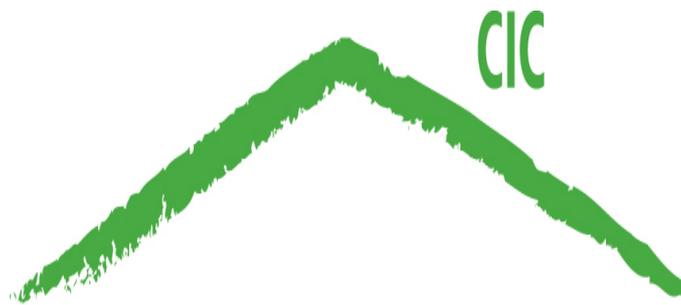


CARLISLE  
CITY COUNCIL



[www.carlisle.gov.uk](http://www.carlisle.gov.uk)



# HOME SPACE

Sustainable Accommodation

**APPLICATION FORM FOR RESIDENCY**  
**Lower Harker Dene**



**PLEASE READ AND SIGN THE BOX TO AGREE TO THESE STATEMENTS**

I/We have made an application for accommodation to Home Space Sustainable Accommodation CIC (HSSA).

I/We give permission for HSSA to share information contained in this application and contact any other Local Authority, housing provider, agency or individual to carry out investigations into my/our circumstances eg private landlord, doctor, probation officer, police, social services.

I/We authorise HSSA to cross check or share information given on this form in order to identify future accommodation needs for Gypsies and Travellers.

All information is treated in the strictest confidence and is protected under the Data Protection Act 1998.

<p><b>APPLICANT 1 = YOU</b></p> <p>Signed: _____</p> <p>Print Name: _____</p> <p>Date: _____</p>	<p><b>APPLICANT 2 = HUSBAND, WIFE, PARTNER</b></p> <p>Signed: _____</p> <p>Print Name: _____</p> <p>Date: _____</p>
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In which Local Authority area do you currently live?

- |  |  |
|--|--|
| <input type="checkbox"/> Allerdale Borough Council | <input type="checkbox"/> Barrow Borough Council          |
| <input type="checkbox"/> Carlisle City Council     | <input type="checkbox"/> Copeland Borough Council        |
| <input type="checkbox"/> Eden District Council     | <input type="checkbox"/> South Lakeland District Council |
| <input type="checkbox"/> Other [Please name] _____ |  |

**Personal Details**

	Applicant 1	Applicant 2
Title:	Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/>	Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/>
Other		
First Name(s):		

Last Name:		
Previous Name(s): eg maiden name		
Date of Birth:		

### Gender

	Applicant 1	Applicant 2
Male:	<input type="checkbox"/>	<input type="checkbox"/>
Female:	<input type="checkbox"/>	<input type="checkbox"/>
Transgender:	<input type="checkbox"/>	<input type="checkbox"/>
Prefer not to say:	<input type="checkbox"/>	<input type="checkbox"/>

Is anyone is your household pregnant?                      Yes                       No

If 'Yes', please give name: \_\_\_\_\_

Please give the date the baby is due and enclose a copy of the maternity certificate: \_\_\_\_\_

### Current Address Details

	Applicant 1	Applicant 2
Address:		
Postcode		
Date you moved here		
Home tel number		
Mobile tel number		
Email address		
Work tel number		
Correspondence address (if you want letters to go to another address or to a carer, support worker or family member give their name and address here)		
Postcode		
Email address:		

### Contact Requirements

How would you prefer us to contact you?	Do you require information in another format?	
	Applicant 1	Applicant 2
	Applicant 1	Applicant 2

Letter	<input type="checkbox"/>	<input type="checkbox"/>	Braille	<input type="checkbox"/>	<input type="checkbox"/>
Email	<input type="checkbox"/>	<input type="checkbox"/>	Audio/cd	<input type="checkbox"/>	<input type="checkbox"/>
Phone	<input type="checkbox"/>	<input type="checkbox"/>	Large print	<input type="checkbox"/>	<input type="checkbox"/>
Text	<input type="checkbox"/>	<input type="checkbox"/>	Other (please specify)		
Do you need help with reading letters? Yes <input type="checkbox"/> No <input type="checkbox"/>					

## Equality and Diversity

Ethnic Origin					
	Applicant 1	Applicant 2		Applicant 1	Applicant 2
British	<input type="checkbox"/>		Scottish	<input type="checkbox"/>	<input type="checkbox"/>
Irish	<input type="checkbox"/>		Other (please specify below)	<input type="checkbox"/>	<input type="checkbox"/>
Welsh	<input type="checkbox"/>				
			Other	<input type="checkbox"/>	<input type="checkbox"/>
Gypsy Traveller	<input type="checkbox"/>	<input type="checkbox"/>	Please specify:		
Prefer not to say	<input type="checkbox"/>	<input type="checkbox"/>			

Sexual Orientation		
	Applicant 1	Applicant 2
Heterosexual	<input type="checkbox"/>	<input type="checkbox"/>
Gay Man	<input type="checkbox"/>	<input type="checkbox"/>
Bisexual	<input type="checkbox"/>	<input type="checkbox"/>
Lesbian	<input type="checkbox"/>	<input type="checkbox"/>
Prefer not to say	<input type="checkbox"/>	<input type="checkbox"/>

Religion/Belief		
	Applicant 1	Applicant 2
Christian	<input type="checkbox"/>	<input type="checkbox"/>
Hindu	<input type="checkbox"/>	<input type="checkbox"/>
Muslim	<input type="checkbox"/>	<input type="checkbox"/>
Buddist	<input type="checkbox"/>	<input type="checkbox"/>
Jewish	<input type="checkbox"/>	<input type="checkbox"/>
Sikh	<input type="checkbox"/>	<input type="checkbox"/>
None	<input type="checkbox"/>	<input type="checkbox"/>
Other	<input type="checkbox"/>	<input type="checkbox"/>
Prefer not to say	<input type="checkbox"/>	<input type="checkbox"/>

Other (please specify)		
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**Disability**

**The Equality Act 2010 says a disability is a physical or mental impairment which has a substantial and long term adverse effect on normal day-to-day activities**

Do you consider that you or any member of your household have a disability according to this definition?

Yes  No

**Nationality**

What is your country of origin?

	Applicant 1	Applicant 2
UK national, resident of UK	<input type="checkbox"/>	<input type="checkbox"/>
Estonia	<input type="checkbox"/>	<input type="checkbox"/>
Lithuania	<input type="checkbox"/>	<input type="checkbox"/>
Other European Economic Area Country (EEA)	<input type="checkbox"/>	<input type="checkbox"/>
Slovenia	<input type="checkbox"/>	<input type="checkbox"/>
Hungary	<input type="checkbox"/>	<input type="checkbox"/>
UK national returning from residence overseas	<input type="checkbox"/>	<input type="checkbox"/>
Poland	<input type="checkbox"/>	<input type="checkbox"/>
Bulgaria	<input type="checkbox"/>	<input type="checkbox"/>
Latvia	<input type="checkbox"/>	<input type="checkbox"/>
Czech Republic	<input type="checkbox"/>	<input type="checkbox"/>
Bulgaria	<input type="checkbox"/>	<input type="checkbox"/>
Slovakia	<input type="checkbox"/>	<input type="checkbox"/>
Romania	<input type="checkbox"/>	<input type="checkbox"/>
Other (please specify)		
Prefer not to say	<input type="checkbox"/>	<input type="checkbox"/>

**Language**

Which language do you prefer to use? \_\_\_\_\_

Do you require an interpreter? Yes  No

**Community Contribution**

Do you undertake any unpaid voluntary work? Yes  No

How long have you done this? \_\_\_\_\_

How many hours a week do you volunteer? \_\_\_\_\_

Are you an active member of any Residents Association? Yes  No

## Employment Details

Please tell us your employment status:

	Applicant 1	Applicant 2
Full time employment	<input type="checkbox"/>	<input type="checkbox"/>
Part time employment	<input type="checkbox"/>	<input type="checkbox"/>
Self employed	<input type="checkbox"/>	<input type="checkbox"/>
On government supported training	<input type="checkbox"/>	<input type="checkbox"/>
Unemployed and seeking work	<input type="checkbox"/>	<input type="checkbox"/>
Full time education at school, college or university	<input type="checkbox"/>	<input type="checkbox"/>
Carer, looking after family	<input type="checkbox"/>	<input type="checkbox"/>
Long term illness and unable to work	<input type="checkbox"/>	<input type="checkbox"/>
Retired from work	<input type="checkbox"/>	<input type="checkbox"/>
Prefer not to say	<input type="checkbox"/>	<input type="checkbox"/>

Are you employed in the Carlisle area? Yes  No

	Applicant 1	Applicant 2
Job title:		
Employer name:		
Employer address:		
Postcode:		
Telephone number:		

## Other Details

Do you or anyone moving with you own any animals ie dogs, chickens, ponies or horses?

Yes  No

If yes, please give details:

If you have ponies or horses, are they in a secure field or stable?

Yes  No

If yes, please give details:

If no, do you require assistance in identifying suitable stabling or grazing?

Yes  No

### **Personal Interest**

Are you or any member of your family employed or related to any employee, board member, councillor or committee member of Carlisle City Council or Homes Space Sustainable Accommodation CIC?

Yes  No

### **About Your Household**

Please list all the people who are living with you at your current address and tick the box if they are to be living with you on site:

First name	Last name	M	F	DOB	Relationship to	Moving
------------	-----------	---	---	-----	-----------------	--------

					you	with you
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						

Please list any other members of your family who are not living with you now but will be if you get a pitch:

First name	Last name	M	F	DOB	Relationship to you
1					
2					
3					
4					
5					
6					
7					

### Immigration Status

The law requires us to ask the following question. **If you do not answer then we cannot consider your application.** You must provide confirmation of your right to live in the United Kingdom permanently and the right of anyone included in your application, to live in the UK permanently.

Have you or any of the persons applying with you moved to the UK during the last five years? Yes  No

Are you or any of the persons applying with you subject to any immigration controls? Yes  No

Have you or your partner lived outside of the UK in the past two years? Yes  No

### Current Accommodation Details

What type of property do you live in? (tick one box only)

Flat <input type="checkbox"/>	Caravan (trailer) or mobile home <input type="checkbox"/>
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Maisonette <input type="checkbox"/>	HM forces accommodation <input type="checkbox"/>
House <input type="checkbox"/>	Hospital <input type="checkbox"/>
Bedsit or room in shared house <input type="checkbox"/>	Other (please specify below)
Bungalow <input type="checkbox"/>	
Hostel/refuge/supported accommodation <input type="checkbox"/>	
Sleeping rough/no fixed abode <input type="checkbox"/>	

### Bedrooms

Number of bedrooms in the property: \_\_\_\_\_

### What is your current housing situation? (tick one box only)

Roadside/unauthorised encampment	
Transit site	
Unauthorised development	
Own land without planning permission	
Own land with planning permission	
Local authority site	
Private site	
Mobile Home Park	
In a women's refuge/safe house	
Living with family or friends	
In temporary accommodation provided by a Local Authority	
A lodger	
In bed and breakfast accommodation	
Likely to be homeless	
In hostel accommodation	
In temporary supported accommodation	
In residential care	
Private tenant	
Tenant of a housing association	
Tenant of a council	
In a children's home or in foster care	
In tied accommodation	
In HM Forces accommodation	
In prison	
Home owner (house not trailer)	
Other (please specify)	

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If you are renting your home from a Council or Housing Association that is part of the Cumbria Choice scheme, who is your landlord?

- |   |   |
|---|---|
| <input type="checkbox"/> Accent Housing | <input type="checkbox"/> Barrow Borough Council |
| <input type="checkbox"/> Eden Housing   | <input type="checkbox"/> Home Group             |
| <input type="checkbox"/> Impact Housing | <input type="checkbox"/> Riverside              |
| <input type="checkbox"/> Two Castles    | <input type="checkbox"/> South Lakes Housing    |

Are you currently in sheltered accommodation?      Yes       No

Do you have an Introductory or Starter Tenancy?      Yes       No

If you are not renting from a housing organisation, which is part of Cumbria Choice, please give details of your current landlord eg name, address, contact telephone number

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What is your current rent?      £\_\_\_\_\_

### **Housing History** Rent arrears and rechargeable repairs

Do you or anyone who is applying for a pitch with you have rent arrears or owe money for rechargeable repairs at your current or previous addresses?

Yes            No     

Amount of rent arrears owed?      £\_\_\_\_\_

Amount of rechargeable repairs owed?      £\_\_\_\_\_

Address from where rent or rechargeable repairs debt owed:

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## Previous Addresses

Please list where you have lived in the past 5 years starting with the most recent. If you have lived in your current home for 5 years or more you do not need to fill in this section.

	Applicant 1	Applicant 2
1 Previous address		
Name and address of landlord		
Tenancy dates	From	From
	To	To
Reason for leaving		

2 Previous address		
Name and address of landlord		
Tenancy dates	From	From
	To	To
Reason for Leaving		

	Applicant 1	Applicant 2
3 Previous address		

Name and address of landlord		
Tenancy dates	From	From
	To	To
Reason for leaving		

4 Previous address		
Name and address of landlord		
Tenancy dates	From	From
	To	To
Reason for leaving		

5 Previous address		
Name and address of landlord		
Tenancy dates	From	From
	To	To
Reason for leaving		

## Criminal Activity and Anti-Social Behaviour

This section applies to you, all the people in your household who will be moving with you or visitors to your pitch for any period. You must complete this section even if you or your family members have no convictions.

This information may not affect your application but not disclosing any information about convictions will.

Do you, or anyone moving with you have any convictions? Yes  No

Please provide details of any unspent convictions:

Name of person with conviction: \_\_\_\_\_

Date of most recent conviction: \_\_\_\_\_

Type(s) of offences:

Have you, or anyone moving with you been charged with any offences yet to be dealt with by the Courts? Yes  No

Name of person with pending Court appearance: \_\_\_\_\_

Nature of charges:

Have you, or anyone moving with you, or who may visit you been convicted of sexual abuse against children or are on the Sex Offender Register?

Yes  No

Name of person: \_\_\_\_\_

Date of conviction: \_\_\_\_\_

Have you, or anyone moving with you had an enforcement action taken against you for anti-social behaviour? Yes  No

Name of person: \_\_\_\_\_

Date of action served: \_\_\_\_\_

Type of action taken eginjunction, acceptable behaviour contract, anti-social behaviour order, demotion of tenancy, possession action (please specify):

Have you or anyone moving with you ever been evicted? Yes  No

If **'yes'**, for what reason eg rent arrears, noise nuisance, violence or threat of violence to neighbours, using the property for illegal or immoral purposes, other anti-social behaviour, violence or threat of violence to the landlord and/or their representatives, damage to property, subletting of property, not living at the property (please specify):

Address from where you were evicted:

Landlord details:

Date of eviction: \_\_\_\_\_

### **Current and Previous Home Ownership**

Only complete this section if you are a current owner-occupier or have been an owner-occupier in the last 10 years.

What was the address of the property?

What is/was the approximate value of your home? £\_\_\_\_\_

If you have a mortgage/secured loan, how much do you owe on the property?

£ \_\_\_\_\_

If you have sold a property in the last 10 years and are not currently an owner occupier what was the date of the sale? \_\_\_\_\_

Property sale price: £\_\_\_\_\_

Amount of capital after mortgage paid: £\_\_\_\_\_

### Homeless

Only complete this section if you have made a recent application to a Local Authority as a homeless person/household.

What is the name of the person who made the application?

Date application made: \_\_\_\_\_

Local Authority applied to:

Allerdale  Barrow  Carlisle  Copeland

Eden  South Lakeland

Other (please specify): \_\_\_\_\_

### Security of Tenure

Only complete this section if you have been asked to leave your current accommodation.

Have you been served with a Notice requiring you to leave the property?

Yes  No

Date requested to leave property: \_\_\_\_\_

### Supported Housing

Are you currently living in supported housing? Yes  No

Name of support provider:

Name of support worker:

Contact details for support worker:

Date you moved into the supported accommodation: \_\_\_\_\_

Are you ready to move on from supported accommodation? Yes  No

### Property Condition

Please complete this section if you consider your current accommodation is in serious disrepair. Only in exceptional circumstances will housing priority be given for disrepair where the Local Authority is satisfied that the problem cannot be resolved by the Landlord.

Is your home in serious disrepair? Yes  No

Have you contacted your Council's Environmental Health Department to make a formal complaint against your landlord?

Yes  No

Has the Local Authority taken any formal enforcement action following identification of category 1 or 2 Hazard(s) under the Housing Act 2004?

Yes  No

Does your home lack any of the following facilities? Eg no access to bathroom, or kitchen, no inside toilet, no hot or cold water supply, no gas or electric supply? (please specify):

Do you live in shared accommodation, sharing facilities with other households? (eg people who are not members of your family? Yes  No

### Currently in Prison

Only complete this section if you are currently in prison.

Expected date of release: \_\_\_\_\_

Did you have a tenancy immediately before going into prison? Yes  No

If 'yes', please give the address of the property:

Did you agree to end the tenancy? Yes  No

Date tenancy ended: \_\_\_\_\_

### Support and Welfare

Are you or anyone in your household suffering any form of abuse, harassment and/or hate crime? Yes  No

Details of abuse: domestic violence, harassment, hate crime, other (please specify)

Person affected: \_\_\_\_\_

Relationship to the perpetrator: \_\_\_\_\_

Have you any current support? Yes  No

Which agency supplies this support?

Is this your reason for requesting a move? Yes  No

**Move to give/receive support**

Do you need to move to provide or receive support? Yes  No

Where does this person live?

What is your relationship to them?

Please note: You will need to provide evidence of their address and the support to be received/given.

**Move for employment purposes**

Do you need to move because of your employment? Yes  No

What is the address of your workplace?

Please note: You will need to provide evidence of your employment.

**Medical Needs**

Is your housing affecting your health or that of a member of your family?

Yes  No

Please indicate what type of health problem(s) you have; learning disability, mental health problems, physical disability, medical conditions, other (please specify):

Do you currently receive support from a statutory or voluntary agency because of your health needs? Yes  No

Name of agency:

Name of support worker:

Would you like us to send information about your application to a third party who will handle your application on your behalf eg family member or support worker? Yes  No

Name, address and phone number of person to contact:

### **Local Connection**

A local connection means that you either live (minimum of 6 months), work, have a close family relative (mother, father, brother, sister, son or daughter resident for 5 years), or have a special connection (such as through being in the armed forces) to a town or village in the Carlisle area.

Please specify below areas of Carlisle where you have a local connection:

Please provide details of the local connection whether through living, working or having family in the area. If family, please provide name and address:

### **Future Site Development**

Please complete this section to help us identify areas where sites are needed. This is for information only and will not affect your current application.

What would be your first area of choice for a site?

What tenure would you choose? eg private rented, local authority rented, own land with planning permission, other (please specify):

What facilities would you like on site eg children's play area, community centre, allotment area, other (please specify):

How many pitches do you think a new site should have and what is your reason for this number?

**Declaration**

The information I have given on this form is accurate to the best of my knowledge and belief and I agree to inform Home Space Sustainable Accommodation of any changes to my circumstances.

Please note that when making an application for accommodation, it may be considered a criminal offence if you knowingly or recklessly give false information in respect to any matter relating to your application.

To withhold information or fail to supply us of any changes in your circumstances may affect your eligibility for a pitch.

I understand that if a pitch is allocated to me as a result of any false or misleading information given in this application this may result in eviction proceedings being taken against me.

<p><b>Applicant 1</b></p> <p>Signed: _____</p> <p>Print name: _____</p> <p>Date: _____</p>	<p><b>Applicant 2</b></p> <p>Signed: _____</p> <p>Print name: _____</p> <p>Date: _____</p>
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Has this form been filled in by someone on your behalf? Yes  No

Name of person:

Relationship to applicant:



# **RESPECT**

**ASB charter for housing**