ONLINE APPLICATION FOR ACCOMMODATION AT

HIGH WYCOMBE YMCA

INCORPORATED REGISTERED CHARITY NO: 1102658

PLEASE BRING TWO PASSPORT PHOTOGRAPHS WITH YOU WHEN ATTENDING INTERVIEW

The information provided and additional rent account data in relation to any applicant or resident will be stored on a computer data retrieval system. "This organisation is committed to upholding the 8 data protection principals of good computer practice" Date Protection Act 1984. Reg. No: Z1499481

Please complete all sections of this form.

PERSONAL DETAILS

FIRST NAME	MIDDLE NAMES	SURNAME

	Day	*Month*	*Year*
Date of Birth	0	0	0

N I No:

Marital Status: Single

Tel No:

Mobile

Current Address:

House Name or No.

Street/Road

Town/City

County

Post Code

Name of Next of Kin

Relationship to you

Address:

House Name or No.

Street/Road

Town/City

County

Post Code

Telephone No:

Mobile No:

REASONS FOR APPLICATION – *(select by clicking in appropriate boxes)*

- ☐ Evicted
- ☐ Harassment
- ☐ Health or medical reasons
- ☐ Poor physical housing conditions
- ☐ Need for support
- ☐ To be near family, friends or Employment
- ☐ Breakdown of relationship
- ☐ Need for independence
- ☐ In B&B or temporary accommodation
- ☐ Move out of shared or hostel
- ☐ Financial difficulties
- ☐ Living in overcrowded accommodation
- ☐ Discharged from long stay institution
- ☐ Required to leave home
- ☐ Other reasons

FOR OFFICE USE ONLY					
Entered on TALISMAN		Signed		Date Entered	

Application for Accommodation at High Wycombe YMCA

In providing accommodation High Wycombe YMCA operates a policy of Equal Opportunities. We aim to provide a good standard of accommodation for single young people in the greatest housing need regardless of gender, race, faith, disability or sexual orientation. To ensure that this policy is carried out we monitor those who apply and those who are offered accommodation to make sure that all applicants are treated strictly on the basis of their need, and that no group of applicants is considered less favourably than others.

To help us in assessing your application please give details below of your current situation including any other information you wish to be taken into consideration.

Please click in those boxes below which best describe your current circumstances:

A. CLIENT GROUP

- ☐ AIDS/HIV
- ☐ Alcohol related problems
- ☐ Drug related problems
- ☐ Learning difficulties
- ☐ Physical Disability
- ☐ Degenerative & debilitating illness
- ☐ Mental health related problems
- ☐ Leaving other supported housing
- ☐ Women at risk of domestic violence
- ☐ Single homeless in need of support
- ☐ Leaving penal establishment
- ☐ Young person leaving care
- ☐ Refugees/asylum seeker
- ☐ Young person at risk
- ☐ Other

B. CURRENT ACCOMMODATION

- ☐ Approved probation/bail hostel
- ☐ Children's home/foster care
- ☐ Hospital
- ☐ Housing Association Tenant
- ☐ Prison
- ☐ Living with family
- ☐ Local authority tenant
- ☐ Residential care home
- ☐ Other temporary accommodation
- ☐ Self-contained supported housing tenant
- ☐ Living with friends
- ☐ Private tenant
- ☐ Hostel/shared housing
- ☐ Owning or buying
- ☐ Other

C. SOURCE OF REFERRAL

- ☐ Wycombe District Council
- ☐ Probation
- ☐ Direct Application
- ☐ Tea Warehouse
- ☐ Social Services/Leaving Care Team
- ☐ Citizen's Advice
- ☐ Supported Housing Association
- ☐ Y.E.S.
- ☐ Youth Offending Team
- ☐ Local Paper
- ☐ Friend
- ☐ Other

D. ECONOMIC CIRCUMSTANCES

- ☐ Working full-time (Over 16 hours)
- ☐ Full-time student
- ☐ Working part-time (16 hours or less)
- ☐ On Government Training Scheme
- ☐ Registered Unemployed
- ☐ Incapacity or other benefits

How long have you lived at your present Address? _____

What is your total pay after deductions? Weekly £ _____

Does any of your money come from Benefits? NO

Will you qualify for Housing Benefit if you are offered accommodation at the YMCA? NO

HEALTH - *(select by clicking in appropriate boxes)*

☐ Asthmatic	☐ Diabetic	☐ Depression/Mental Health
☐ Disability	☐ Hearing impaired	☐ Visually impaired
☐ Epileptic	☐ None	☐ Other

If other, please give details

Details of regular medication

DOCTOR'S DETAILS

Name:

Address: House Name or No.

Street/Road

Town/City

County Post Code Tel No

When do you need the Accommodation?

Do you require accommodation for a wheelchair user? NO

Do you have any Criminal Convictions/Court Orders/Police Involvement etc? NO

If yes, please give details:

Do you or have you had a history of problems relating to Drugs/Alcohol/Gambling? NO

If yes, please give details:

Do you have any friends or relations living at this YMCA? NO

Have you lived at High Wycombe YMCA before? NO

If you are currently renting accommodation, please provide details of your landlord

Name:

Address: House Name or No.

Street/Road

Town/City

County Post Code Tel No

REFERENCES

Please give the name, address and telephone number of two people (not relatives) that you have asked to act as a reference as to your personal character (employer, priest, teacher, social worker, probation officer or support worker).

FIRST REFERENCE	
Name:	
House Name or No.	
Street/Road	
Town/City	
County	
Post Code	Tel No
Relationship to you	

SECOND REFERENCE	
Name	
House Name or No.	
Street/Road	
Town/City	
County	
Post Code	Tel No
Relationship to you	

Please give details of your reasons for applying to High Wycombe YMCA, and how you think you will benefit from this accommodation.

Please give details of any other circumstances you wish to be considered in support of your application.

I declare that to the best of my knowledge the information that I have provided is true and complete. Failure to declare information which may later come to light will invalidate this application and may result in the termination of any licence/tenancy issued.

I will inform High Wycombe YMCA should my circumstances change.

Signed | Date 0 0 0

(The Application Form will need to be signed by you when you attend an interview)

If someone else has completed this form on your behalf, please complete details.

Name: | Relationship to Applicant:

EQUAL OPPORTUNITIES

The purpose of this section is to help us to discover the extent to which racial discrimination prevents people gaining equal access to Housing Association accommodation. The statistical evidence gathered from this question will be used to combat racial discrimination by improving the quality of our services.

Your application will not be affected if you chose not to answer this question, although we would appreciate it if you did.

Please tick the box which best describes your ethnic origin.

☐ African	☐ Asian/SE Asian	☐ British Black
☐ British Other	☐ British White	☐ Caribbean
☐ European	☐ Irish	☐ Mixed Race

☐ Other: *please specify* _____

Thank you for taking the time to complete this questionnaire