

St Helena Government

**Housing Application Form**

|  |  |
| --- | --- |
| Date of Application |  |
| NAME |  |
| Date of Birth |  |
| Current Address |  |
| Telephone number |  |

**Your household**

Please give your details and those of everyone who wants to be housed with you

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | First Name | Last Name | Relationship | Date of birth | Sex (M/F) |
| 1 |  |  |  |  |  |
| 2 |  |  |  |  |  |
| 3 |  |  |  |  |  |
| 4 |  |  |  |  |  |
| 5 |  |  |  |  |  |
| 6 |  |  |  |  |  |

**Other Income**

Please give details all forms of income that you receive:

|  |  |
| --- | --- |
| **Source of Income** | **£** |
| Salaries/pensions – applicant 1 |  |
| Amount of savings – applicant 1 |  |
| Salaries/pensions – all others seeking housing |  |
| Amounts of savings - all other applicants |  |
| Any other source of income |  |

**St Helenian Status**

|  |  |
| --- | --- |
| Do you and every member of your household have St Helenian status? |  |
| If NO, please explain |

**Details of where you live now**

|  |  |
| --- | --- |
| Address |  |
| How many bedrooms does it have? |  |
| Do you share it with anyone else other than the people listed above? If so please give details. |  |
| What condition is the house in? Does it suffer from any of the following: | Lots of repairs needed |  |
| Is there electricity supply |  |
| Is there an outside toilet only |  |
| Is there a bathroom |  |
| Is there a kitchen |  |
|  |  |
| If ‘yes’ please describe |  |
| Are there any other difficulties with your home? If so please describe. |  |

**Other housing information**

|  |  |
| --- | --- |
| Have you or a member of your household ever been a government tenant before? |  |
| Do you or any member of your household own or have a right to occupy a home or own land anywhere else (including matrimonial homes and homes overseas )? |  |
| If the answer to any of the questions above is YES please can you explain below: |
|  |
| **Previous addresses** |
| Address | When did you leave? | Why did you leave? |
|  |  |  |
|  |  |  |
|  |  |  |

**Areas of Choice**

|  |
| --- |
| Which districts would you would prefer to live in? *Please note that we have very few vacancies a year and so the more places you choose to live in the more likely we will be able to assist you.* |
| Jamestown |  |
| Half Tree Hollow |  |
| Longwood |  |
| Levelwood |  |
| St Pauls |  |

Please note that there are no government homes in Sandy Bay, Alarm Forest or Blue Hill)

**Medical Conditions**

|  |
| --- |
| Do you, or a member of your family suffer from a permanent medical condition or disability which is affected by the home you live in? **You will need to provide a medical certificate/report supporting your application.** (An example of this would be a person being housebound in a flat because they cannot cope with the stairs)If “YES” please explain below: |
|  |

**Other Information**

Please indicate if you or any other persons listed on this application form, ever been evicted from previous accommodation?

Yes  No

If “YES”, please give details of eviction and the reason why it happened.

Please advise if you or any persons listed on this application have any previous convictions, cautions, reprimands or warnings?

YES  NO

If “YES”, please provide details:

|  |
| --- |
|  |

**Reasons for your application**

|  |
| --- |
|  |

**Collection and Use of Data**

The Housing Office will use the data which you have supplied to assess and administer your housing application. Data may be shared with other government agencies for the purpose of the prevention and detection of fraud.

The Housing Office may for the purpose of its functions request and obtain information from other government agencies in relation to tenants or prospective tenants and any other person the Housing Office considers may be engaged in anti-social behaviour including any other criminal acts.

**Declaration**

**I confirm that the information above is accurate and wish to apply for government housing. I understand that if I have given false information my application will be withdrawn or if housed I may be asked to leave.**

**Please read the declaration carefully and sign and date it when you are satisfied that you understand it. Please note that an application will only be accepted when this declaration has been signed.**

**Declaration**

I/We declare that the information and particulars given by me/us on this application are true and correct.

I/We undertake to notify the Housing Office of any change in my/our household circumstances (e.g. address, household size, medical conditions etc.)

I/We also authorise the Housing Office to make whatever enquiries it considers necessary to verify details of my /our application.

I am/We are aware that supplying false and misleading information is an offence liable to prosecution.

Signed (applicant 1)………………………………………………………………………

Name(in block capitals) ………………………………………………………………………

Dated …………………………………………………………………...….

Signed (applicant 2)………………………………………………………………………

Name(in block capitals) ………………………………………………………………………

Dated …………………………………………………………………...….

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**Please return this form to the Housing Office, Essex House, Jamestown.**

**OFFICE USE**

|  |  |
| --- | --- |
|  | Signed (officer) |
| St Helenian Status |  |
| Birth certificates seen |  |
| Proof of Incomes obtained and eligible on income grounds |  |
| Is there a housing need? |  |
| Is there a medical priority? |  |
| Application added to register |  |
| Applicant informed of status in writing |  |