

# SOUTHERN SHELTERED HOUSING JOINT BOARD

## Housing Waiting List Application Form (Older Persons)

<b>1. Details of Applicant/s</b>	
<b>Applicant 1</b>	<b>Applicant 2</b>
Name:	Name:
Married/Single/Divorced/Widowed (delete as necessary)	Married/Single/Divorced/Widowed (delete as necessary)
Address:	Address:
Date of Birth:	Date of Birth:
Age:	Age:
Telephone No.	Telephone No.

<b>2. Period of Residence in the Isle of Man:</b>			
<b>2.1 How long have you been a resident on the Island?</b>			
<b>Applicant 1</b>		<b>Applicant 2</b>	
<b>Years</b>	<b>Years</b>		
Please specify all addresses and dates of residence on the Island:			
.....			
.....			
.....			
.....			
.....			
.....			
.....			
.....			
.....			
<b>2.2 Were you born on the Isle of Man?</b>			
<b>Applicant 1</b>		<b>Applicant 2</b>	
<b>YES</b>	<b>NO</b>	<b>YES</b>	<b>NO</b>
<b>2.3 Are you the owner or tenant in your current accommodation: (please tick box below)</b>			
<b>Applicant 1</b>		<b>Applicant 2</b>	
<b>Owner</b>	<b>Tenant</b>	<b>Owner</b>	<b>Tenant</b>

**3. WEEKLY INCOME:** Please enclose with this form your last 3 payslips or benefit slips and your most recent Income Tax return to confirm your weekly or monthly income. If you are self-employed you will need to show your audited accounts for the previous two years or tax returns

	You	Your spouse/partner/fiancé
Basic Wage	£	£
Regular Overtime	£	£
Pension	£	£
Benefits	£	£
Other Income	£	£

<b>4. Assets, Savings &amp; Investments</b>			
Do you or your partner have property assets and/or savings/investments in excess of <b>£349,950</b> ? <i>(this includes savings/investments from all sources and should include the current value (less outstanding mortgage) of your property/ies or the proceeds of the sale of a previous property whether solely or jointly owned)</i>		<b>YES</b>	<b>NO</b>
<b>4.1 Property Ownership</b>			
Do you or your spouse/partner own or hold a financial interest either solely or jointly with others in property/ies or land?		<b>YES</b>	<b>NO</b>
If yes, please provide address/es of property/land:			
Current value of property/ies	£		
Mortgage outstanding	£		
Other loans outstanding (where secured on property or land)	£		
<b>4.2 Savings &amp; Investments</b>			
What is the total value of any savings/investments you/your spouse/partner hold <b>in addition</b> to the value of property/land as declared at section 4.1. above		£	

*NB. you will be required to provide evidence on demand of the current value of all property, savings and investments that you or your spouse/partner/fiancé hold*

<b>5. Disposal of financial assets and/or property holdings</b>			
Have you or your spouse/partner/fiancé gifted property or financial assets in your ownership e.g. passing them on to family members/friends, in the 10 year period preceding this application?		<b>YES</b>	<b>NO</b>
If YES, please provide brief details			

**6. Any other person requiring housing with you**

	Name:		Date of Birth:	
	Relationship to applicant:			
Their basic wage	£	Benefits	£	
Regular overtime	£	Other Income	£	
Pensions	£			

**7. Health and welfare**

Older Persons (Sheltered) Housing is not a substitute for a care home or nursing home and requires tenants to be able to meet all responsibilities of holding their own tenancy. Are you and your spouse/partner/fiancé able to live independently?

<b>YES</b>	<b>NO</b>
------------	-----------

Do you or your spouse/partner/fiancé suffer from a disability or medical condition which is impacted by your current housing or have special needs which will necessitate a particular type of accommodation e.g. level access?

<b>YES</b>	<b>NO</b>
------------	-----------

**If YES, please ask any health or welfare professional who is involved in your care to complete a Support for Housing form on your behalf. If you have mobility issues an Occupational Therapy assessment will be required – you can arrange this via your GP or by self-referral**

**8. Current tenancy issues (as applicable)**

If you are currently tied into a private lease with a landlord what date does the lease expire?

**Date:**

Are you under a Notice to Quit? **YES** **NO** If YES, is it for rent arrears?

<b>YES</b>	<b>NO</b>
------------	-----------

Has an application been made to the Court for a Possession Order against you?

<b>YES</b>	<b>NO</b>
------------	-----------

*If yes to either of the above, you must supply a copy of the Notice to Quit or Possession Order*

**9. Pets**

Have you any pets?

<b>YES</b>	<b>NO</b>
------------	-----------

If yes please specify:

It should be noted, dogs are not generally accepted but the Board will consider each case on its own merits.

**10. Particulars of Accommodation Required (please tick the appropriate option box)**

I/we can only manage in ground floor accommodation ☐

I/we do not mind whether the accommodation is ground floor or upstairs ☐

I/we can only access upstairs accommodation by a lift/stair lift ☐

**Preferred Area (please circle): Port St Mary - Port Erin – Castletown - No Preference**

**11. Have you applied to any other Local Authority for accommodation?****YES****NO**

If yes, please provide details:

.....

.....

.....

**12. Declaration****PLEASE READ THE FOLLOWING CAREFULLY BEFORE SIGNING THE DECLARATION BELOW**

Allocation of properties is undertaken using a pointing system common to all Older Persons (Sheltered) Housing Authorities on the Island. You will be awarded points based on your length of residency, association with the local area, time on waiting list, income and assets, and adequacy of your current accommodation. Unjustified refusal of a tenancy and a recent history of rent arrears may result in a deduction of points awarded. You must let us know of any significant changes in your circumstances immediately as this may affect your position on the Housing Waiting List.

**Please note** it is an offence under Schedule 3 (3A) of the Housing (Miscellaneous Provisions) Act 1976 if a person, for the purpose of obtaining public sector housing, makes a statement or provides information knowing it to be false.

**DECLARATION**

To the best of my/our knowledge and belief, the information provided in respect of my/our application for public sector housing is correct and complete. I understand that if any information I/we provide is found to be deliberately or carelessly misleading or false it will prejudice the granting or retention of any tenancy and could lead to prosecution.

I/we consent to Southern Sheltered Housing Joint Board contacting the persons or agencies referred to in this form and making other such enquiries as may be necessary in order to validate the information I/we have provided so that my/our application may be processed in accordance with the Tynwald criteria for access to public sector Older Persons housing approved under Schedule 3 (1A) of the Housing (Miscellaneous Provisions) Act 1976.

Signature of  
Applicant 1Print  
Name:

Date:

Signature of  
Applicant 2Print  
Name:

Date:

Please return the completed form to:

The Housing Officer, Southern Sheltered Housing Joint Board, Commissioners Office, The Promenade, Port St Mary, Isle of Man. IM9 5DA. Tel: (01624) 832101.

## Appeals Procedure

If your application is refused you should write to Southern Sheltered Housing Joint Board seeking a review of the decision to refuse. If that decision is upheld by the Committee, you may then seek an appeal against that decision by writing to the Housing Directorate, Housing Division, Department of Infrastructure, 2<sup>nd</sup> Floor, Markwell House, Market Street, Douglas IM1 2RZ.

## Additional Information

If you are unable to complete the form or provide any necessary enclosure(s) you should seek the advice of the Housing Officer. Receipt of this form does not imply acceptance onto the Housing Waiting List. You will be notified of the decision in writing.

Allocation of properties is undertaken using a pointing system common to all housing authorities on the Island. You will be awarded points based upon your length of residence, time on the waiting list, income and adequacy of your current accommodation. Unjustified refusal of an offered tenancy and previous accumulative rent arrears may result in deduction of points awarded. You must let us know immediately of any change of address and significant changes in your circumstances as this may affect your point allocation.

Southern Sheltered Housing Joint Board will use the information it obtains from clients for administration in connection with its statutory functions and the provision of any other services to its clients, including marketing, auditing, research, risk assessment, fraud and crime prevention. In administering the Department or any services provided to the client, Southern Sheltered Housing Joint Board may share the information concerning the client with government and other statutory agencies only where there is a statutory requirement to do so, and with agents operating under confidentiality agreements.

Subject to the above, and unless it has the right or duty to disclose or is permitted or compelled to do so by law, Southern Sheltered Housing Joint Board shall not disclose any information about the client without prior consent of the client or an authorised person.

The client has a right to see a copy of the records relating to them that Southern Sheltered Housing Joint Board control and to have any errors corrected. To see a copy of their records the client should apply in writing to the Data Protection Officer. A fee of up to £10 may be charged for such access.

**Please include copies of the following documents with your completed application form:**

- **Proof of Income** - Please enclose with this form your last 3 payslips or benefit slips and your most recent Income Tax return to confirm your weekly or monthly income. If you are self-employed you will need to show your audited accounts for the previous two years or tax returns.
  - **Proof of Savings & Investments** – Please enclose copies of your last three most recent bank statements for all accounts held by you.
  - **Health & Welfare** - If you have mobility/health/welfare issues, please enclose the Support for Housing Form completed by your Health/Welfare professional.
  - **Notice to Quit/Possession Order** – If you have been served with a Notice to Quit or a Possession Order, please provide a copy of the Notice/Order.
- 
- **Original documents can be brought into the office for copying if required.**

