



HOUSING APPLICATION FORM - YOUNG PERSONS (18-24)

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 2018**. 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.

Your details

| | 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: | |

Your Next of Kin

Name and address of your next of kin:

Contact telephone number:

(if you are under 18 years old we will need to discuss your application and need permission from your next of kin to house you)

Pregnancy

Are you expecting a baby? (If YES, please supply confirmation)

If so when is it due?

Where you live now

Details of your present accommodation:

Please tick which one best describes your situation:

With parents

Hostel resident

Sleeping rough

With friends

Private landlord

Housing Association

With relatives (not parents)

In local authority care/foster care

Supported accommodation

Bed and Breakfast

Local authority accommodation

Other (please specify):

How long have you been at your current address (prior to your course at the BRS/NHC):

What date does your BRS/NHC course finish:

Why do you need to leave?

Have you received a Notice to Quit? What date does the notice expire:

About your education and employment

If you are with the BRS/NHC – what is the name of your tutor?

Please tell us about any employment you have had, courses you have attended or qualifications you have obtained in the past. This should also include details of school/colleges attended.

Employer details

Have you secured employment with a trainer?

If YES, what is your WEEKLY take home pay? £

Employer details:

Name:

Address:

Employer Telephone Number:

Employer email address:

(we may contact your employer to discuss your application)

Support from other agencies

Do you have a Social Worker or Personal Advisor?

Do you have any other agency working to support you?

If YES, can you please give their name and telephone number:

Name:

Telephone Number:

Email address:

(If you are under 18 years old we will need to contact your Social Worker. If you are over 18 years old we we may need to contact your support agencies to discuss your application)

Life skills

Please tick any areas where you would like additional information/support:

DIY

Housework/cleaning

Cooking

Reporting faults

How to apply for a passport

Understanding gas/electricity

Laundry

Remembering appointments

Applying for a driving license

Waking up in the morning
Timekeeping
Health and safety at work
Budgeting
Opening a bank account
Credit cards
Cashing cheques
Paying your rent
Saving money
Shopping
Decorating
Confidence
Making decisions
Being understood

Personal development

Please tick any areas where you would like additional information/support:

Writing skills
Maths skills
Getting a new job
Problems at work
Getting work clothes
Problems with course work
Using the internet
Reading
Applying for grants
Completing an NVQ
Transport difficulties
Using the telephone
Attending meetings
Using computers

Health and wellbeing

Please tick any areas where you would like additional information/support:

Registering with a doctor
Registering with a dentist
Standing up for yourself
Drugs
Depression
Contraception
Balanced diet
Keeping fit

Addiction
 Controlling aggression
 Feeling lonely
 Your sexuality
 Emotional abuse
 Alcohol
 Eye checks
 Anxiety/Stress
 Sexual health
 Bullying
 Personal hygiene
 Weight control
 Self-harm
 Gambling
 Relationships
 Saying No

Equalities Act 2010

Please tell us about any physical, mental health or learning disabilities, medical conditions or health issues that we should be aware of and are relevant to your housing needs:

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 applicant

Declaration:

I 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 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 or licence that I 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 need for a home or gathering data to measure housing need within the racing community.

Signed _____ (Applicant) Date _____

Confidentiality

Please sign to confirm your permission for us to speak and share important information with:-

Next of Kin:

Signed _____ (Applicant) Date _____

Your Employer:

Signed _____ (Applicant) Date _____

Support and external agencies:-

Signed _____ (Applicant) Date _____

Racing Schools:

Signed _____ (Applicant) 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)