

(THE HOUSING ACTS 1955 TO 1976)

BOROUGH OF DOUGLAS
HOUSING APPLICATION FORM
 CONFIDENTIAL

Please read these notes before completing the application form.

1. Complete in **BLOCK** capitals.
2. All questions must be answered.
3. You or your spouse/partner must have resided in the Isle of Man for a period of at least ten years, five of which must have been spent in the Douglas area.
4. If you are married your application will be joint and any tenancy offered will be joint.
5. If you have a partner or fiancée your application will be joint only if both are residentially qualified.
6. Your total income must not exceed £31,280 per annum, including that of your spouse, partner or fiancée.
7. You should include with this application form any information in support of your application (such as a Notice to Quit, Court Order for possession etc) or provide a written account of your circumstances at section 22.
8. No applications will be considered from people under the age of 18. Single applicants accepted onto the waiting list should be aware that suitable accommodation may be in short supply.
9. If you are self employed you should note that it is not permitted to carry on any trade, profession or business from a public sector property unless with the approval of Douglas Corporation

1. APPLICANT DETAILS

	Applicant	Spouse/Partner/Fiancée
Full Name:	(Surname)	(Surname)
Telephone No:	(Christian names)	(Christian names)

Applicant		Spouse/partner/fiancée	
2. Status:		Single/Married/Widowed/Separated Divorced/Engaged/Partners	Single/Married/Widowed/Separated Divorced/Engaged/Partners
(Delete as appropriate)			
3. Current Address			
4. Date of Birth:			
5. Place of Birth:			
6. No years resident on the Island. Addresses (You should show Addresses and dates that you lived there) Continue on separate sheet if necessary Years Years	
	(From.....to.....)	(From.....to.....)	
	(From.....to.....)	(From.....to.....)	
	(From.....to.....)	(From.....to.....)	
	(From.....to.....)	(From.....to.....)	
	(From.....to.....)	(From.....to.....)	

Applicant**Spouse/Partner/Fiancée**

7. No. years resident in the authority area. YearsYears
8. Occupation. National Ins No.	/ / / /	/ / / /
9. Employer If applicable.		

10. Weekly income at the time of the application

(You will be required to produce three recent payslips to show your weekly or monthly income, or other confirmation as requested. If you are self employed you will need to show your previous two years audit accounts).

Basic Wage:	£	£
Regular Overtime:	£	£
Pension: (Widows Or Retirement)	£	£
Benefits: (Social Security etc)	£	£
Other income:	£	£
(Please Specify)		

11. Savings:

Do you or your Partner have savings in excess of £15,000 (this should include the net result of the sale of a previous property whether solely or jointly owned).

Yes / No**12. Other Persons Requiring Accommodation:**

Number of children in the family (pre-school and in full time education)			
Surname		Age	Male/Female
1.			
2.			
3.			
4.			
5.			

13. Names of any other person requiring housing with you:

	Name:	Name:
	Relationship:	Relationship:
Please supply details of:	£	£
Basic Wage:	£	£
Regular Overtime:	£	£
Pension:	£	£
Benefits:	£	£
Other Income:	£	£

(Please specify the relationship with the applicant, i.e. son/daughter in employment, relative, lodger etc).
 (Continue on separate sheet if necessary)

14. Accommodation Required:

Estate or area in which tenancy is required:

First Choice:

Second Choice:

Third Choice:

If you have no preference please tick here ()

Type of Accommodation Required: (Delete as necessary)
 House
 Bungalow
 Flat

Number of Bedrooms Required: One
 Two
 Three
 More than Three

State if you have any special needs:

15. DETAILS OF PRESENT ACCOMMODATION:

(delete as necessary)

Do you live in rented accommodation?
If No, go to question 16

Yes	No
-----	----

Is the tenancy in your name?
If No, give details of your present circumstances
(such as living with parents, living with friends ect)
Using a separate sheet if necessary.

Yes	No
-----	----

If Yes please complete the following

Is the property a:

Is the property:

If a flat, is the property on the:

How many bedrooms:

	Flat	Bungalow	House
	Furnish	Unfurn	Part
Ground	1 st Floor	2 nd Floor	¾ Floor
1	2	3	Over 3

Do you have central heating?

Coal Fire?

Hot water?

Bathroom for your sole use?

Share bathroom?

Toilet for your own use?

Share toilet?

Yes	No
Yes	No
Yes	No
Yes	No
Yes	No

What is your weekly rent including rates/charges?

£	
Yes	No
Yes	No

Are there any defects in your present accommodation?
If yes have you requested the owner to rectify?

What are these defects?

Please provide details of who owns the property,
The defects and what action has been taken to
rectify them, using a separate sheet if necessary.

16. DETAILS OF PROPERTY OWNERSHIP (if applicable)

Do you or your spouse/partner/fiancée own a property?
If yes is it owned.

Yes	No
Solely	Jointly

Address of property:

Amount of Mortgage/Loans outstanding on the property:
Value of property:

£
£

Have you or your spouse/partner/fiancée previously
owned a property?

Yes	No
-----	----

If yes please provide, under separate cover, details
of the sale showing the address of the property, name
of vendor or vendors, date of sale, net sum after
repayment of mortgage, charges or loans.

17. Special Circumstances Relating To Application

Are any members of your immediate family separated from you because of lack of suitable accommodation?

Yes	No
-----	----

If yes please give details.

18. Do you or any member of your family suffer from a medical condition, which is affected by your present accommodation or which necessitates a particular type or location of accommodation?

Yes	No
-----	----

If yes please give details and supply a Doctor's note of confirmation.

19. Are you under written notice to quit?

Yes	No
-----	----

20. Has an application been made to the courts for a possession order against you?

Yes	No
-----	----

21. Have you or your spouse/partner applied to any other Housing Authority for accommodation?
If yes what was the outcome of that application?

Yes	No
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22. Additional Information

Please provide any additional information which you think may support your application.

(Continue on a separate sheet if necessary)

<p>FOR OFFICE USE: Date Received: / / / Interview Date: / / / Inspection Date / / / <hr/> Considered By: Approved/Refused: Signature: Decision Date: / / /</p>	ACCEPT			PTS
	ELIG.			IOM
	RESIOM			RESIOM
	RESAREA			RESAREA
	INC			J/S
	ADD 1			FAM
	ADD 2			INC
	ADD3			ADEQ
	DIS 1			NTQ
	DIS 2			EMERG
				OTHER
				REF-
				ARRS-
			TOTAL	

**PLEASE READ THE FOLLOWING CAREFULLY BEFORE SIGNING
THE DECLARATION BELOW**

This fully completed form should be taken in person to the address shown below. If you are unable to complete the form or provide any necessary enclosure you should seek the advice of the Housing Office. Receipt of this form does not imply acceptance on to the Housing Waiting List. You will be notified of the decision in writing.

If your application is refused you should write to the Housing Committee seeking a review of the decision to refuse. If that decision is upheld by the Housing Committee you may then seek an appeal against that decision by writing to the Director of Estates and Housing, Department of Local Government and the Environment, Murray House, Mount Havelock Douglas. Your appeal will be heard by the Director of Estates and Housing or in the case of an application for houses owned by the Department, by a member of the Legislature appointed by the Council of Ministers.

Allocation of properties is undertaken using a points system common to all Housing Authorities on the island. You will be awarded points based upon your length of residency, time on the waiting list, marital status, number of children, income and adequacy of your current accommodation. Unjustified refusal of a tenancy and previous accumulated rent arrears may result in deduction of points awarded. You must let us know of any change of address and significant change in your circumstances immediately as this may affect your point allocation.

DECLARATION

To the best of my knowledge and belief the information provided in this application is correct and complete. I/we understand that if any information provided is found to be deliberately or carelessly misleading or false it will prejudice the granting and retention of any tenancy.

I/we have no objection to the Housing Authority, to whom this application is made, making any necessary enquiries to check that any information contained in this application is correct.

Signature of Applicant:

Signature of Joint Applicant:

Date of Application:

Please take this form in person to:
The Housing Office
Town Hall
Ridgeway Street
Douglas.

Housing Application Form - Checklist

Please check that you have completed all the necessary documentation to support your application by ticking in the boxes below.

Please supply original or certified copies of all documents. Wherever possible these items will be photocopied and returned to you while you wait.

	Have you included	<i>Office use only</i>
1. Marriage Certificate (Question 2)	<input type="checkbox"/>	<input type="checkbox"/>
2. Evidence of divorce or legal separation (Question 2)	<input type="checkbox"/>	<input type="checkbox"/>
3. Current Utilities bill or bank statement, or similar showing your present address (Question 3)	<input type="checkbox"/>	<input type="checkbox"/>
4. Birth Certificates for each person to be housed (Questions 4, 5, 12 & 13)	<input type="checkbox"/>	<input type="checkbox"/>
5. Proof of income (min 3 recent payslips inc. benefits) (Question 10)	<input type="checkbox"/>	<input type="checkbox"/>
6. Proof of savings and investments (Question 11)	<input type="checkbox"/>	<input type="checkbox"/>
7. Rent book or name & address of landlord (Question 15)	<input type="checkbox"/>	<input type="checkbox"/>
8. Details of ownership/co-ownership of any property (Question 16)	<input type="checkbox"/>	<input type="checkbox"/>
9. Details of previously owned properties (Question 16)	<input type="checkbox"/>	<input type="checkbox"/>
10. Evidence of immediate family living separately (Question 17)	<input type="checkbox"/>	<input type="checkbox"/>
11. Supporting form from a health professional (Question 18)	<input type="checkbox"/>	<input type="checkbox"/>
12. Notice to Quit or Court Possession Order (Questions 19 & 20)	<input type="checkbox"/>	<input type="checkbox"/>
13. Other evidence/supporting information (<i>please list below</i>)	<input type="checkbox"/>	<input type="checkbox"/>

Checked By:..... Date:.....

Acknowledgement letter sent:..... Date:.....

Special Housing Needs Self-Assessment Form or Support for Re-housing form sent please state:

..... Date:.....