

Monitor Number:



## Housing Application Form

This is an application form for **Shortlife Shared Housing** with Causeway Irish Housing Association. **Please do not fill out this form if you are not interested in applying to live in a shared house.** All rooms offered by Causeway Irish Housing Association are **unfurnished**.

**ALL QUESTIONS MUST BE ANSWERED IN FULL. INCOMPLETE APPLICATION FORMS WILL NOT BE ASSESSED.**

### SECTION 1

Your Name:

Your Address and Postcode:

Telephone:

Date of Birth:

 /  / 

Housing Registration Number:

FOR OFFICE USE

DATE RECEIVED:

IR:  NI:  ID:  REF:

SHORTLISTED:

INTERVIEW DATE:

Male:  Female:

NI No:

Next of Kin:

Address:

Relation to  
You:

Do you have any  
literacy or lan-  
guage issues?

How did you hear  
about Causeway?

## SECTION 2

Are you getting any benefits or waiting to hear  
about benefits you have claimed?

Yes

No

The name of the benefit

How much benefit do  
you receive?

£  per

Are you in employment?

Yes

No

What is the nature of  
your employment?

How much do you get  
paid after tax and Na-  
tional Insurance?

£  per

What is the name and  
address of your em-  
ployer?

  

Do you have a bank account?

Yes

No

## SECTION 3

Where were you born?

If you have emigrated, please state why?

How long have you been in this country?

Are you Irish by:

Birth       Descent       N/A

( Causeway may request evidence of this)

What is your current housing situation?

Have you ever had a mental health problem?

Yes       No

Have you ever had a problem with the misuse of drugs?

Yes       No

Have you ever had a problem with the misuse of alcohol?

Yes       No

Please give a description of your housing history for the past 5 years. Please include dates and locations.

Please give the name and address of your current or most recent landlord.

## SECTION 4

Living in a Causeway shared house requires a degree of independence and a willingness to co-operate.

Do you have any experience of shared housing?

Yes

No

How do you feel about sharing?

  
  

Are you happy to live in shared housing?

Yes

No

Do you have any experience of paying rent / bills and of living independently?

Yes

No

If yes, please give details.

If no, why do think you are ready to live independently?

  

Causeway aims to work against discrimination for all our tenants. We have identified the following groups of people as experiencing housing disadvantage:  
Travellers, Lesbians, Gay men, Women, People living with AIDs or who are HIV positive, Young People, Black People.

How do you feel about sharing with people who have a different lifestyle or experiences from you?

  

## SECTION 5

Do you have any criminal convictions?

Yes

No

If yes, please provide more details?

You must provide a list of offences and a probation report.

Have you ever been involved in a violent incident?

Yes

No

If yes, please give more details?


Do you have any health problems?

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Do you have any current problems with drugs and alcohol?


Do you have a Support Worker, Social Worker, Mental Health Key Worker? Please give details:


Have you ever applied to Causeway, or held a tenancy with Causeway before?

Yes

No

It may help us to place you if you tell us of any current or former Causeway tenants that you know?


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## REFERENCES

Please give the names and addresses of two referees, one of which must be your current / most recent landlord. Character referees must not be relatives or friends.

REFERENCE 1:

Name:

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Position:

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How do you know this person?

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Address:


**REFERENCE 2:**

**Name:**

**Position:**

**How do you know this person?**

**Address:**

  

## IDENTIFICATION

Causeway requires one form of proof of your identity. Failure to supply one of the following identity documents will result in your application not being assessed.

**Birth Certificate**

**Residence Permit**

**Passport**

**Marriage Certificate**

**Immigration and Nationality Directorate documents**

**Driving Licence**

## DECLARATION

I understand that if I have given false information or deliberately left out important information, my application and any future tenancy may be revoked. I give Causeway Irish Housing Association permission to obtain information from third parties in order to assess my application.

**Signed**

**Date**

# FILLING IN THIS FORM FOR SOMEONE ELSE

Please tell us why you are filling in this form for someone else

  

Name of person who filled in this form

Signature of person who filled in this form

Date

FOR OFFICE USE ONLY

## RECOMMENDATIONS:

# EQUAL OPPORTUNITIES

Causeway Irish Housing Association is committed to fair and equitable treatment for applicants. The information on this form is not part of the housing selection process and does not affect your application in anyway. You do not have to answer any of the questions of this section.

Describe your ethnic origin:

What is your sexual orientation?

Bisexual

Hetrosexual

Gay

Lesbian

Undecided

## Disability

The Disability Discrimination Act defines disability as someone who has substantial impairment that has a long-term ( a year minimum) adverse effect on day-to-day activities.

Do you consider yourself to have a disability?

Yes

No

Are you registered disabled?

Yes

No

Thank you for taking the time to complete this form.