

**Your Initial Housing Assessment**

**&**

**Personalised Housing Plan Discussion**

**Before your Housing Options interview, please read pages 2 & 3 before proceeding to complete the assessment form. More information can be found on** [**https://www.epsom-ewell.gov.uk/residents/housing/homelessness**](https://www.epsom-ewell.gov.uk/residents/housing/homelessness)

If you need help with any part of this form, please ask for assistance from the housing Options Officer.

Once completed, the form can be uploaded to your Homechoice account or emailed to your Housing Options Officer. If you would prefer to return this form via post, please send this to the address at the bottom of page one and clearly state your Housing Options Officers name on the returned envelope.

Housing Services,

Town Hall, The Parade, Epsom, Surrey KT18 5BY

Telephone number: 01372 732000, contactus@epsom-ewell.gov.uk,

www.epsom-ewell.gov.uk

|  |
| --- |
| **Important – Please read before your interview** |
| The Homelessness Reduction Act came into force on 3 April 2018 and means that the Council has changed the way it helps people who are homeless or threatened with homelessness. The main focus is to prevent homelessness by placing greater emphasis on working together with you to resolve your housing problem. How will we do this? **Early help** Seek help from the Council as soon as you know you may have a housing problem. The sooner you do this the better chance we have of helping you. You will be considered threatened with homelessness if you have to leave your accommodation anytime within 56 days. **Assessments and personalised housing plans** You will be entitled to more tailored advice and support from the Council. We will carry out an assessment to identify; the circumstances that caused you to become homeless or threatened with homelessness; your housing needs; and whether you have support needs to remain in or find alternative accommodation. Following this assessment, we will work with you to develop and agree a Personalised Housing Plan (PHP). The personalised assessment and housing plan will take about 1.30 hours. It is an opportunity for you to explain to us your housing situation so that we can assess how we can help you to resolve your housing problem. The Personalised Housing Plan will set out the actions (or ‘reasonable steps’) to be taken by us and you so you can remain in or find alternative accommodation. This means that it isn’t only the Council that is responsible for sorting out your housing problem or finding you accommodation - you will have a much greater role to play. You will be given a written copy of the Personalised Housing Plan. This plan will be reviewed regularly and if necessary, the plan and actions will change. Your agreement will be sought for these changes. It is important that you follow the actions in the plan as we can take certain actions that will affect your future housing if you do not cooperate. **Prevention duty** If you are an eligible applicant who is threatened with homelessness, (regardless of priority need, intentionality, and local connection), we will owe you prevention duty, in which case we must take ‘reasonable steps or actions to help you avoid losing your existing accommodation or becoming homeless. This means either trying to help you stay in your current accommodation or trying to help you to find a new place to live before you actually become homeless. Helping you to try to find accommodation does not necessarily mean social housing, it is most likely to be accommodation in the private rented sector or, if appropriate, hostels or supported accommodation. The prevention duty stage lasts for 56 days unless it is ended before because accommodation has been found, or by you becoming homeless.**Relief duty** If you are already homeless or become homeless despite any actions taken during the prevention duty stage, the reasonable steps will then be focused on trying to help you to find alternative accommodation. This is known as the “relief duty” and lasts for 56 days unless ended in another way. At this stage if we have reason to believe you are an eligible applicant who is homeless and has a priority need, we may have a duty to provide you with interim accommodation. If you do not have a local connection with us, and it’s safe to do so, we will now refer you to a Council where you do have a connection. During both stages we will give you decision or notification letters explaining what is happening. In case homelessness cannot be successfully prevented or relieved, we will also be carrying out enquiries and assessing on what duty, if any, may be owed to you under the homelessness legislation. We will assess if you are; eligible; homeless; in priority need; intentionally homeless and have a local connection with the borough of Epsom & Ewell. You will be given a written decision of this assessment; however we may not be able to make this decision until the prevention & relief duty stages have ended. You can request reviews on certain decisions we make if you do not agree with them.  |



Please could you provide answers to the following questions to the best of your ability. I would be grateful for you to provide as much detail as possible to aid us in our enquiries.

|  |
| --- |
| **Part 1 - Your Personal Details** |

|  |  |  |
| --- | --- | --- |
|  | **Your details** | **Your partner** |
| **Title (Mr Mrs Miss Dr etc.)** |  |  |
| **Sex** |  |  |
| **Full name:** |  |  |
| **Address:****Post Code:** |  |  |
| **DOB:** |  |  |
| **National insurance number:** |  |  |
| **Mobile number:** |  |  |
| **Email address:** |  |  |
| **Ethnicity:** |  |  |
| **Nationality:** |  |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Other Household members** | **Household member 1** | **Household member 2** | **Household member 3** | **Household member 4** |
| **Full name:** |  |  |  |  |
| **DOB:** |  |  |  |  |
| **Sex:** |  |  |  |  |
| **Ethnicity:** |  |  |  |  |
| **Nationality:** |  |  |  |  |
| **Relationships to applicant:** |  |  |  |  |
| **National insurance number:** |  |  |  |  |
| **Mobile number:** |  |  |  |  |
| **Email address:** |  |  |  |  |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Is anyone in the household pregnant:****Name:**  | **No** |  | **Yes** |  | **Expected due date** |  / / |
| **Is anyone on your application living separately from you:****Please give more details incl. address** |  |
| **What pets are in your household if any:** |  |
| **Do you drive** |  |
| **Vehicle, make, model and registration: (if you have one)** |  |  |  |
| **Do you or anyone else in your household smoke** |  |
| **What property or land do you own any in the UK or abroad:** |  |
| **Have you approached any other council/local authority about your housing situation? If yes, please list the approached council/local authority and the date of approach** |  |

|  |  |  |
| --- | --- | --- |
| **Your nationality & immigration status** | **You** | **Your Partner** |
| **Are you or your partner a British or Irish citizen who is habitually resident in UK, Ireland, Channel Islands, or Isle of Man, or has been deported from another country** |  |  |
| **Are you or your partner a European Economic Area (EEA) citizen who is a worker** |  |  |
| **Are you or your partner a EEA citizen who is self-employed** |  |  |
| **Are you or your partner a EEA citizen who has permanent right to reside** |  |  |
| **Are you or your partner a EEA citizen: other** |  |  |
| **Are you or your partner a EEA citizen who is a family member of one of the above groups** |  |  |
| **Are you or your partner a non-UK/EEA citizen who has been granted refugee status** |  |  |
| **Are you or your partner a non-UK/EEA citizen with Exceptional Leave to Remain** |  |  |
| **Are you or your partner non-UK/EEA citizen with Indefinite Leave to Remain** |  |  |
| **Are you or your partner Non-UK/EEA citizen with Limited Leave to Remain** |  |  |
| **Are you or your partner Non-UK/EEA citizen who has been granted other protection (e.g. humanitarian, discretionary)** |  |  |
| **When did you or your partner arrive in the UK** |  |  |
| **Is anyone in your household subject to immigration control:****Please give details:** |

|  |
| --- |
| **Part 2 - Understanding your current housing situation** |

|  |
| --- |
| **Address History (last 5 years)** |
| **You** |
| **Address (including postcode)** | **Date From**  | **Date To** | **Type of Tenure** | **Reason for loss/leaving** |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
| **Your partner** |
| **Address (including postcode)** | **Date From**  | **Date To** | **Type of Tenure** | **Reason for loss/leaving** |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

|  |
| --- |
| **Your current housing tenure** |
| **Owner-occupier** |  | **Social rented supported housing or hostel** |  |
| **Shared ownership** |  | **Refuge**  |  |
| **Private rented sector: self-contained** |  | **Rough sleeping (in judgement of officer)**  |  |
| **Private rented sector: shared house (HMO)**  |  | **Homeless on release from Custody** |  |
| **Private rented sector: lodging (not with family or friends)** |  | **Homeless on leaving Hospital (psychiatric)** |  |
| **Council tenant** |  | **Homeless on leaving Hospital (general)** |  |
| **Housing Association tenant**  |  | **Temporary accommodation** |  |
| **Armed Forces accommodation** |  | **Student accommodation** |  |
| **Tied accommodation** |  | **NASS accommodation** |  |
| **Looked after children placement** |  | **No fixed abode** |  |
| **Living with parents**  |  | **Caravan / houseboat / tent** |  |
| **Living with family** |  | **Other:** |  |
| **Living with friends** |  |  |  |
| **Please give details:** |
| **Who sleeps in each room?** | **Occupants** | **Age & Sex** | **Bedroom size** **Standard or small double Standard, small or box single** |
| **Bedroom 1** |  |  |  |
| **Bedroom 2** |  |  |  |
| **Bedroom 3** |  |  |  |
| **Bedroom 4** |  |  |  |
| **Bedroom 5** |  |  |  |
| **Living room** |  |  |  |
| **Dining Room** |  |  |  |
| **If you are renting or living with friends or family** |
| **Type of property** |  |
| **What floor is the property located on (for flats and/or maisonettes)** |  |
| **Size of property** |  | **Shared or sole use** |
| **No. of bedrooms in property** |  |  |
| **No. of bedrooms you have use of**  |  |  |
| **No. of livings rooms in the property**  |  |  |
| **No. of dining rooms you have use of** |  |  |
| **No. of Kitchens**  |  |  |
| **No. of Bathrooms/WC** |  |  |
| **Date you moved in** |  |
| **Name & Address of Landlord/ Friend/Family****Contact Number/Email Address** |  |
| **Is the landlord resident at the property** |  |
| **What type of agreement do you have?****(Living with friends/family, License, AST,** **Assured/Secure Tenancy, Tied Accommodation etc.).** |  |
| **Do you have a written agreement** |  |
| **Is this fixed term or periodic**  |  |
| **If fixed term, when does it expire** |  |
| **Is the agreement in joint or sole names** |  |
| **How much is the rent** |  |
| **How much Housing Benefit / housing element of UC do you get** |  |
| **How much do you owe in rent arrears** |  |
| **Have you been given any written/verbal notice to leave?** |  |
| **The type of notice** |  |
| **When was it served** |  |
| **When does it expire** |  |
| **Has the landlord served you with these documents:**  | **Gas Safety Certificate** | **Yes**  | **No** |
| **Energy Performance Certificate** | **Yes**  | **No** |
| **Deposit Protection Certificate** | **Yes**  | **No** |
| **Prescribed Information** | **Yes**  | **No** |
| **How to Rent guide:**  | **Yes**  | **No**  |
| **When is it dated** |  |
| **Has any court action started** |  |
| **Court Orders Dates** |  |
| **Bailiff Warrant Dates** |  |
| **Have you made any arrangements with Landlord/Friend/Family****Please describe.** |  |
| **Why do you think you have been given notice?****Please describe.** |  |

|  |
| --- |
| **If you are an owner occupier/shared ownership** |
| **Date you moved in** |  | **Maintenance/service charges** |  |
| **Are you a Joint or Sole Owner**  |  | **Do you have a second loans** |  |
| **What is the value of the property** |  | **Do you have mortgage arrears** |  |
| **Amount of Outstanding mortgage** |  | **Date of last payment** |  |
| **What are your monthly repayments** |  | **Negative Equity** |  |
| **What are you endowment payments** |  | **Has court action started** |  |
| **Type of mortgage** |  | **Court Hearing Dates** |  |
| **Do you have any equity** |  | **Court Orders Dates** |  |
| **What is your current interest rate** |  | **Bailiff Warrant Dates** |  |
| **Shared ownership rent** |  | **Arrangements made with Lender** |  |
| **Name & Address of Lender****Contact Number** |  |

|  |
| --- |
| **Describe your households housing situation in your own words: (please provide as much detail as possible.)** |
|  |

|  |
| --- |
| **Describe what help you think you need with your households housing situation and how you think the council can assist you: (please provide as much detail as possible.)** |
|  |

|  |
| --- |
| **Your local connection with this borough**  |
| **Have you or your partner lived in the borough for 6 months out of the last 12 months.**  | **Yes** | **No** |
| **Have you or your partner lived in the borough for 3 years out of the last 5 years.** | **Yes** | **No** |
| **Do you or your partner have permanent employment in the borough** | **Yes** | **No** |
| **Do you or your partner have close family relatives (mother, father, brother, sister or adult child) who has lived in the borough for at least 5 years.** | **Yes** | **No** |
| **Other Special Reason**  | **Yes** | **No** |
| **Using the above criteria do you consider you have a local connection with any other area** | **Yes** | **No** |
| **If yes to any of these questions please provide details:** |

|  |
| --- |
| **Part 3 - Understanding your financial circumstances** |

|  |
| --- |
| **Employment** |
|  | **You** | **Partner** | **Household member 1** | **Household member 2** | **Household member 3** | **Household member 4** |
| **Job title / occupation** |  |  |  |  |  |  |
| **Employer name /address** |  |  |  |  |  |  |
| **Start date of employment** |  |  |  |  |  |  |
| **Gross Salary** |  |  |  |  |  |  |
| **Net Salary** |  |  |  |  |  |  |
| **Hours / week** |  |  |  |  |  |  |
| **Pay frequency** |  |  |  |  |  |  |
| **Child care costs / child** |  |  |  |  |  |  |

|  |
| --- |
| **Other Income** |
| **Type of Welfare Benefit** | **You** | **Frequency received** | **Partner** | **Frequency received** | **Household member 1** | **Frequency received** |
| **Universal Credit (UC)** |  |  |  |  |  |  |
| **Housing element of UC** |  |  |  |  |  |  |
| **Housing Benefit** |  |  |  |  |  |  |
| **Council Tax Benefit** |  |  |  |  |  |  |
| **Child Tax Credit** |  |  |  |  |  |  |
| **Child Benefit** |  |  |  |  |  |  |
| **Working Tax Credit** |  |  |  |  |  |  |
| **Income Support** |  |  |  |  |  |  |
| **Job Seekers Allowance** |  |  |  |  |  |  |
| **ESA/Incapacity Benefit** |  |  |  |  |  |  |
| **DLA/PIP – Amount, Rate & type** |  |  |  |  |  |  |
| **State Pension/Pension Credit** |  |  |  |  |  |  |
| **Retirement Pension – Employer** |  |  |  |  |  |  |
| **Bereavement Benefits**  |  |  |  |  |  |  |
| **Carers Allowance** |  |  |  |  |  |  |
| **Maintenance** |  |  |  |  |  |  |
| **Money from people who live with you** |  |  |  |  |  |  |
| **Other:(please specify)** |  |  |  |  |  |  |
| **Other:(please specify)** |  |  |  |  |  |  |
| **Type of Welfare Benefit** | **Household member 2** | **Frequency received** | **Household member 3** | **Frequency received** | **Household member 5** | **Frequency received** |
| **Universal Credit (UC)** |  |  |  |  |  |  |
| **Housing element of UC** |  |  |  |  |  |  |
| **Housing Benefit** |  |  |  |  |  |  |
| **Council Tax Benefit** |  |  |  |  |  |  |
| **Child Tax Credit** |  |  |  |  |  |  |
| **Child Benefit** |  |  |  |  |  |  |
| **Working Tax Credit** |  |  |  |  |  |  |
| **Income Support** |  |  |  |  |  |  |
| **Job Seekers Allowance** |  |  |  |  |  |  |
| **ESA/Incapacity Benefit** |  |  |  |  |  |  |
| **DLA/PIP – Amount, Rate & type** |  |  |  |  |  |  |
| **State Pension/Pension Credit** |  |  |  |  |  |  |
| **Retirement Pension – Employer** |  |  |  |  |  |  |
| **Bereavement Benefits**  |  |  |  |  |  |  |
| **Carers Allowance** |  |  |  |  |  |  |
| **Maintenance** |  |  |  |  |  |  |
| **Money from people who live with you** |  |  |  |  |  |  |
| **Other:(please specify)** |  |  |  |  |  |  |
| **Other:(please specify)** |  |  |  |  |  |  |

|  |
| --- |
| **Financial details – accounts inc. bank, post office, building society, investments, stocks, shares, bonds, decentralised finance etc.**  |
|  | **You** | **Partner** | **Household member 1** | **Household member 2** | **Household member 3** | **Household member 4** |
| **Account** **Sort code** **Balance** |  |  |  |  |  |  |
| **Account** **Sort code** **Balance** |  |  |  |  |  |  |
| **Account** **Sort code** **Balance** |  |  |  |  |  |  |
| **Account** **Sort code** **Balance** |  |  |  |  |  |  |
| **Account** **Sort code** **Balance** |  |  |  |  |  |  |

|  |
| --- |
| **Household debts (including loans / HP etc.)** |
| **Person** | **Amount owed** | **Debt to who / details** | **Repayment arrangements?** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

|  |
| --- |
| **Part 4 - Understanding your health, social & support circumstances** |

|  |
| --- |
| **Medical** |
| **Have you been diagnosed with any health conditions? (e.g., physical, or mental condition). Please list the conditions if applicable.** |
|  |
| **If the above question is answered, what medical professional diagnosed the above conditions and how long have these been active? (e.g., psychiatrist provided the diagnosis 5 years ago).** |
|  |
| **Are you in receipt of any prescribed medication for the above listed conditions? (If applicable) Please provide the name of the medication and the required dosage prescribed?** |
|  |
| **Are you able to take this medication yourself or do you require assistance in doing this?** |
|  |
| **Are you undergoing any treatment or linked in with any medical services at present for the above listed conditions? (e.g., talking therapies or physiotherapy).** |
|  |
| **In what way are do your medical conditions affect your current situation?** |
|  |
| **How does the above listed conditions (if applicable) affect your day-to-day activities?** |
|  |
| **Are you able to manage/navigate stairs unaided? If so, please specify how many steps.** |
|  |
| **Do you require any the use of walking aids?** |
|  |
| **How far do you feel you can walk without and assistance/aid? (e.g. to the shops and back).** |
|  |
| **Are you in receipt of any current care plan or package from any professional agencies?** |
|  |

|  |
| --- |
| **Hospital Admission, Attendance and Treatment** |

|  |
| --- |
| **Have you been admitted to hospital within the last 5 years?** |
|  |
| **If the above answer is yes, what had you been admitted to hospital for and what hospital did you attend?** |
|  |
| **How long did you spend in hospital as a patient?** |
|  |
| **Had you been referred to any services following your discharge from hospital?** |
|  |

|  |
| --- |
| **COVID questions** |
| **Are you or anyone in your household symptomatic** |  |
| **Have you or anyone in your household tested positive** |  | **Date:** |
| **Have you been tested recently** | **Date:**  | **Result:** |
| **Are you or anyone in your household shielding** |  |

|  |
| --- |
| **Alcohol and / or street /prescription drugs use** |
| **Do you take any illegal drugs/narcotics? If so, please list the type of drugs consumed and frequency of this (e.g., cannabis daily).** |
| **Do you have a history of drug abuse? If so, please state when this began.** |
| **Are you linked in with drug/substance abuse services? If so, please list the service along with contact details, and how often you attend.** |
| **Are you currently prescribed with any medication to manage your drug addiction/abuse? If so, please list the medication along with the dosage prescribed?** |
| **Have you ever attended or been admitted to rehab? If so please state when this was, how long for and why you left this.** |
| **Do you consume any alcohol? If so, then please list the type of alcohol consumed (e.g., spirits, wine, lager) and the quantity consumed over a specific time frame (e.g., weekly or daily).** |
| **Are you linked in with alcohol recovery services? If so, please list the service along with contact details, and how often you attend.** |
| **Have you ever attended or been admitted to a dry house? If so please state when this was, how long for and why you left this.** |

|  |
| --- |
| **Your GP & Linked Services** |
| **Name of Family Member** | **Name of GP** | **GP Surgery Address** |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

|  |
| --- |
| **Criminal or Anti-Social Behaviour** |
| **Have you or any other member of your household been convicted of a criminal offence or served a prison sentence?** | **Yes**  | **No** |
| **Is the above question is yes, then please list the offence(s), including the time served within prison?** |  |
| **Are you/they subject to licence or supervision by the Probation Service? If so please provide the contact details for your probation officer.** |  |
| **Have you or any other member of your household had any action taken against you/ them for Anti-Social Behaviour?** | **Yes**  | **No** |
| **Are there any known risk issues that the Council should be aware of? (E.g. risk to self, risk to others).** | **Yes**  | **No** |
| **If yes to above Housing of Offenders Referral & Risk assessment form needs to be completed by Offender Manager** |  |
| **Do you have any upcoming court hearings to attend?** |  |

|  |
| --- |
| **Your support networks** |
| **Are you or any member of your household in contact with any organisations listed below?** |
| **Agency/Organisation** | **Family Member** | **Professional Name** | **Address / email** | **Telephone Number** |
| **Social worker**  |  |  |  |  |
| **Solicitor** |  |  |  |  |
| **Probation Officer**  |  |  |  |  |
| **Youth Offending** |  |  |  |  |
| **Domestic Abuse Support** |  |  |  |  |
| **Personal Adviser** |  |  |  |  |
| **Other - List Agency/Organisation:** |  |  |  |  |

|  |
| --- |
| **Armed Forces** |

|  |
| --- |
| **Have you previously served in the armed forces?** |
| **Answer:** |
| **If the above answer is yes, please provide dates of undergone services and reason for leaving?**  |
| **Answer:** |

|  |
| --- |
| **Do you or any member of your household have any needs as result of the following?** |
| **Care leaver aged 18-20 yrs.** |  | **Drug dependency needs** |  | **Physical ill health and disability**  |  |
| **Care leaver aged 21+ yrs.** |  | **Alcohol dependency needs** |  | **Mental Health Problems** |  |
| **Young person aged 16-17 yrs.** |  | **Offending history** |  | **Learning Disabilities**  |  |
| **Young person aged 18-25 yrs. requiring support to manage independently** |  | **At risk of/has experienced sexual abuse/exploitation** |  | **Sensory Impairment**  |  |
| **Young parent requiring support to manage independently** |  | **At risk of/has experienced domestic abuse** |  | **Old age**  |  |
| **Access to education, employment or training** |  | **At risk of/has experienced abuse/harassment (non-domestic abuse)** |  | **History of repeat homelessness** |  |
| **Please provide details:** |

|  |
| --- |
| **Your children’s needs** |
| **If your children have any specific heath issues, special education needs or if they are involved with Children Services please provide details?** |
|  |
| **If any of your children are on the Child Protection Register/Child in Need or receiving assistance Early Help or subject to a TAC/F? (Team around a family / Child) please provide details?**  |
|  |

|  |
| --- |
| **Schools**  |
| **What school or nursey do you children attend?** |
| **Name of child** | **School**  | **Level/ Stage of education** |
|  |  |  |
|  |  |  |
|  |  |  |
| **Is there anything else we need to know concerning their education, such as whether they are at a key stage or undertaking exams**? |

|  |
| --- |
| **Risk of harm** |
| **Do you consider that you or any member of your household are or may be at risk in any part of the borough (or anywhere else)**  |
| **Please describe:** |
| **What violence of threats of violence/ intimidation or harassment are you currently fleeing?**  |
| **Please describe:** |
| **Please use the space below to provide details of police involvement, crime reference numbers and any injunctions, bail conditions or DVPN/Os (domestic violence protection notices /orders)** |
| **Please describe:** |
| **Are there any areas you believe are not safe for you? If so, please list these areas with reasoning.** |
| **Please describe:** |
| **Have you approached any other local authority/council in relation to your housing situation? If the answer is yes, please list the name of the approached authority and date of approach.** |
| **Please describe:** |

|  |
| --- |
| **Emergency Contact Details** |
| **Do you what to nominate someone who we can contact in an emergency?**  |
| **Name** | **Relationship** | **Address** | **Contact Number** |
|  |  |  |  |
|  |  |  |  |
| **I/We are happy for the Council to discuss my/our application with the person(s) named below.** |
| **Name** | **Relationship** | **Address** | **Contact Number** |
|  |  |  |  |
|  |  |  |  |

|  |
| --- |
| **Part 5 - Capabilities and Management of Day-to-Day Activities** |

|  |
| --- |
| **Are you able to red and write in English?** |
| **Answer:** |
| **Is English your first language? If not the, please list what is** |
| **Answer:** |
| **Are you able to and know how to use public transport?** |
| **Answer:**  |
| **Do you socialise regularly? If so, please list below (e.g., go to the cinema, see friends, go to the beach).** |
| **Answer:** |
| **Are you able to and know how to use a mobile phone?** |
| **Answer:** |
| **Are you able to and know how to use emails? (e.g., send, receive, and access emails).** |
| **Answer:** |
| **Do you know how to use the internet?** |
| **Answer:** |
| **Do you consider yourself to have any learning difficulties or disabilities?** |
| **Answer:** |
| **Are you able to and know how to wash and dress yourself?** |
| **Answer:** |
| **Are you able to and know how to go food shopping?** |
| **Answer:** |
| **Are you able to and know how to prepare meals?** |
| **Answer:** |
| **Have you ever slept on the street?** |
| **Answer:** |
| **What would you do if the council did not provide you with emergency accommodation?** |
| **Answer:** |
| **Are you able to budget your income so that it can last from one payment to the next?** |
| **Answer:** |
| **Have you ever slept rough? If yes, how many nights have you slept rough in the last year and what age where you when you first slept rough?**  |
| **Answer:** |

|  |
| --- |
| **Part 6 – Household Support** |

|  |
| --- |
| **Do you receive any support from family or friends?** |
| **Answer:** |
| **If the above question is answered, then what form of support do they provide? (e.g., emotional, practical, financial and/or social support)** |
| **Answer:** |
| **How often do you receive this support? (e.g., daily, weekly, monthly, or whenever required)** |
| **Answer:** |
| **Do you provide any support or care to others? (e.g., family and/or friends).** |
| **Answer:** |
| **Do you feel this support would continue if you were to become homeless?**  |
| **Answer:** |
| **Do you feel that you require any support from agencies? (e.g., floating support, tenancy sustainment)** |
| Answer: |
| **Do you feel you would like support in managing your financial affairs?** |
| **Answer:** |

|  |
| --- |
| **Do you feel there is anything else you need to disclose?** |

|  |
| --- |
| EEBC%20black%20solid **Declaration & Authorisation Form** |
|  | **Your details** | **Your partner’s details** |
| **Full name:** |  |  |
| **Address****Postcode:** |  |  |
| **Sex:** |  |  |
| **Date of Birth:** |  |  |
| **National insurance number:** |  |  |
| **Declaration & Authorisation**I/We declare that the information I/We have given in the interview/on this form is correct. I/We understand that it is an offence to knowingly or recklessly make a statement, which is false, or withhold relevant information. I/We also understand that I/we may be liable for prosecution if any information is subsequently found to have been false or withheld. This could result in my/our application being cancelled, any offer or nomination to a property being withdrawn and/or prosecution and a fine of up to £5,000. **Change of Circumstances**You must notify the Housing Services in writing of any changes of circumstances that may affect your application. For example, you may change your name, move address, have a baby, or someone living with you may move out. If you do not advise us of change of circumstances it may have a detrimental effect on your application. I/We will advise the Council in writing of any changes in circumstances which occur whilst my/our application is active.**Data Protection, Collecting and Sharing Information**All personal data held by the Council is subject to the Data Protection legislation and is treated with confidentiality. You have a legal right to see your file and correct any inaccuracies. We will copy your file for you, but we will charge a fee to cover the cost of administration (£10 per file). I/We give my/our permission for Epsom & Ewell Borough Council to record and store my/our personal information in accordance with the Data Protection legislation. I/We give consent to the Council to process sensitive personal data held about me/us as necessary, for example health information. In order to verify and assess my/our application and prevent and detect fraud I/We authorise Epsom & Ewell Borough Council to make enquiries, request and share information relevant to my/our housing situation.I understand that this will involve contracting, requesting information from and sharing information with Social Housing providers and support agencies, local Councillors, Citizens Advice Bureaux, Local Authorities, Social Services, the Police and Probation Services, Solicitors, current/former landlords or agents, the Benefit Agency (DWP), Doctors and other health professionals including the Primary Care Trusts. This may also include making enquiries with credit checking agencies and the Land Registry. As part HomeChoice information is shared with our East Surrey HomeChoice partners: Mole Valley District Council; Tandridge District Council and Reigate & Banstead Borough Council.***I have given verbal consent over the phone / virtually signed consent:***Signature (Applicant ): -------------------------------------------------------------------------Date: -------------------------Signature (Partner): ----------------------------------------------------------------------------Date: ------------------------- |

|  |
| --- |
| **Equality monitoring information** |
| Your information helps us to ensure no one is discriminated against because of their gender, age, religion, ethnicity, sexual orientation, gender identify, marital status or disability. We are able to use the analysis of the information provided under this section to improve our practices, policies and to target our resources. This section is not compulsory to fill however it will help the Council to improve its services. Data on age, marital status and ethnicity has already been collected in the main form

|  |  |  |
| --- | --- | --- |
| **Religion or Belief** | **You** | **Your partner**  |
| Buddhist |  |  |
| Christian |  |  |
| Hindu |  |  |
| Jewish |  |  |
| Muslim |  |  |
| Sikh |  |  |
| No Religion |  |  |
| Prefer not to say |  |  |
| Any other religion or belief |  |  |

|  |  |  |
| --- | --- | --- |
| **Do you identify as a;**  | **You** | **Your partner**  |
| Man |  |  |
| Woman |  |  |
| Other |  |  |

|  |  |  |
| --- | --- | --- |
| **Is your gender identity different from the sex you were assigned at birth?** | **You** | **Your partner**  |
| Yes |  |  |
| No |  |  |
| Prefer not to say |  |  |

|  |  |  |
| --- | --- | --- |
| **Sexual Orientation** | **You** | **Your partner**  |
| Heterosexual/straight |  |  |
| Bisexual |  |  |
| Gay man |  |  |
| Gay woman/lesbian |  |  |
| Other |  |  |
| Prefer not to say |  |  |

|  |  |  |
| --- | --- | --- |
| **Do you believe you have a disability according to the Equality Act?** | **You** | **Your partner**  |
| The Equality Act 2010 states that "a person has a disability for the purposes of the Act if he/she has a physical or mental impairment which has a substantial and long term adverse effect on his/her ability to carry out normal day-to-day activities. |
| Yes |  |  |
| No |  |  |
| Prefer not to say |  |  |

 |

Once you have completed the above, please email it back to Housing@epsom-ewell.gov.uk

If you have any questions, please do get in touch.