

HOUSING APPLICATION FORM

Completing this form

The information you give in this form allows us to assess the eligibility and housing need of you and other people you include in this application. It is important that you give as much information as possible, answer all the questions that apply to you and provide copies of the documents requested. Once you have completed this form you must sign and date it before you submit it to us.

If your form is not complete, has not been signed or you do not provide all the proof we need it cannot be processed and will be returned to you.

Confidentiality

The information you provide is confidential and subject to the requirements of the **Data Protection Act 1998**. This personal data will be held and processed by Racing Homes for the purpose of assessing your eligibility and your housing needs.

The personal information you provide may also be shared with other agencies that help assess and/or give services. Any data or information you provide may be used or shared to prevent crime including fraud. It may also be used to prevent the misuse of resources. For further information as to how Racing Homes will use your personal data please visit www.racingwelfare.co.uk.

Housing fraud

It is a criminal offence to knowingly provide false statement or withhold information to assist you in obtaining accommodation from Racing Homes. We will take legal action against anyone found committing an offence and may also seek possession of any property obtained.

Change of circumstances

You must tell about any change in your circumstances in writing. Changes such as no longer working in the racing industry, having a baby or someone in your household moving out may affect your application.

Eligibility

Do you currently work in the racing industry? Yes / No

Are you retired or retiring from the racing industry? Yes / No

Are you a NRC/BRS learner? Yes / No

Your details		
	Applicant	Joint Applicant
Surname:		
First Names:		
Also known as:		
Title: (Mr. Mrs. Miss. Other)		
Address:		
Postcode:		
Telephone number:		
Mobile Number:		
Email address:		
Date of Birth:		
National Insurance Number:		

Are you (please tick one box):

Single

Married

Separated

Divorced

Living together

Widowed

Where would you be preferred to be housed? (Newmarket, Lambourn, Epsom, Middleham, Malton or Any):

First Choice:

Second Choice:

Please explain why you want to live there:

Where you live now

Which of these applies to your current accommodation?

- | | | |
|--|------------------------------|-----------------------------|
| Do you live in a Council property? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Are you in a Housing Association property? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Do you share with a friend/relative? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Are you a boarder/lodger (including B&B)? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Do you rent from a private landlord? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Does your home go with your job? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Do you own your own home? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Do you live in a NRC/BRS Racing School Property? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

Is your property: furnished? unfurnished?

How much is your rent each week? £

Do you have to pay other housing costs? Yes No

If yes - how much do you pay per week? £

If you own your home, are you planning to sell it? Yes No

If YES, how much are you likely to receive from the sale? £

How long have you lived at your current address? _____ years _____ months

Do you have a written tenancy agreement? Yes No

Have you received a Notice to Quit? Yes No

(Please provide a copy of the notice)

Do you have any pets?

Yes

No

If YES, what are they? _____

What type of accommodation do you live in? (please tick one box)

Flat

Shared house

Mobile home

Bedsit

House

Other

If other, please explain:

Reason for leaving

Please explain why you left/want to leave your accommodation:

Racing Homes has a number of housing schemes for retired racing staff. These range from self-contained flats where you will continue to live independently through to very sheltered accommodation with 24 hour staff cover on site.

The answers you provide to the following questions will enable Racing Homes to identify accommodation that is appropriate to your individual needs and ensure that you receive support, if required.

Daily Living Skills

In order to assess your housing and support needs we need to ask you the following questions:

	Level of ability	Comments
Do you do your own cooking?	All <input type="checkbox"/> Some <input type="checkbox"/> None <input type="checkbox"/>	
Do you do your own shopping?	All <input type="checkbox"/> Some <input type="checkbox"/> None <input type="checkbox"/>	
Do you do your own housework?	All <input type="checkbox"/> Some <input type="checkbox"/> None <input type="checkbox"/>	
Do you do your own laundry?	All <input type="checkbox"/> Some <input type="checkbox"/> None <input type="checkbox"/>	

Do you receive support from anyone else? Please tick

Family <input type="checkbox"/>	Home Care <input type="checkbox"/>	Community Nurse <input type="checkbox"/>
Meals on Wheels <input type="checkbox"/>	Day Centre <input type="checkbox"/>	Luncheon Club <input type="checkbox"/>
Community Alarm <input type="checkbox"/>	Friends <input type="checkbox"/>	Other <input type="checkbox"/>
<p>Do you need, and if so who provides, any help e.g. with getting dressed, getting washed, bathing, getting to bed. This could be from family, friends or Social Services:</p>		
<p>What aids or equipment do you use?</p>		
<p>Is there anything that would help you to manage these tasks better?</p>		

Mobility and Health		
Mobility		
		Comments
Can you move around your home easily?	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Do you have difficulty with stairs?	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Do you use lifts?	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Can you go out by yourself?	Yes <input type="checkbox"/> No <input type="checkbox"/>	
<i>Do you use a:</i>		
Walking stick	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Zimmer frame	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Electric / wheelchair	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Scooter	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Are you able to move around easily indoors Yes <input type="checkbox"/> No <input type="checkbox"/> Are you able to move around easily outdoors Yes <input type="checkbox"/> No <input type="checkbox"/>		
If not, is there anything you can think of that would help you be more mobile?		
Health		
		Comments
Do you have a Doctor?	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Do you have a Dentist?	Yes <input type="checkbox"/> No <input type="checkbox"/>	

Do you have an Optician?	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Do you have any concerns about your health and wellbeing?	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Do you take regular medication?	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Do you need any assistance taking your medication?	Yes <input type="checkbox"/> No <input type="checkbox"/>	

Do you suffer from any form of ill health e.g. heart, arthritis, depression, etc?
(Please give details)

List any care / support that you receive in relation to illness / poor health:

Do you have any problems with your hearing?	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Do you hear well with an Aid?	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Are you profoundly deaf?	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Do you have any visual impairment?	Yes <input type="checkbox"/> No <input type="checkbox"/>	
If yes, is this corrected with glasses?	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Are you registered blind / partially sighted?	Yes <input type="checkbox"/> No <input type="checkbox"/>	
How would you best describe your memory? <i>(Please tick the appropriate description)</i>	<input type="checkbox"/> No concerns <input type="checkbox"/> Occasionally forgetful <input type="checkbox"/> Poor short term memory	

General Support

Setting up Home

Would you require any help in setting up a new home? e.g. benefits advice, adaptations, furnishing:

Claiming Welfare Benefits

Racing Welfare can help you with confidential benefits advice and with making claims for welfare benefits. Would you find this helpful? Yes No

Racing Homes' retirement accommodation is allocated on a points system. As part of this process we require details of all jobs held in racing.

Racing Industry employment history

Employer	Date started	Date left

Note: As part of the application process Racing Homes will need to verify your employment record with the appropriate agency and employers.

Criminal Conviction Disclosure Form

Have you ever been convicted of a criminal offence?

Do you have a court appearance pending or have you been charged by the police for a criminal offence?

If YES, please provide the following details:

Date	Court	Sentence and Details of offense

Information from a third party:

Where possible, particularly for convictions with custodial sentences, we advise providing a formal letter of reference from a probation officer, social worker or other suitable third party to occupy one of our properties. Providing this at this early stage will help avoid later delays. Please tick any that are provided and return with this form:

Probation Officer
HMP Official
Social Worker
Higher Education Institution
School
Employer
Other:

Alternatively, please give their name, contact details and your agreement that we may contact them and seek information on your offences and on their opinion of you. Note that this is likely to add delays to your application. Please provide professional/work contact details wherever possible.

Name:

Company/Organisation:

Role:

Email Address:

Telephone Number:

Address:

Please tick to confirm that we can discuss in confidence with this individual: the content of this form, and their opinion of you.

Once you sign and date this form it becomes a legally binding document. Please read the declaration carefully before you sign.

If there is any part of the declaration you do not understand it is your responsibility to find someone to explain it to you.

To be signed by all applicants

Declaration:

I/we authorise Racing Homes to make any enquiries necessary to check the information I/we have given on this form. I/we will inform Racing Homes in writing of any change in circumstances, including the number of people living in the household. I/we understand that if an offer of accommodation is made based on a false or misleading statement, Racing Homes may withdraw the offer and take steps to end any tenancy that I/we have already signed for.

I/we understand that information given will be held on Racing Homes' computerised database and will only be used to prioritise my/our need for a home or gathering data to measure housing need within the racing community.

Signed _____ (Applicant 1) Date _____

Signed _____ (Applicant 2) Date _____

Confidentiality

Please sign to confirm your permission for us to speak and share important information with any external agencies, your employer, next of kin and racing schools:

Signed _____ (Applicant 1) Date _____

Signed _____ (Applicant 2) Date _____

Permission to contact for feedback on our services: Yes No

Please confirm how you heard about Racing Homes:

- I/we have had previous contact with Racing Welfare Yes No
- Word of mouth Yes No
- Newsletter Yes No
- Employer Yes No
- British Racing School / Northern Racing College Yes No
- Newspaper article Yes No
- Website Yes No
- Other (please explain)

Your Household's Income & Expenditure

Please complete the Income & Expenditure section of this form. You must also include photocopies of:

- The last 3 months' full bank/building society statements for all accounts you and/or your partner hold.
- You and/or your partner's 3 most up to date payslips or pension advice slips.
- Most up to date notification of benefits being paid, e.g. most recent benefit or pension award letters.

Any outstanding bills, statements or invoices if you are asking for help to pay these. We can only consider your application with copies of these documents. Please do not send original documents in the post.

Your Weekly or Monthly Income	
Your Wages	£
Maintenance or Child Support	£
Payments from Lodgers Boarders	£
Student Loans & Grants	£

Partner's Weekly or Monthly Income	
Your Wages	£
Maintenance or Child Support	£
Payments from Lodgers Boarders	£
Student Loans & Grants	£

Job Seekers Allowance	£
Income Support	£
Working Tax Credit	£
Child Tax Credit	£
Child Benefit	£
Employment Support Allowance	£
Council Tax Benefit	£
Housing Benefit/Local	£
Housing Allowance	£
DLA/ PIP/ AA	£
Statutory Maternity Pay/Maternity Allowance	£
RIABS	£
State Pension	£
Private Pension	£
Occupational Pension	£
Industrial Injuries Disablement Benefit	£
Other	£
Total	£

Job Seekers Allowance	£
Income Support	£
Working Tax Credit	£
Child Tax Credit	£
Child Benefit	£
Employment Support Allowance	£
Council Tax Benefit	£
Housing Benefit/Local	£
Housing Allowance	£
DLA/ PIP/ AA	£
Statutory Maternity Pay/Maternity Allowance	£
RIABS	£
State Pension	£
Private Pension	£
Occupational Pension	£
Other	£
Other	£
Total	£

Total Household Weekly or Monthly Outgoings	
Food and Housekeeping	£
Rent	£
Mortgage	£
Rent or Mortgage Arrears	£
Endowment Policy	£
Council Tax	£
Maintenance or Child Support	£
Student Loan Repayments	£
Water/Sewerage	£
Electricity	£
Gas	£
Other Fuels	£
Life/Building/Contents Insurance	£
Prescriptions/Optician/Dental	£
Mobile/Landline Telephone	£
TV/Satellite	£
TV Licence	£
Child Care	£

School Meals	£
Car Costs	£
Loans/Credit/Store/Catalogue payments	£
Court Judgements	£
Other	£
Other	£
Other	£
Total	£

Benefits

Please let us know of any benefit applications you or your partner are waiting to hear about:

Name of benefit:	Date applied for:

Savings, Capital, Investment

Please give details of all bank, building society, Post Office accounts etc that you or your partner have and enclose a copy of your latest statement(s):

Account:	Your Balance:	Partner's Balance:
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Current Account	£	£
Deposit Accounts	£	£
Building Society	£	£
Premium Bonds	£	£
Bonds	£	£
Stocks/Shares	£	£
PEPS/TESSAS/ISAS	£	£
Other	£	£

Do you or your partner own any property in the UK or abroad? Yes No

Current value of any property? £ _____

Is the property sublet? Yes No

Debt

Please list all your debts:

Name of Lender:	Purpose of Loan:	Weekly Repayment:	Arrears:	Outstanding Amount:
		£	£	£
		£	£	£
		£	£	£
		£	£	£
		£	£	£

Other Debt Information

What action/advice have you taken about your debts?

Who else have you approached for assistance? Please provide documentary evidence