



# Housing Plus+ Application Form

Name: .....

Address: .....

Telephone number: .....

E-mail address: .....

<b>Triggers - (Please tick as appropriate)</b>		
<b>Reason</b>	<b>Yes</b>	<b>No</b>
Do you have a Bank/Building Society account		
Do you require benefit advice (refer through to Tenancy Sustainment)		
Have you had a problem maintaining a tenancy in the past		
Have you been evicted or lost your home in the past, If so, please give details:		
Is this your first tenancy		
Do you have a history or mental/physical/learning disability (Please circle)		
Do you have literacy issues		
Have you been involved either as a perpetrator or victim of ASB		
Are you a care leaver		
Have you moved more than 3 times within the last 2 years		
Are you affected by substance misuse		
Are you affected by Domestic Abuse		
Poor condition of property - disrepair, cleanliness, hoarding		
Do you have any arrears with Darlington Borough Council		

<b>Do you receive Support from any of the Services listed below - (Please tick)</b>						
Adult Services		Youth offending Team		Supported Housing Team		Children Services
Probation Service		Domestic Abuse Support		Drug Support		Language Support
Alcohol Support		Youth Services		Specialist Health Care		Mental Health Services
Other - please advise						

<b>Source Of referral - (please tick)</b>						
Housing Management		Housing Options		Housing Income		Children Services
Adult Services		Tenancy Support		Police		Self-Referral
Other - please advise						
<b>Referrer Name:</b>				<b>Tel:</b>		

<b>Supporting Information: reason for referral - please give as much detail as possible</b>

I understand this information is to be used by Darlington Borough Council and maybe shared with other agencies to assist in making appropriate referrals, sign posting, access and /or support for the management of a successful tenancy.

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