

# Island HomeFinder

## application form

Please complete and return this application to:

Housing Services

7 High Street

Newport

Isle of Wight

PO30 1SS

Tel. (01983) 823040

Fax. (01983) 823050

Email: [housing@iow.gov.uk](mailto:housing@iow.gov.uk)

Web: [www.islandhomefinder.org.uk](http://www.islandhomefinder.org.uk)

This form is available on request as an audiotape, in large print, in Braille, and in other languages. For further details, please contact Housing Services on (01983) 823040.



Medina Housing  
ASSOCIATION LIMITED  
Part of Spectrum Housing Group Ltd



South  
Wight  
Housing  
Association  
Part of Southern Housing Group



If you would like this document translated, please contact us on 01983 821000

Arabic

إذا كنت ترغب في الحصول على نسخة مترجمة من هذه الوثيقة، فيرجى الاتصال  
بهااتف 01983 821000

Bengali

এই দলিলটির অনুবাদ চাইলে, দয়া করে ফোন করুন: 01983 821000

Chinese

如果你想翻譯這份文件，請與我們聯係： 01983 821000  
如果你想翻译这份文件，请与我们联系： 01983 821000

French

Si vous désirez que ce document soit traduit, contactez-nous s'il vous plait au 01983 821000

German

Falls Sie eine Übersetzung dieses Dokuments wünschen, wenden Sie sich bitte unter einer der folgenden Rufnummern an uns 01983 821000

Hindi

यदि आप इस दस्तावेज़ का अनुवाद चाहते हैं, तो कृपया टेलिफोन नम्बर 01983 821000 पर सम्पर्क कीजिए।

Hungarian

Amennyiben igényli az okmány lefordított változatát, kérjük, hívja a 01983 821000-ás számot.

Italian

Se desiderate la traduzione di questo documento, contattateci allo 01983 821000

Polish

Jeżeli chcieliby Państwo uzyskać tłumaczenie tego dokumentu, prosimy o kontakt z nami  
01983 821000

Punjabi

ਜੇਕਰ ਤੁਸੀਂ ਇਸ ਦਸਤਾਵੇਜ਼ ਦਾ ਅਨੁਵਾਦ ਚਾਹੁੰਦੇ ਹੋ, ਤਾਂ ਕ੍ਰਿਪਾ ਕਰਕੇ ਟੈਲੀਫੋਨ ਨੰਬਰ 01983 821000 ਤੇ ਸੰਪਰਕ ਕਰੋ।

Romanian

Dacă doriți acest document tradus, vă rugăm sunați la numărul 01983 821000

Spanish

Si desea una traducción de este documento por favor llame al numero de teléfono 01983  
821000

Urdu

اگر آپ اس دستاویز کا ترجمہ کرانا چاہتے ہیں تو براہ مہربانی ٹیلیفون نمبر 01983 821000 پر فون  
کریں۔

**1** Your household

Title	Surname	First name	Date of birth	Relationship to applicant	Sex	National insurance number	To be rehoused with you
				applicant	M/F		
					M/F		Y/N
					M/F		Y/N
					M/F		Y/N
					M/F		Y/N
					M/F		Y/N
					M/F		Y/N

**1(a)** Are any of those people listed above not currently living with you?

Their name	Their current address	Relationship to applicant

Your current address	Contact details
	Home phone
	Mobile phone
	Email address
	Number of years at this address
Postcode <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Years <input type="text"/> Months <input type="text"/>

**1(b)** What is your preferred method of contact? Email  Letter

FOR OFFICE USE ONLY	App no.	App date

If less than five years, please give details of your previous addresses within the last five years starting with the most recent.

Address	Date moved in	Date moved out	Tenure, eg rented, family, owned, other	Reason for moving

**2** Please list the previous addresses of the joint applicants in the last five years starting with the most recent.

Address	Date moved in	Date moved out	Tenure, eg rented, family, owned, other	Reason for moving

**3** Have you ever been known by a different name? If yes, please tell us your previous name.

**4** Do you own or rent any other property in the UK or elsewhere in the world apart from the one you're living in now?

Yes  No  If Yes, please state the address and indicate whether you rent or own this property.

Address	Rent	Own

**5** Have you been a UK resident continuously for two years?

Yes  No

If No, are you subject to any form of immigration control in order to enter or remain in the UK?

Yes  No

**6** Are you or any member of your household pregnant?

Yes  No

If Yes, please state who and the estimated date of birth.

Name	Sex (male, female, unknown)	Estimated date of birth

**7** Have you or a member of your household ever been a council or housing association tenant?

Yes  No

If yes, please provide the following details.

Who	Address	Date moved in	Date moved out	Landlord

**8** Have you or a member of your household ever been evicted from a property because of rent arrears or anti-social behaviour?

Yes  No

If yes, please provide the following details.

Who	Address	Date moved in	Date moved out	Landlord

You will not be considered for housing if you have any current or past housing debt unless you have been making regular agreed payments for at least 6 months.

**9** Have you or any other member of your household ever been served with an Anti-Social Behaviour Order (ASBO)?

Yes  No

If yes, please provide the following details.

Who	Address	Date moved in	Date moved out	Landlord

**10** What is your present type of home?

House  Flat  Maisonette  Bedsit/studio  Bungalow   
Mobile home / caravan  Sofa surfing  Sleeping rough   
Other (please state)

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**11** How many bedrooms are available to your household?

Bedsit  1  2  3  4  5  6

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**12** What floor level do you live on?

Lower  Ground  First  Second  Third  Fourth +

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**13** Do you have the use of a lift?

Yes  No

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**14** Please tick which box best describes your current situation.

You are living with relatives  You are living with friends  You are a lodger

You are renting from a private landlord (please state below, name of landlord)

You are a council tenant (please state below, which council)

You are a housing association tenant (please state below, which housing association)

You own your own home  You are a mobile home owner  You are living in sheltered housing

You are living in a rented mobile home  You are living in accommodation tied to your job

You are living in HM Forces accommodation  You are living in a bed and breakfast

You are living in temporary housing provided by your local authority  You live in a hostel

You live in a Women's Refuge  You are in hospital/prison/other institution

You are living in a care/nursing home  You are squatting  You are sofa surfing

You are sleeping rough (i.e. outdoors)

Other (please state)

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**15** Does your home lack any of the following facilities?

Cooking  Bathroom/Shower  Toilet  Electricity  Water Supply

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**16** Do you share any of the following facilities with another household?

Cooking  Bathroom/Shower  Toilet

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**17** Is the condition of your current home likely to seriously affect the members of your household? (See scheme guide for more information)

Yes  No  If yes, please give details

**17(a)** Have you informed your landlord of the above

Yes  No  If yes, please give details of their response and any work carried out on the property as a result

**18** If you own your current home, please give us the following details:

What is its value?

Outstanding mortgage or loan

Mortgage lender

Are you in arrears with your mortgage repayments? Yes  No

**19** Have you or a joint applicant received a Notice or Court Possession Order requiring you to leave your current home?

Yes  No  What date do you have to leave?

**20** Have you been accepted as being statutory homeless by a local authority?

Yes  No  If yes, please provide date and name of the local authority

**21** Please list all sources of income that normally comes into your household each week.

Type of income (eg Income Support; wages)	Amount	Frequency

**22** Do you or any member of your household have any savings or investments?

Yes  No  If Yes, please give details below.

Description	Amount	

When assessing your housing need, we will consider whether your current housing is adversely affecting your welfare or medical needs.

**23** Do you or any person applying with you have any of the following?

Condition	Who	Details
A physical disability		
A learning disability		
A chronic or progressive medical condition		
A diagnosed mental illness		
A sensory impairment		

**24** Is where you are living now, affecting your medical/health condition listed above?

Yes  No  If Yes, how would it be improved if you moved?

**25** Are you or any member of your household at risk of, or suffering from violence, physical, emotional or sexual abuse whilst in your current home?

Yes  No  If Yes, we will contact you for further information.

**26** Please tick the box that best describes your situation or any other member of your household.

	Need or requirement	Tick	Which person does this relate to?
A	Use a wheelchair indoors most of the time, including kitchen and bathroom		
B	Occasionally need to use a wheelchair indoors, unable to climb steps or stairs		
C	Do not use a wheelchair indoors but cannot climb steps or stairs		
D	Can manage one or two steps		
E	Can manage one flight of stairs		

**27** Do you or anyone included in this application currently receive support in your home (e.g. from a carer, social services, friends or relatives)?

Yes  No  If Yes, please give details below.

Name of person receiving support	Who provides support	Frequency

**28** Would support be required in your new home?

Yes  No  If Yes, please give details below.

Name of person needing support	Details of support needed

**29** Have you been permanently resident on the Island for the last 6 months or 3 years out of the last 5 years?

Applicant Yes  No   
 Joint applicant Yes  No

**30** Do you have permanent employment on the Island?

Yes  No

**31** If you do not live or work on the Island, do you have immediate family who have lived continuously for the last five years on the Island? (For example, parents, brothers/sisters or adult children)

Yes  No

Name	Address	Relationship to applicant	How long lived on Island

**32** What type of property would you want to be considered for?

Bedsit	<input type="checkbox"/>	Bungalow	<input type="checkbox"/>
Studio	<input type="checkbox"/>	Maisonette	<input type="checkbox"/>
Flat	<input type="checkbox"/>	Older persons' housing	<input type="checkbox"/>
House	<input type="checkbox"/>	Disabled adapted	<input type="checkbox"/>

**33** If you have indicated above that you wish to be considered for older persons' housing, please tick which areas you would consider living in.

Cowes	<input type="checkbox"/>	Ryde	<input type="checkbox"/>
East Cowes	<input type="checkbox"/>	Shanklin	<input type="checkbox"/>
Freshwater	<input type="checkbox"/>	Ventnor	<input type="checkbox"/>
Lake	<input type="checkbox"/>	Wroxall	<input type="checkbox"/>
Newport	<input type="checkbox"/>	Gurnard	<input type="checkbox"/>
Binstead	<input type="checkbox"/>		

**34** Where would you like to live? Please tick any areas that apply. This information will help the Isle of Wight Council and its partners plan for the future. Once you are registered on Island HomeFinder, you can register your interest or bid for any properties in any area you like.

Cowes	<input type="checkbox"/>	Arreton	<input type="checkbox"/>
Northwood	<input type="checkbox"/>	Bembridge	<input type="checkbox"/>
East Cowes	<input type="checkbox"/>	Brading	<input type="checkbox"/>
Freshwater	<input type="checkbox"/>	Brighstone	<input type="checkbox"/>
Godshill	<input type="checkbox"/>	Calbourne	<input type="checkbox"/>
Lake	<input type="checkbox"/>	Chale/Chale Green	<input type="checkbox"/>
Newport/ Central	<input type="checkbox"/>	Havenstreet	<input type="checkbox"/>
Carisbrooke	<input type="checkbox"/>	Nettlestone	<input type="checkbox"/>
Newport – Gunville	<input type="checkbox"/>	Newchurch	<input type="checkbox"/>
Newport – Hunnyhill	<input type="checkbox"/>	Niton and Whitwell	<input type="checkbox"/>
Newport – Mountjoy	<input type="checkbox"/>	Rookley	<input type="checkbox"/>
Newport – Pan	<input type="checkbox"/>	St Helens	<input type="checkbox"/>
Newport – Parkhurst	<input type="checkbox"/>	Shalfleet and Newbridge	<input type="checkbox"/>
Newport – Shide	<input type="checkbox"/>	Shorwell	<input type="checkbox"/>
Ryde – Central	<input type="checkbox"/>	Whippingham	<input type="checkbox"/>

Binstead	<input type="checkbox"/>	Totland	<input type="checkbox"/>
Ryde – Elmfield	<input type="checkbox"/>	Wootton	<input type="checkbox"/>
Ryde – Haylands	<input type="checkbox"/>	Yarmouth	<input type="checkbox"/>
Ryde - Oakfield	<input type="checkbox"/>	Winford/Apse Heath	<input type="checkbox"/>
Ryde – Weeks	<input type="checkbox"/>	Wroxall	<input type="checkbox"/>
Sandown	<input type="checkbox"/>	Ventnor – Central	<input type="checkbox"/>
Shanklin	<input type="checkbox"/>	Ventnor – Upper Ventnor	<input type="checkbox"/>

If you would like to be considered for housing in a rural parish, you may have to provide evidence that you have a connection to the parish. For more information, please refer to the scheme guide.

**35** Are you interested in other housing options, for example:

Intermediate rented properties	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Part buy / part rent	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Discounted sale	Yes <input type="checkbox"/>	No <input type="checkbox"/>
HomeBuy	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Private rented sector	Yes <input type="checkbox"/>	No <input type="checkbox"/>

(See scheme guide for more details of these options.)

**36** Is there anything else you wish to tell us about why you want to move?

Island Homefinder gives you the choice to decide whether you want to be considered for vacant properties that are advertised locally. You do this by bidding for a specific vacancy.

**37** Do you think you will need help to use Island Homefinder to look for and apply for housing?

Yes  No

If yes, we will contact you to discuss how we could help you.

**38** Are you or any member of your household connected to the Isle of Wight Council or one of the Housing Associations operating on the Island, through the following means:

As an employee  As a councillor or committee member   
 Relative of an employee  Relative of a councillor or committee member

Please give their name

**39** Which of the following ethnic groups do you consider the majority of your household to be?

**White**

- British
- Irish
- Traveller of Irish heritage
- Gypsy/traveller
- Any other white background

**Asian or Asian British**

- Indian
- Pakistani
- Bangladeshi
- Any other Asian background

**Mixed**

- White and Black Caribbean
- White and Black African
- White and Asian
- Any other mixed background

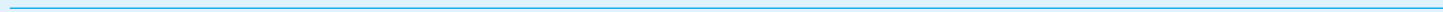
**Black or Black British**

- Caribbean
- Any other Black background
- African

**Chinese**

**Any other ethnic background**

**I do not wish to answer**



**40** I/we declare that the answers given in this application form are correct to the best of my/our knowledge and belief. I/we understand that incorrect information may invalidate my/our application or result in you taking legal action against me.

You will use the information I/we have provided in order to assess my/our application for housing on the Isle of Wight. You may check some of the information with other sources within the council, housing benefit office, rent offices and other councils or Housing Associations. You may use the information I/we have provided in connection with this or any other application for housing that I/we have made or may make. You may give some information to other organisations, if law allows this. Information will only be used as long as it is current and relevant to the application.

You may use the information I/we have given to be checked by data matching companies. This will include credit reference agencies who will provide the council with information for the purpose of verifying my/our identity and to verify the information I/we have provided to the council including my/our address history. The information received by the council will not be used in any way that is incompatible with the purpose for which it is being disclosed.

The Isle of Wight Council is the Data Controller for the purposes of the Data Protection Act 1998 ("the act"). The Council will process and hold that information in accordance with principles of the act. The information supplied and held may be disclosable in accordance with the Freedom of Information Act 2000 or Environmental Information Regulations 2004 but the Council would only do so having regard to the act and where it is required by law to do so.

I/we know I/we must let the council know about any material change of circumstances that may affect my/our application in writing.

I/we have read the above declarations and agree to abide by them.

I/we declare the information I/we have given on this form is correct and complete.

**Signed (Applicant/Applicant's representative)**

**Date**

**Signed (Joint Applicant [if applicable])**

**Date**

If someone has assisted you in completing this form they should provide details below

**Title**

**Surname**

**First name(s)**

**Address**

**Relationship to Applicant(s)**

**Contact telephone number**

**Email address**





