



**YMCA HOUSING APPLICATION FORM FOR SUPPORTED HOUSING**

Office Use: Date Application Received \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Information provided in this application will be treated as confidential and will not be passed on to anyone outside of Fylde Coast YMCA without the applicant's permission.

First Names	
Surname	
Also Known As	
Date of Birth	Age [ ]
Place of Birth	
Gender	Female [ ] Male [ ]
National Insurance Number	
Contact Telephone Number	
Language(s) spoken / preferred	

<b>Where would you like to live?</b>	For consideration by more than one scheme please state 1 <sup>st</sup> /2 <sup>nd</sup> choice as appropriate but send the form to the your first choice:
George Williams House in Fleetwood	
Harbour House in Lytham	
Wyre YMCA Foyer in Fleetwood	

Who, if anyone, needs to be housed with you? Please state names and ages. Note this only applies to George Williams House

Current Address including post code (if known)	Present Accommodation <i>Please tick which best describes your present accommodation</i>
	Renting from a Housing Association Renting from private landlord Living with family or friends B&B or temporary accommodation Prison or similar Hostel Homeless Owner occupation Children's home / foster care Other (please state)
Time at current address:	Where did you hear about YMCA Housing

What is preventing you from living at home?	Landlord's name, address (if not living at home)
Name, address and telephone number of next of kin	Previous Addresses (since leaving permanent home)

Reason for Application <i>Please tick which best describes your reason for applying to YMCA Housing</i>	Living in overcrowded accommodation	
	Harassment	
Poor housing conditions	Health or medical reasons	
Breakdown of relationship with partner	Financial difficulties	
Need for independence	Evicted	
To move out of shared housing or hostel	Need for higher level of support	
To be near family, friends or employment	Discharged from long stay institution such as prison or hospital	
Required/asked to leave home	To move out of temporary accommodation	
Other reason – Please state	Homeless	
	Domestic Violence	

Source of Referral <i>Please let us know who pointed you in our direction</i>	Referred by College	
	Referred by statutory agency e.g. social services, YOT	
Referred by Fylde or Wyre Borough Council	Referred by voluntary agency e.g. Face to Face, Streetlife, CAB, Pierpoint	
Self referral	Another housing association	
YPS/Connexions – name of PA	Other – please state	

What is the total money you get each week after deductions?	
What is the source of your income	State whether from work or type of benefit
Are you in any debt?	If yes, how much do you owe and to whom?

How will you benefit from living in supported housing?

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Doctor's name, address and telephone number		
	Time with GP:	
Do you have: - physical health problems or illnesses;  - mobility requirements;  - needs that require special care?	Y/N	Details including who is helping you with these needs:
Are you taking any prescribed medication?	Y/N	Type of medication and dosage:
Have you ever had a problem with Alcohol?	Y/N	If yes, give details of any treatment received and when

Have you ever taken any illegal drugs or had a problem with solvent abuse?

Y                       N                       *If yes give detail below*

Substance	Tick if used	How Often Used?
Cannabis		
Amphetamines		
Ecstasy		
Hallucinogens		
Cocaine		
Heroin		
Crack Cocaine		
Solvents		
Other		

If yes, give details of any help or treatment you received and when

Have you ever had a problem with gambling?	Y/N	<i>If yes, give details</i>
Have you ever attempted suicide?	Y/N	<i>If yes when was last time?</i>

		<i>How many times in total?</i>
Have you ever intentionally hurt yourself?	Y/N	<i>If yes when was last time?</i>
Have you every behaved aggressively or violently?	Y/N	<i>How many times in total?</i> <i>How often does this happen?</i> <i>When was last time?</i> <i>Did you hurt someone/damage someone's property?</i>
Have you ever accessed mental health services or seen a counsellor?	Y/N	<i>If yes, give details including brief history, any treatment and any diagnosis</i>
Do you have or have you ever had a Psychiatrist or other professional helping you with mental health issues?	Y/N	<i>If yes, include name, contact details and date</i>
Are there any other medical/health issues not already covered?	Y/N	<i>If yes, give details</i>
Have you ever been convicted of a criminal offence or received a caution or ASBO?	Y/N	<i>If yes, give details including number of convictions and <b>any cases still pending</b></i>
Have you ever been convicted of a sex offence, or an offence of a sexual nature, including indecent assault?	Y/N	<i>If yes, give details</i>
Are you currently on the Sex Offenders Register?	Y/N	<i>If yes, give details, including length of time on the register and time remaining</i>
Are you currently under a supervision order or probation order?	Y/N	<i>Probation or Y.O.T. Officer's Name:</i> <i>Office:</i> <i>Tel. no.</i>
Have you ever been in care or have any of your dependents had involvement with Social Services? If yes, please provide details including social worker / leaving care worker	Y/N	<i>If yes, are you currently under a care order?</i> <i>Social worker/leaving care worker:</i> <i>Address/Tel. no:</i>
Have you been classed as a Child in Need	Y/N	
Have you been classed as a Looked after Child	Y/N	

Please tick which best describes your circumstances			
Working full time (16 hours or over a week)		Working part-time (less than 16 hours)	

On government training scheme		Full-time student	
Registered unemployed/job seeker		Not seeking paid work	
Long-term sick/disabled		Other	

Please give details of current and previous employment	

If you are unemployed what kind of work are you looking for?	
What help, if any, do you require?	

Please give details of any qualifications you have gained, including training courses.	
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Are you interested in furthering your education?	Y/N	<i>If yes, give details</i>
Have you ever been excluded from school?	Y/N	<i>If yes, give details</i>
Have you had a statement of educational need?	Y/N	<i>If yes, give details</i>

Please list two people from whom we can obtain background information about yourself from e.g. teacher/employer (excluding relatives and friends)

Please use this space to tell us any other details, including any religious, spiritual or cultural needs you have, and/or any hobbies and interests you have.

Are you related to any employee of Fylde Coast YMCA or anyone connected with the running of the YMCA Housing schemes?	Y/N	<i>If yes, give details including name and relationship</i>
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**Please sign and date the Declaration below and complete the form overleaf**

**Declaration**

I am signing that the above information is true and correct. I also consent to a police check being carried out on me, and I understand that giving false information will render my application invalid and may jeopardise me being offered a place with YMCA Housing, and may lead to a withdrawal of a placement by YMCA Housing.

Signed.....Date...../...../.....

Have you had any help from an agency or another person to complete this form? If so, please ask them to complete the following:

Name	
Agency	
Telephone Number	
Relationship to Applicant	
Would you like to know the outcome of this application?	



## Equal Opportunities Monitoring Form

YMCA Housing operates a philosophy of equal opportunities in all of its work and responsibilities. The six equality categories we monitor are age, gender, ethnicity, disability, religion and sexuality. All information will remain confidential.

**Please help us to monitor this philosophy, and provide a fair service by completing this form. Please note that this form is separate from your application, and will be detached and filed separately from your application**

1. I would describe my gender as:        **FEMALE**            **MALE**        (please circle one)

2. My age is:        (please circle one)

15	16	17	18	19	20	21	22	23	24	25
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3. I consider myself to be:        (please tick one)

<b>Not Disabled</b>	
<b>Registered Disabled</b>	
<b>Disabled (Not Registered)</b>	

4. I would describe my ethnic origin as:        (please tick one or specify ethnic group)

<b>Asian or Asian British:</b>	Indian		Pakistani		Bangladeshi		Other	
<b>Black or Black British:</b>	Caribbean		African		Other			
<b>Chinese:</b>	Chinese							
<b>White:</b>	British		Irish		Other			
<b>Mixed:</b>	White Asian		White and Black Caribbean		White and Black African		Other	
<b>Other Ethnic Group</b>	(please specify)							

5. I would describe my religion as follows:        (please tick one)

<b>Christian</b> e.g. Protestant, Catholic, Methodist, Baptist	
<b>Other Religion</b> e.g. Buddhist, Hindu, Muslim, Sikh	
<b>Atheist</b> (do not believe in God) <b>or Agnostic</b> (believe that the existence of God cannot be proved or disproved)	
<b>Prefer not to answer</b>	

6. I would describe my sexuality as

<b>Heterosexual</b> (sexually attracted to the opposite sex only)	
<b>Other Sexuality</b> e.g. homosexual (sexually attracted to the same sex) or bisexual (sexually attracted to both sexes)	
<b>Unsure / Undecided</b>	
<b>Prefer not to answer</b>	



**DATA PROTECTION ACT**

It is necessary for YMCA Housing to carry out background checks of all applicants. It may also be necessary to undertake further checks should a licence be granted and there are some concerns about your placement. Your permission is requested to carry out these checks. If you agree to these checks being carried out, please sign below.

You should be aware that, under the Data Protection Act, information from these agencies can only be obtained with your consent. A copy of this sheet will be sent to the other agencies that we approach for background information. If there are good reasons why we may not contact an individual or agency, please state this below.

I hereby authorise Fylde Coast YMCA to make the necessary enquiries regarding my placement. I consent to a police check being carried out on me.

I am aware that these enquiries may involve Fylde Coast YMCA employees contacting any of the following agencies or individuals listed below (apart from any listed as exceptions) and/or other people or agencies referred to in my application form (as appropriate):

- Parents or Family Members
- Benefits Agencies
- Police
- Previous or Current Landlords
- Banks / Building Societies
- Past or Current Employers
- Medical Professionals
- Referral Agency
- Social Services
- Probation Services or Youth Offending Service
- Young Peoples Services
- Local Authorities
- Immigration

Agencies or Individuals who must not be contacted: .....

Applicant's Name: .....

Other Names Applicant has been Known by: .....

Current Address (or Previous Address if no Current Address):  
.....  
.....

Place of Birth: ..... Date of Birth: .....

National Insurance Number: .....

Signed: ..... Date Signed: .....