



Telephone No. Home

Telephone No. Work.....



Mobile No.....

Date of Birth/...../..... Age

Relationship to You

2nd Person:



Mr/Mrs/Miss/Ms Surname

.....

First Names.....

Address.....

.....

Postcode



Telephone No. Home

Telephone No. Work.....



Mobile No.....

Date of Birth/...../.....Age

Relationship to You

If there are more than 2 people please put their details on an extra sheet of paper and attach it to the application form.

If you are living with parents or relatives please go to Page 10

If you are not living with parents, relatives or friends, what type of Tenancy do you have? Please tick one of the following:

Private Tenant

Council Tenant

Housing Association Tenant



Name & Address of Landlord



Name.....

Address.....

.....

Which of the following describes you? Tick one of the following:

Owner Occupier

Lodger

Licensee

Hostel Resident

HM Forces

Other (please specify)

Type of Home

What type of home do you currently live in? Please tick one of the following:



House



Bungalow



Caravan/
Mobile Home

Which

Floor?



Bedsit (Which Floor?)

Other (please describe)

.....

Do you share or not have any of the following facilities?

Facility	Do Not Have	Share
Bathroom 		
Kitchen 		
Toilet 		

Is there anything else you share or do not have?

.....

.....



Where You Used To Live

Please list the addresses you have lived at over the last 10 years, starting with the most recent.

1. Address

.....

Postcode From To

What tenancy did you have? Please tick one of the following:

Owner Occupier Lodger Licensee

Hostel Resident HM Forces

**Other
(please specify)**

2. Address

.....

Postcode From To

What tenancy did you have Please tick one of the following:

Owner Occupier Lodger Licensee

Hostel Resident HM Forces

Other (please specify)

Do you have contact with a Social Worker, a Doctor, an Occupational Therapist or the Probation Service?



Organisation.....

Name.....

Job Title.....

Contact No.....

Organisation.....

Name.....

Job Title.....

Contact No.....

Organisation.....

Name.....

Job Title.....

Contact No.....

Organisation.....


Name.....

Job Title.....

Contact No.....



What are your reasons for moving on?

REASONS FOR WANTING TO MOVE	TICK BOX <input checked="" type="checkbox"/>	COMMENTS ABOUT WHY I WANT TO MOVE
I Need a larger property		
I Need a smaller property		
I want to leave home to be more independent		
I want to move on from Residential Home		
I need Outside Space		
I am living with older carers		
My Parents/carers are finding it difficult to Support my needs		
I need to be nearer friends/family		
I want to take up work in the area		
Relationship Breakdown		
Harrassment: <i>Racial</i> <i>Sexual harm</i> <i>Physical harm</i> <i>Other (please say what Harm)</i>		
Health Reasons		
Landlord is selling		
Asked to leave by Friends/family		
Eviction order		
Building Society Repossession		
Mortgage/rent arrears		

Other Reason:

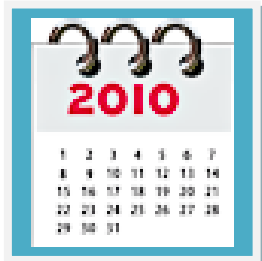


Your Financial Situation - Which benefits do you receive?

First Person Please tick <input checked="" type="checkbox"/>	Yes	No	Applied for
Income Support			
Incapacity Benefit			
Severe Disablement Allowance			
Housing Benefit			
Council Tax Benefit			
Working tax Credit			
Child Tax Credit			
Disability Living Allowance			
Attendance Allowance			
Any other Income			

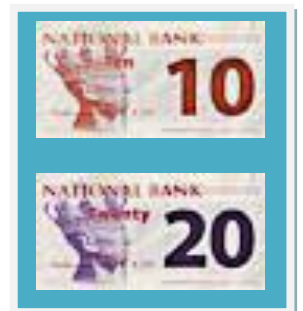
Total Benefit Income £

Rent Amount



Weekly £.....

Monthly £.....





Your Financial Situation - Which benefits do you receive?

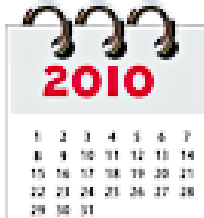
2nd Person Please tick <input checked="" type="checkbox"/>	Yes	No	Applied for
Income Support			
Incapacity Benefit			
Severe Disablement Allowance			
Housing Benefit			
Council Tax Benefit			
Working tax Credit			
Child Tax Credit			
Disability Living Allowance			
Attendance Allowance			
Any other Income			

Total Benefit Income £

Rent Amount Payable

Weekly £.....

Monthly £.....



Choice of places to live



Tick the area you are interested in.

Weymouth



Portland



Tick the type of property you would like to live in



One Bedroom flat



Cluster flat



Shared property







Remember to read the small print!

Have you or any person you want to live with been convicted of a criminal offence? (Spent convictions should not be included - this is explained in the Rehabilitation of Offenders Act 1974)



Yes  **No**  **If yes, please provide details.**

.....
.....

Have you been asked to leave a property because you owed rent or because of anti-social behaviour?

Yes  **No**  **If yes, please provide details.**



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

The information I have given in this form is true to the best of my knowledge and I will notify any changes to the Move On Opportunities Project Worker as soon as possible. I understand that this application and any tenancy relating from this application may be cancelled if I have deliberately withheld information or given false information.

Signed 

Date



Remember to read the small print!

**Remember to ask for help
if there is something you
do not understand**

Data Protection – All information supplied to us will be covered by the Data Protection Act 1998. This information may be checked with other information held by other organisations and may be used to improve our services in general.

Equal Opportunities

The Move On Opportunities Project aims to treat everyone equally to make sure that anyone looking for help to find somewhere to live receives that help regardless of their sex, sexual orientation, marital status, race, colour, ethnic or national origin, religion or disability.

You do not have to answer the following questions if you do not wish to do so, it will not affect your application.

Describe your Nationality? Please tick one of the following:

British/European **Irish** **Asian** **South East Asian**

African **Caribbean** **Mixed** **Other**

Do you consider yourself to be? White **Black** **Other**

How did you hear about the Move On Opportunities Project?

.....
.....

