



STRICTLY CONFIDENTIAL

Specialist Supported Housing Application Form

Applicant Name:	
Date of Referral:	
Address Applying To:	
Postcode	

About this application form

It is a requirement that the Housing Application form and included documents be fully completed. They must also be signed by your Social Worker.

We have included a Form of Authority and Shared Consent for Permission to contact Housing Benefit and Council Tax on your behalf. We will also be contacting the local authority commissioner to approve your referral. We may request a copy of your care plan in the processing of your application.

Please provide the below documents alongside this application form:

Proof that you are in receipt of Benefits.

Proof of your last three months' Bank Statements.

Proof of your Identity.

Proof of Appointeeship documents (BF57) where applicable.

Documentation regarding any risks around your Tenancy.

BeST must be aware of any health and safety issues when we consider scheme suitability for your health and safety and the health and safety of the other residents.

We collect this information to determine whether your needs meet the criteria for being housed within a supported living scheme. All information given on this form will be treated as strictly confidential. The information will be used internally within BeST to assess your needs and to process your application. The government may, at times, request statistical data from BeST. All data provided will be anonymous and confidential.

We aim to complete the assessment process within one week, depending on receipt of the requested documentation.

How can I contact BeST?

If you need to contact BeST, you can email the office at: **Applications@bestha.co.uk** or call on **0161 786 6000** (Monday – Friday, 9 am – 5 pm) and a staff member will be happy to take your call.

About you

This section is about your basic information, you may need help from your social worker, support team or family to fill it in.

Title					
First Name(s):					
Surname:					
Do you have capacity to agree to a tenancy? (Please tick one)	Yes		No		
If No, do you or your social worker have documentation of a recent Mental Capacity Assessment? (Please tick one)	Yes		No		
Have you ever changed your name? (Please tick one)	Yes		No		
If 'Yes', Previous Name:					
Date of Birth:				Age	
Current Address:					
Did you have a tenancy agreement at this address? (Please tick one)	Yes		No		
What sort of tenancy agreement was it?					
How long have you lived at this address:					
Your mobile number:					
Your Email address:					
Do you use social media?	Yes		No		
National Insurance Number:					
Nationality:					
Are you a British citizen? (Please tick one)	Yes		No		
Your Gender (Please tick one)					
Are you:	Male		Female		
	Transgender		Gender Neutral		
	Other:		Do Not Wish To Disclose		

About you continued

Your Sexuality (Please tick one)				
Are you:	Heterosexual	<input type="checkbox"/>	Gay	<input type="checkbox"/>
	Lesbian	<input type="checkbox"/>	Bisexual	<input type="checkbox"/>
	Transgender	<input type="checkbox"/>	Transsexual	<input type="checkbox"/>
	Do Not Wish To Disclose	<input type="checkbox"/>	Other:	<input type="checkbox"/>
Please give details (if other):				
Your Beliefs (Please tick one)				
Atheist	<input type="checkbox"/>	Buddhist	<input type="checkbox"/>	Christian
Hindu	<input type="checkbox"/>	Jewish	<input type="checkbox"/>	Muslim
Sikh	<input type="checkbox"/>	Agnostic	<input type="checkbox"/>	Do Not wish to Disclose
Other:	<input type="checkbox"/>	Please give details:		
Your Marital Status (Please tick one)				
I am:	Single	<input type="checkbox"/>	Married	<input type="checkbox"/>
	Separated	<input type="checkbox"/>	Divorced	<input type="checkbox"/>
	Widowed	<input type="checkbox"/>		
Your Household (Please tick one)				
Are you currently pregnant?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Are you moving as part of a couple?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
If you have ticked yes to either of these questions please call us before you continue the application.				
Your Ethnicity (Please tick one)				
White	British	<input type="checkbox"/>	Welsh	<input type="checkbox"/>
	Scottish	<input type="checkbox"/>	Northern Irish	<input type="checkbox"/>
	English	<input type="checkbox"/>	Other White Background	<input type="checkbox"/>
Mixed	White and Black Caribbean	<input type="checkbox"/>	White and Black African	<input type="checkbox"/>
	White and Asian	<input type="checkbox"/>	Any other Mixed	<input type="checkbox"/>
	Multiple Ethnic Background			<input type="checkbox"/>
Asian/Asian British	Indian	<input type="checkbox"/>	Pakistan	<input type="checkbox"/>
	Bangladeshi	<input type="checkbox"/>	Chinese	<input type="checkbox"/>
	Other Asian background			<input type="checkbox"/>
Black/African/Caribbean/Black British	African	<input type="checkbox"/>	Caribbean	<input type="checkbox"/>
	Other Background			<input type="checkbox"/>
Any Other Ethnic group	Other Ethnic Group			<input type="checkbox"/>

About you continued

Speaking to you				
What is your first language?				
Can you speak and understand English?	Yes		No	
Can we contact you directly or would you prefer us to contact someone else on your behalf?	Contact Me		Contact person below	
	Name:			
	Postal Address:			
	Phone number:			
	Email:			
Do you have a Next of Kin?	Yes		No	
	Name:			
	Postal Address:			
	Phone number:			
	Email:			
Do you have a Social Worker?	Yes		No	
	Name:			
	Postal Address:			
	Phone number:			
	Email:			
Do you have a Support Provider?	Yes		No	
	Name:			
	Postal Address:			
	Phone number:			
	Email:			
Do you have a Deputy/ Appointee/Lasting Power Of Attorney?	Yes		No	
	Name:			
	Postal Address:			
	Phone number:			
	Email:			
Deputy		Appointee		Lasting Power of Attorney
Do you have a GP?	Yes		No	
	Name:			
	Postal Address:			
	Phone number:			
	Email:			

About you continued

Are you related to anyone who works at best?	Yes		No	
If yes, please tell us who				
Do you have any additional communication needs? (Tick all that apply)				
Hearing		Reading		Writing
Speech		Language		None
Other:		Please give details:		
Do you require any of the following to help with communication? (Tick all that apply)				
Letters/leaflets in large print		Information on an audio tape		Support with reading or writing
Translator		Hearing loop		Sign language
Braille		Other:		Please give details:
How would you prefer us to contact you or your named person? (Tick all that apply)				
Telephone		Home visit		Post
Email		Text		WhatsApp
Other:		Please give details:		
Newsletter, Website and other publications				
Do you give permission for us to take your photo if you attend an engagement function with BeST?	Yes		No	
Do you give permission for your photos to be shared in our newsletter, website and other publications?	Yes		No	
Would you be interested in being contacted about our newsletter, website or other publications?	Yes		No	

About your housing needs

What type of accommodation you are currently in?					
Received a Section 21 Notice		Received a Section 8 Notice		Discharged from long-stay hospital or similar institution	
Discharged from prison		Left home country as a refugee		Asked to leave by family or friends	
Death of household member in last settled accommodation		Relationship breakdown (non-violent) with partner		To move nearer to family, friends or school	
To move nearer to work		Domestic abuse		Hate crime	
Racial harassment		Other problems with neighbours		To move to accommodation with support	
Other		Prefers not to say		Other supported accommodation	
Your Housing (Select the option that best describes your housing requirement)					
Need a larger property		Need a smaller property		Problems with health or disability	
My current home is being refurbished		Home in poor condition		To be near friends or relatives	
To be near work		Asked to leave by friends or family		Racial harassment	
Other harassment or neighbour nuisance		Relationship breakdown		Need for independent accommodation	
Difficulties paying rent or mortgage		Eviction order or repossession		Need more support to live independently	
Need less support to live independently		Refugee (with indefinite leave to remain)		Domestic violence	
End of short-term tenancy		Losing a home		Other:	
(Please give details)					

About your housing needs continued

Do you have any specific housing needs in relation to any of the following?				
Fully wheelchair-accessible housing	Yes		No	
Wheelchair access to essential rooms	Yes		No	
Level access housing	Yes		No	
Do you require any aids or adaptations?	Yes		No	
Do you have an occupational therapist?	Yes		No	
	Name:			
	Phone number:			
	Email:			
	Address:			
Have they been aware of your application for housing?	Yes		No	
Will they recommend any aids or adaptations for the property you are applying for?	Yes, before I move in		Yes, after I move in	
	No			
Can you live in shared accommodation?	Yes		No	
Have you applied to or lived with BeST before?	Yes		No	
If yes, when?				

About your support needs

Disabilities and Support				
Do you consider yourself to have a disability?	Yes		No	
What is the Nature of your disability? Please tick all that apply:				
Vision impairment such as being registered blind or visually impaired?	Yes		No	
Hearing impairment such as being registered deaf or hearing impaired?	Yes		No	
A condition that limits physical activity, such as walking or climbing stairs:	Yes		No	
A learning disability or profound multiple learning disabilities:	Yes		No	
A neurological condition, such as multiple sclerosis or Parkinson's disease:	Yes		No	
A genetic condition, such as Down Syndrome or Cystic Fibrosis:	Yes		No	
A social/behavioural condition, such as Autism or Aspergers:	Yes		No	
A mental health condition, such as depression, anxiety or psychosis:	Yes		No	
A personality disorder, such as Emotionally Unstable Personality Disorder:	Yes		No	
Other not listed:	Yes		No	
Please provide any other support needs you feel will support your application:				
Has an Individual Needs Assessment been carried out?	Yes		No	
Who carried out the assessment?				
When was it completed?				
**What are your assessed weekly Individual Support Hours (1-1 hour)?				
**What are your assessed weekly shared Support Hours required (Core Hours)?				
**How many hours of Care and Support do you require from your support provider each week?				

About your tenancy risks

Acts & Orders (Please tick all that apply to you)				
Are you/have you been subject to a care order under the Children's Act (1989)?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Have you been detained under the Mental Health Act (1983)?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Have you been/ are you currently subject to a court order?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Do you have a criminal record?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Do you have any pending court cases?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Are you on bail?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Are you on or linked with Probation services?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Have you been accused/convicted of Arson?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Have you been accused/ convicted of sexual offences?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Are you in/have you been in legal custody?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Have you been accused/ convicted of Domestic Violence?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Risk to Others – Have you ever caused harm or posed a potential danger to others in the past?				
Incidents of physical abuse directed at other people	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Incidents of mental abuse to other people	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Incidents of sexual abuse to other people	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Incidents of racial abuse to other people	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Incidents of verbal abuse to other people	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Incidents of harassment of other people	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Risk to property – Have you experienced any of the following incidents in the past or are you currently at risk for them? (This may include damage to property due to your disabilities)				
Incidents of property damage or arson	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Incidents of previous rent arrears	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Incidents of neighbour disputes	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Incidents of Anti-Social Behaviour	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Incidents of previous evictions from a tenancy	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Incidents of criminal damage	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Incidents of Hoarding	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Incidents of Cuckooing	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Are you currently subject to a safeguarding alert/enquiry or action?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Do you have any pets that will be moving with you?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>

About your tenancy risks continued

Risk to you – Do you have a history of or are you at risk of the following?				
Do you have a history of or are you currently dealing with thoughts of suicide or suicidal ideation?	Yes		No	
Do you have a history of or are you currently dealing with thoughts of self harm?	Yes		No	
Do you have a history of or are you currently dealing with issues related to accidental overdose?	Yes		No	
Do you have a history of or are you currently misusing prescribed medication?	Yes		No	
Do you have a history of or are you currently refusing prescribed medication?	Yes		No	
Do you have a history of or are you currently misusing or abusing any other substances?	Yes		No	

About your finances

Do you have the capacity to manage your finances?	Yes, full time employment		Yes, part time employment	
	No, I am not in paid employment			
Are you in Education?	Yes, full time education		Yes, part-time education	
	Yes, I attended evening or hobby classes		Not currently	
Are you in paid employment?	Yes		No	
Do you have any Savings/ Stocks/Shares or Capital Assets, either in the UK or Overseas, please provide full details of the amounts held?	Yes		No	
	If Yes, please provide the amount:			
Do you own or part-own any properties in the UK or Overseas?	Yes		No	
	If Yes, please provide the address:			
If you have a bank account(s) who do you bank with & what type of account(s) do you have?	Bank:		Account Type:	
Have you claimed Housing Benefit before?	Yes		No	
	If Yes, please provide the reference:			
Are you or have you previously been subject to the benefit cap?	Yes		No	
	If Yes, when was this?			

About your finances continued

Benefits and Income – Please tick any that apply and fill in the relevant details.			
Wage/Salary:		Housing Benefit:	
Amount:		Amount:	
Frequency:		Frequency:	
ESA:		Universal Credit:	
Amount:		Amount:	
Frequency:		Frequency:	
JSA:		DLA:	
Amount:		Amount:	
Frequency:		Frequency:	
PIP:		Attendance Allowance:	
Daily living – Standard		Amount:	
Daily living – Enhanced		Frequency:	
Mobility – Standard			
Mobility – Enhanced			
Other:			

Your Declaration

Who filled in this form?	
Name:	
Relationship to you:	
Address:	
Contact Number:	
Length of time you have known them:	

Social Worker/NHS/Commissioner – I agree that the prospective tenant detailed on this form requires specialist-supported housing as detailed by The government’s Policy statement on rents for social housing (2020) and acceptance of this referral would constitute Local Authority agreement of this letting as SSH.	
Name:	
Job Title:	
Address:	
Tel:	
Agreement Signature:	
Date:	

Applicant Declaration – (can be signed by the relevant Social Worker or the Service users Legal Representative if the applicant has no capacity)	
I certify that the information given on this form is correct. I understand that it is illegal to attempt to obtain housing by being untrue about my needs or history on my application form and my tenancy may be withdrawn if I am found to be intentionally fraudulent on my application.	
Print name	
Sign:	
Date:	

Housing Benefit Form of Authority

I the undersigned, hereby give full legal authority for Bespoke Supportive Tenancies Ltd and designated employees, to act upon my behalf, in all matters which relate to my claim for housing and council tax benefits, and council tax exemptions. This authority extends to authorising Bespoke Supportive Tenancies Ltd and designated employees to act upon my behalf in respect of new housing benefit and council tax claims, enquiries, revisions, mandatory reconsiderations, supersessions and the initiation of appeals to the First Tier and Upper Tribunal and all related works. These works may include the procurement and sharing of medical information and other related information with relevant parties as may be required to facilitate the said works.

This signed authority extends to authorising Bespoke Supportive Tenancies Ltd and designated employees, to engage in verbal and written communications on my behalf i.e., by telephone, email, and in-person, via Teams, Zoom or other digital means, and for Bespoke Supportive Tenancies Ltd acquiring, storing, and sharing this information with third parties as may be necessary for the works to be completed.

Tenant Name:	
Address:	
Postcode:	
DOB:	
Email:	
Phone Number(s):	
National Insurance Number:	
Tenant Signature:	
Date:	

Legal Representative Name: (if applicable)	
Address:	
Postcode:	
DOB:	
Email:	
Phone Number(s):	
Legal Representative Signature:	
Date:	

Multi-Agency Consent to Share Information Form

The purpose of this consent form is to enable professionals from different services and agencies to share information about you in order for them to properly assess your needs and agree the best way to help.

It is normal practice to seek information and opinions from other professionals/agencies who may be involved in planning and arranging services and to share information with them. All agencies will keep information confidential in accordance with their procedures.

I understand that my information will be shared only with professionals in the agencies involved in my care. This may involve Local Authority services such as Education, Social Work and Housing, Healthcare professionals, voluntary and private agencies, and Local Police as appropriate.

By signing this form, I agree to this information being shared with these agencies.

Name of Applicant (Print):	
Signature of Applicant:	
Date of Birth:	
Date:	

If the applicant does not have the capacity, understanding or physical ability to give consent to share this information, then please could the applicant's legal representative sign on their behalf. I.e., Court of Protection, Appointee, Social Worker, Advocate etc.

Name of Legal Representative:	
Signature of Legal Representative:	
Relationship to Applicant:	
Date:	
Telephone:	
Address:	

Once completed please return this form to BeST at:

Bespoke Supportive Tenancies Ltd, 2a Sentinel House, Albert Street, Eccles, M30 0NJ
Or you can email a copy to applications@bestha.co.uk