Supporting documentation will have to be provided to the Housing Office.

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	Relation ship	Date of birth	Sex (M/F)
1					
2					
3					
4					
5					
6					

Other Income

Please give details <u>all</u> 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	

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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:	

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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:

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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:

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Reasons for your application

Supporting documentation will have to be provided to the Housing Office.

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	