**BOURNEMOUTH WAR MEMORIAL HOMES**

**HOUSING APPLICATION FORM**

***GUIDANCE NOTES CAN BE FOUND ON PAGES 10/11 OF THIS FORM***

We are aware that this is a long form; however it is important that you should answer all of the questions relevant to your application and read all sections carefully.

**SECTION 1: ABOUT YOU AND THE PEOPLE WHO MAY LIVE WITH YOU**

**1.A. YOUR DETAILS**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Title: | Surname: | Previous Surname: | | |
| First Name(s) | | |  |  |
| Status: Married/Single/Widow(er)/Divorced/Separated/Civil Partnership/Cohabitee | | |  |  |
| Home Tel: | Work Tel: | Mobile: | | |
| Address: | | Email: | | |
| Postcode: | | |
| Date of Birth: | | | | |
| National Insurance Number: | | | | |

**1.B. YOUR PARTNER’S DETAILS**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Title: | Surname: | Previous Surname: | | |
| First Name(s) | | |  |  |
| Status: Married/Single/Widow(er)/Divorced/Separated/Civil Partnership/Cohabitee | | |  |  |
| Home Tel: | Work Tel: | Mobile: | | |
| Address: | | Email: | | |
| Postcode: | | |
| Date of Birth: | | | | |
| National Insurance Number: | | | | |

**1.C. ANY OTHER PEOPLE WHO WILL LIVE WITH YOU**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Surname | First Name | Sex | Date of Birth | | | Relationship to you | Education/Employment Status |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |

**1.D. DO YOU HAVE ANY PETS?**

YES/NO If YES, please give details:

|  |  |  |  |
| --- | --- | --- | --- |
| Animal | Type (dog/cat etc) | Animal | Type (dog/cat etc) |
| 1 |  | 3 |  |
| 2 |  | 4 |  |

**1.E. CRIMINAL CONVICTIONS**

Do you or any person who will be living with you have any criminal convictions(s) which are not spent as explained in the Rehabilitation of Offenders Act 1974 YES/NO

If yes, please details and dates of the conviction(s)

|  |
| --- |
|  |

**SECTION 2: YOUR SERVICE DETAILS**

|  |  |
| --- | --- |
| Name of Qualifying person: | |
| Service: Navy\_\_\_\_\_\_ RAF\_\_\_\_\_\_ Army\_\_\_\_\_\_ Merchant Navy/Fishing Fleets\_\_\_\_\_\_\_ | |
| Regiment, branch, corps: | |
| Rank: | Service No: |
| Date enlisted: | Whether still serving YES/NO |
| Date of discharge: | Reason for discharge: |
| **War Pension**:  Are you in receipt of a war disability pension or gratuity under the war pension scheme? | Yes/No |
| **War Widows/Dependants:**  Are you in receipt of a war widows or dependants pension? | Yes/No |
| **Armed Forces Compensation Scheme:**  Are you in receipt of this compensation? | Yes/No |
| **Case Worker Allocation:**  Are you already working with a SSAFA or British Legion case worker? If so, please give details: | Yes/No  Details: |

**SECTION 3: – EMPLOYMENT STATUS**

**3.A. EMPLOYMENT**

Are you employed? YES/NO Is your partner Employed? YES/NO

Hours worked ……………. Hours worked ……………..

Do you receive Welfare Benefits? YES/NO

**SECTION 4: PRESENT AND PREVIOUS ADDRESSES**

**4.A YOUR CURRENT HOME**

Please indicate your present housing situation:

Service accommodation ………… Living with family ………….

Local Authority (LA) ………… Living with friends ………….

Housing Association (HA) ………… Women’s refuge ………….

Private rental ………… Hostel ………….

Owner Occupier ………… Mobile home/caravan ………….

Tied to employment ………… Statutorily homeless ………….

Supported housing …………

Other – please give details:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please tell us about your current home:

|  |  |
| --- | --- |
| Type of Home: | House…………. Flat……….. Maisonette……….. Other……….. |
| Number of bedrooms: | Bedsit/one/two/three/four |
| Floor level: (if applicable) | Ground………. First………. Second………… Other…………. |
| Is there a lift? (if applicable) | YES/NO |

Why do you need to leave your current home?

Leaving service accommodation ………. Other neighbourhood problems ……….

Overcrowding ……… End of assured short-hold tenancy ……….

Ill health/disability ……… Eviction or repossession ……….

Poor condition of property ……… Domestic violence ……….

Can’t afford to buy or mortgage ……… Breakdown of relationship ……….

To move nearer family/friends ……… Asked to leave by family/friends ……….

To move nearer work ……… Racial harassment ……….

Under bailiff order ………

Loss of accommodation tied to employment ………

Other (please state): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**4.B YOUR LANDLORD**

Have you or your partner ever had any action taken against you by a landlord for breach of your tenancy agreement?

YES/NO If YES, please give details including dates and outcome:

|  |
| --- |
|  |
|  |
|  |

**4.C. HOME OWNERSHIP**

Do you, or your partner, currently have a legal or financial interest in any property whether in the UK or overseas? YES/NO

Have you, or your partner, had a legal or financial interest in any property in the last 2 years? YES/NO

If YES, please confirm your interest (i.e. 20%, joint or sole ownership) …………

Please provide the address here:……………………………………………………………………………………………

………………………………………………………………………………………………………………………………………………

**SECTION 5: THINGS WHICH AFFECT YOUR HOUSING REQUIREMENTS**

**Medical and/or Special Needs Information**

If you, or any person named on the application, have any medical conditions or special needs which would affect the type of housing you need and which you would like us to consider when assessing your application, please complete the details below.

If you do not have any medical conditions or special needs, please go onto Section 6

|  |
| --- |
| Name and date of birth of family member with medical condition: |

|  |
| --- |
| **Disability:** (tick as many boxes as applicable) |
| Are your registered disabled?: YES/NO |
| Do you use a wheelchair?: YES/NO |
| Do you have a Blue Badge (for the car)?: YES/NO |
| I do not wish to give this information  ………….. |

**SECTION 6: REASON FOR YOUR APPLICATION**

Please tell us about your present circumstances for example why your current living arrangements are not suitable and why you are applying to Bournemouth War Memorial Homes for housing assistance. If you require additional space for your answer, please use a separate sheet and attach it to your application.

|  |
| --- |
|  |

**SECTION 7: ADDITIONAL INFORMATION**

Do you, or anyone listed on this application, have any connection to any member of staff or Trustee of Bournemouth War Memorial Homes? YES/NO

If YES, please give details:

………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………

Are you happy for us to contact your previous landlord/s? YES/NO

If NO, please tell us why

………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………

Please tell us where you heard about us

Website …………. Service Resettlement Advisors …………….

JSHAO …………. Veteran’s Gateway …………….

SSAFA …………. Local Authority/Housing Association …………….

RBL …………. Family or friends …………….

Existing tenants ………….

Other: (please give details) …………………………………………………………………………………………………

……………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………….

Please give contact details for two references – one **MUST** be a Military Reference. Evidence of discharge will also need to be seen.

One must be your current landlord (if applicable).

1 Name:

Address:

Tel.No. e-mail:

Type of reference (e.g. work, character, military)

2 Name:

Address:

Tel.No. e-mail:

Type of reference (e.g. work, character, military)

If available please enclose copies of any reference with your application

**SECTION 8: GENERAL DATA PROTECTION REGULATIONS 2018/DATA PROTECTION ACT 2018**

1. All personal data that Bournemouth War Memorial House (the “Charity”) may use will be collected, processed and held in accordance with the provisions of EU Regulation 2016/679 General Data Protection Regulation (“GDPR”) and your rights under the GDPR.
2. For complete details of the Charity’s collection, processing, storage and retention of personal data including, but not limited to, the purposes for which personal data is used, the legal basis or basis for using it, details of your rights and how to exercise them, and personal data sharing (where applicable), please refer to the Charity’s Privacy Notice which can be obtained by emailing [estatemanager@bwmh.org.uk](mailto:estatemanager@bwmh.org.uk) or by telephoning 01202 302881. Beneficiaries have already been provided by post with a copy of this Notice.

Signed……………………………………………………. Date………………………………………………..

**SECTION 9: DECLARATION**

|  |
| --- |
| **Appropriate checks will be made to validate this application. Failure to provide the required/requested information may result in the application being rejected. A false declaration or failure to report any changes in circumstances that affects the application may result in prosecution.**  **Subsequent discovery that information on this application form is false may result in legal action to repossess any home we have let to you.**  **I understand that no sub-letting is permitted under the terms of a Bournemouth War Memorial Homes tenancy and may result in legal action.**  **I confirm that, as far as I know, the information I have given in connection with this application or housing is correct. I will inform Bournemouth War Memorial Homes immediately if there are any changes in my circumstances.**  **By signing this form I agree for Bournemouth War Memorial Homes to share my contact details with SSAFA so that a representative can contact me to complete a Form A in support of my application.**  **Applicant signature:…………………………………………… Date………………………………………..** |

**ALL INFORMATION GIVEN IS TREATED AS CONFIDENTIAL AND COVERED UNDER THE GENERAL DATA PROTECTION REGULATION 2018/DATA PROTECTION ACT 2018**

**OFFICE USE ONLY (NB –** Log details)

**Received By: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Date Received:**

**Accepted For Consideration: Y/N**

**Date letter sent advising contact SSAFA;**

**Date Form A Received:**

**Added to Waiting List: Y/N**

**Date letter sent advising interview:**

**Interview Date:**

**Date Decision Letter Sent:**

**Estate Manager signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**NOTES SECTION**

To be able to access our service the following eligibility criteria apply:-

**Applicants:-**

* Must meet the basic criteria as stated in the Bournemouth War Memorial Homes Trust Deed
* Must be former Merchant Navy or Service personnel of the armed forces of the Crown and their dependents
* Must be in need by reason of ill health, disability, financial hardship or other disadvantage
* BWMH complies with its policy of Equal opportunities, Diversity and Anti-discriminatory Policy and Procedure and in accordance with the Equality Act 2010.
* BWMH is open to all applicants who are ex service personnel irrespective of age, disability, gender including transgender, sexual orientation, ethnic origin, and religion/belief.

BWMH ensures each case will be considered thoroughly and each applicants needs are assessed within the application process and the Trust Deed. Potential residents and family are encouraged to visit the property to meet with the staff and other clients before making a decision.

* Once this has been received you will be invited to an interview to score your application & place you on our waiting list.
* Fill in the appropriate boxes and answer the questions in BLACK ink.
* Carefully read the declaration in Section 9 and sign the form to show that you have read and understood it. We do not accept unsigned applications.
* Your form will NOT be sent back to you if it is incorrectly filled in and, therefore, your application will NOT be processed further.
* If you have difficulty in filling in this form contact your local authority Housing Advice Centre or Citizens’ Advice Bureau for assistance.

Please note: Please ensure you have filled in your application form correctly and truthfully and have answered all the questions which apply to you.

Return the completed form and any supporting documents to:

**Estate Manager**

**Bournemouth War Memorial Homes**

**12a Woodsford Green**

**Castle Lane West**

**Bournemouth**

**Dorset**

**BH8 9TP**

Any queries regarding this form please contact us using the information below or by writing to the address above:

Telephone: 01202 302881

Email: estatemanager@bwmh.org.uk

Checks will be made on information given in this application for housing with Bournemouth War Memorial Homes.

We may not be able to grant you a tenancy if you have made a false statement or withheld relevant information. If we subsequently find that any information on this application form is false or deliberately withheld, we may take legal action to repossess any home we have let to you.

Receipt of your application and confirmation of your eligibility for accommodation with Bournemouth War Memorial Homes will be acknowledged within 7 days. Please contact us if you do not hear from us within that time. DO NOT SUBMIT A SECOND APPLICATION FORM.

At this point, if successful, Bournemouth War Memorial Homes will contact SSAFA and ask them to contact you to complete their Form A in support of your application.