

Note to the Local Authority:

PLEASE READ THIS AND PUT A COPY OF THIS DOCUMENT ON MY HOMELESSNESS FILE

**If you do not want to read or keep a copy of this document on my file,
please write your name and reason here and return the form to me:**

Your name:	
Your reason:	

MY HOMELESSNESS APPLICATION

The local authority I am making my homelessness application to is:

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My details

My name is:	
My date of birth is:	
My contact address is:	
My contact telephone number is:	
My e-mail address is:	
I give you permission to share information about my homelessness application with the following people:	

My communication needs		Please tick:
I have difficulties understanding written and spoken English and will need an interpreter		
My language is:		
I have difficulties reading and writing		
I have other communications difficulties		
These are:		

My household

The people I want to include in my housing application are:		
Name	Date of birth	Relationship to me

Eligibility

I am eligible for homelessness assistance because:	Please tick:
I am British	
I have Refugee status	
I have Leave to Remain in the UK with recourse to public funds	
I am European national (or their family member) with a right to reside in the UK that allows me recourse to public funds	
I care for a child whose parent was European and worked in the UK and the child is under 18 and going to school	
About the other people in my household:	
The other people in my household have the same immigration status as me	
The other people in my household have a different immigration status than me	
OR	
I do not think I am eligible for homelessness assistance, but I am homeless would like your help to refer me to other Council services or voluntary agencies that can help me (if you are unsure do not tick this box)	

Homelessness

I am homeless because:	Please tick:
I am or will be street homeless tonight	
I am homeless and have nowhere stable to stay	
I have a home, but it is not safe or reasonable for me (and/or the other members of my household) to continue to stay there	
The reason why it is not safe or reasonable is:	

Priority need

I am in priority need because:	Please tick:
Children live with me and they are either under 16 or under 19 and still in full-time education	
I or someone in my household is pregnant	
I am aged 16 or 17	
I am (or someone in my household is) a care leaver, aged 18 to 20, and I spent time in care when I was aged 16 or 17	
I am (or someone in my household is) vulnerable and at more risk of harm if street homeless because of:	Please tick:
Old age	
Physical health problems or disabilities	
Mental health problems or disabilities	
Learning disabilities	
Fleeing domestic violence or abuse	
Problems still faced as a result of time spent in care, prison or the armed forces	
Problems still faced as a result of other traumatic experiences (e.g. if you are a Refugee, or a victim of human trafficking)	
Problems faced as a result of being homeless or street homeless and that will make it more difficult to get or keep accommodation	
Problems still faced as a result of drug or alcohol problems (eg if street homelessness would mean you were at risk of drinking or using again or not being able to get help for your problems)	
Discrimination or increased risk of harm as a result of your gender, gender reassignment, sexual orientation, race or nationality, lack of English or other issue that means you will struggle more if you are homeless or are at extra risk of harm	
Lack of support from family and friends	
Becoming homeless as a result of a fire or flood or another emergency	
Any other special reason or combination of reasons	

List the special reason or combination of reasons here:	
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OR

I do not think there is anything that makes me more vulnerable than someone else if street homeless and so I do not think I am in priority need (if you are unsure do not tick this box)	
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I NEED AND REQUEST URGENT INTERIM ACCOMMODATION UNTIL YOU MAKE A FINAL DUTY DECISION IN MY CASE.

I have special needs that I need the local authority to consider when deciding what interim accommodation to offer me.

These are my special needs:	
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I am not intentionally homeless because:

My last settled home was:	
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The reason I became homeless from this address was:	
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This was not my fault because (eg I could not afford the rent, my relationship broke down, my circumstances changed, I was not well and not making decisions properly):	
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I have a local connection with this local authority because I or someone in my household:		Please tick:
Has lived in the area for 6 out of the last 12 months or 3 out of the last 5 years		
Are working or self-employed in the area		
Have close family (parents, adult children, or brothers and sisters) in the area		
Have other wider family or friends in the area who are as important to me as close family		
Am/are under 21 and have been in care in the area for at least 2 years		
Am/are under 25 and have been in care and have a Pathway Plan from social services in the area		
Am/are a Refugee and this is the area of my last asylum support address		
Have no local connection with anywhere in the UK		
Have a local connection with another area but I/they would be at risk of domestic violence or abuse if I/they lived there		
Other special reason:		

Any other information

The people who you may want to gather information from as part of your enquiries into my homelessness application and who I am happy for you to contact are:	
Name/Organisation (if applicable)	Contact information (if known)

Any other relevant information

[Empty text box for providing additional information]

My Homelessness Advice Record

I am keeping this record so that I can keep track of who I have spoken to, what advice and help I have been given and when.

Please record here your name, the date, and what action you have taken or advice you have given me.

(Even if you do not want to write anything further please still confirm to me your name and write it down for me and record the reason why you do not want to complete this record).

Please give this sheet back to me.

Date	Name (and organisation, if applicable)	Action/Advice

My Homelessness Advice Record cont.

Date	Name (and organisation, if applicable)	Action/Advice

My Homelessness Advice Record cont.

Date	Name (and organisation, if applicable)	Action/Advice