



# HAFOD CARE ASSOCIATION LIMITED

Registered as a Charitable Housing Association under the Industrial and Provident Societies Act No: 28830R and Registered with the Welsh Assembly Government No. J126

## APPLICATION FORM

Information given will be treated as strictly confidential.  
If you need help to complete the form please contact the Office  
(Details on back of form)

<i>Office use only</i>	
<i>Date received:</i>	<i>Reference:</i>

**1. Personal Details**

Surname: .....

First Name(s).....

Address:.....

.....

.....Postcode: .....

Date of Birth: ..... Telephone: .....

Male  Female  Not declared

Are you related to any member of Hafod Care Limited: Y/N .....

If Yes please give name : .....

**2. Who recommended you to Hafod Care?**

Nominated by Local Authority	<input type="checkbox"/>	Prison/Young Offenders	<input type="checkbox"/>
Housing Dept	<input type="checkbox"/>	Health Service/GP	<input type="checkbox"/>
Social Services	<input type="checkbox"/>	Voluntary Agency	<input type="checkbox"/>
Probation Service	<input type="checkbox"/>	Another Housing Association	<input type="checkbox"/>
Internal Transfer	<input type="checkbox"/>	Friend/Family	<input type="checkbox"/>
Self Referral	<input type="checkbox"/>	Other .....	<input type="checkbox"/>

### 3. Current Situation

People need support for many different reasons. We have listed below the main types of needs which our tenants have. Please tick the one(s) which you feel may apply to you.

I need support from Hafod Care because :

<b>Support Need</b>	This is my <b>main</b> support need ( <i>please tick <b>one</b> box only</i> )	I also need support Because of the following ( <i>tick <b>as many</b> boxes as apply to you</i> )
I am homeless	<input type="checkbox"/>	<input type="checkbox"/>
I have a drinking problem	<input type="checkbox"/>	<input type="checkbox"/>
I have a problem with drugs	<input type="checkbox"/>	<input type="checkbox"/>
I have a gambling problem	<input type="checkbox"/>	<input type="checkbox"/>
I have a mental health problem, or I have been treated for a mental health problem	<input type="checkbox"/>	<input type="checkbox"/>
I have a learning problem	<input type="checkbox"/>	<input type="checkbox"/>
I am under 18	<input type="checkbox"/>	<input type="checkbox"/>
I am a young person (under 18) leaving care	<input type="checkbox"/>	<input type="checkbox"/>
I am over 65 and need Support	<input type="checkbox"/>	<input type="checkbox"/>
I have mobility problems	<input type="checkbox"/>	<input type="checkbox"/>
I have a serious physical illness	<input type="checkbox"/>	<input type="checkbox"/>
I have aids or I am HIV positive	<input type="checkbox"/>	<input type="checkbox"/>

I have just left prison	<input type="checkbox"/>	<input type="checkbox"/>
I am a refugee or asylum seeker	<input type="checkbox"/>	<input type="checkbox"/>
I am a lone parent	<input type="checkbox"/>	<input type="checkbox"/>
I am a lone woman expecting a baby	<input type="checkbox"/>	<input type="checkbox"/>
I am a young person (under 18) escaping violence	<input type="checkbox"/>	<input type="checkbox"/>
I am a woman escaping violence	<input type="checkbox"/>	<input type="checkbox"/>
I am a man escaping violence	<input type="checkbox"/>	<input type="checkbox"/>
I have difficulty in making friends and I am feeling isolated	<input type="checkbox"/>	<input type="checkbox"/>
None of the above describes my particular support needs. I need support because : .....		
.....		
.....		
I don't think I have any support needs <input type="checkbox"/>		
<i>If you are interviewed we will discuss this section in more detail</i>		

**4. Your Present Accommodation**

*Where are you living at the moment?*

Local Authority Tenant	<input type="checkbox"/>	Prison	<input type="checkbox"/>
Housing Association Tenant	<input type="checkbox"/>	Hostel/shared house	<input type="checkbox"/>
Private Tenant	<input type="checkbox"/>	Approved probation/bail hostel	<input type="checkbox"/>
Owning/Buying	<input type="checkbox"/>	Other Temporary accommodation	<input type="checkbox"/>
Living with family or friends	<input type="checkbox"/>	Residential care home	<input type="checkbox"/>
Self-contained supported housing	<input type="checkbox"/>	Homeless/no fixed abode	<input type="checkbox"/>
Children's home/foster care	<input type="checkbox"/>	Other	<input type="checkbox"/>
Hospital	<input type="checkbox"/>		
Do you need to move by a certain date? Yes / No	<input type="checkbox"/>	Date :.....	

**5. Your Income**

*What is your source of income?*

- |  |                          |                            |                          |
|--|--------------------------|----------------------------|--------------------------|
| Paid Employment                              | <input type="checkbox"/> | Long term sick or disabled | <input type="checkbox"/> |
| Government training                          | <input type="checkbox"/> |                            |                          |
| Registered unemployed/ job seekers allowance | <input type="checkbox"/> |                            |                          |
| Retirement pension                           | <input type="checkbox"/> |                            |                          |
| Not seeking work                             | <input type="checkbox"/> |                            |                          |
| Full time student                            | <input type="checkbox"/> | Other                      | <input type="checkbox"/> |

**6. Requirements**

Please tick which of the following you would prefer:

- Room in a shared house     Self contained flat     Single sex house   
More support in your own home   
Adapted accommodation appropriate to your need

Are any of these essential? Yes     No  (If yes give details)

.....  
.....  
.....

Where do you want to live? (please specify which Area of Borough you would prefer to live in)

.....

**7. More information about your support needs**  
 We provide services for people who need support and may also be in housing need.

	Yes	No	Not Applicable
Are you aged 18 years of over? (under some circumstances Hafod may consider someone under the age of 18)	<input type="checkbox"/>		
Can you share with others with a wide range of backgrounds?	<input type="checkbox"/>		
Can you budget for yourself, with support if necessary?	<input type="checkbox"/>		
Can you walk up and down stairs if necessary? (eg if you were given an upstairs room, could you manage the stairs?)	<input type="checkbox"/>		
Can you do basic household tasks, with support if necessary? (eg washing up, making your bed etc.,)	<input type="checkbox"/>		
Can you look after yourself without help? (ie you don't need help getting out of bed, washed and dressed, you can do personal laundry, make light snacks and drinks etc.,)	<input type="checkbox"/>		
Can you manage your own medication (if prescribed) with support if necessary?	<input type="checkbox"/>		
Can you control any problem with alcohol (if applicable) ?	<input type="checkbox"/>		
If you have ever had a problem with illegal drugs, have you overcome this?	<input type="checkbox"/>		
If you have answered no to the above question, are you working towards overcoming your problem with illegal drugs?	<input type="checkbox"/>		
Have you had a conviction for a violent offence within the last 3 years?	<input type="checkbox"/>		
Have you been convicted of arson within the last 3 years?	<input type="checkbox"/>		

**8. Additional Information**

Please use this space to give us any other information which you think may be useful to us to assess your application for supported housing.

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Please give details of someone we can contact for further information about your application (eg GP, Psychiatrist, Social Worker, Probation Officer, or other professional who is familiar with your support needs).

*Please tick the name of the person who you wish to nominate as the main contact for future correspondence regarding your application.*

**Name:**

**Name:**

**Address:**

**Address:**

**Telephone:**

**Telephone:**

**Status:**

**Status:**

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**9. Consent Form**

I hereby give permission for relevant information to be given to the Hafod Care in respect of my application for accommodation.

Signed : \_\_\_\_\_ Date: \_\_\_\_\_

Name and status of third party (if signing on applicant behalf)

Name: \_\_\_\_\_ Status: \_\_\_\_\_

All information received will be treated in accordance with the Associations Confidentiality Policy

**10. Previous Application/Tenancy**

Have you applied to Hafod Care before? Yes  No

If yes, what was the date (approx) .....

Which Hafod office did you apply to? .....

Have you previously been a tenant of Hafod? .....

If yes, where did you live ? .....

When date did you leave? .....

As far as I know, the answers I have written on this form are true. I understand that Hafod are reserves the right to re-possess any accommodation obtained by deliberately providing false information or withholding essential information

Signed: ..... Date: .....

Name and Status of third party (is signing on applicants behalf)

Name:.....Status: .....

11. Please return this form to :

Hafod Care Association  
St Hilary Court  
Cophorne Way  
Cardiff  
CF5 6ES

Tel: 02920 672300  
Fax: 02920 675898  
Email [lindaf@hafod.co.uk](mailto:lindaf@hafod.co.uk)

### Statistical Information

This information will be kept separate from your application and will be used, without names, for statistical purposes to help us to maintain a fair housing policy and equality of opportunity.

What is your ethnic origin?

Asian(Indian)		Oriental (Chinese)		Latin American	
Asian(Bangladeshi)		Oriental (SE Asian)		Middle East	
Asian (Pakistani)		European (British)		Combination	
Caribbean		European (non British)		Other	
African		European (Welsh)			

Are you: Black  White  Mixed  Other

Do you use a wheelchair? Yes  No

Are you registered disabled? Yes  No