

Household Information Form



You have expressed an interest in being considered for housing with Circle VHA. This form is designed to provide us with information to assess the type of housing that will be best suited to your needs and to ensure you are provided with support to maintain a tenancy should you require it.

Please ensure that you fill out all relevant sections of the form and that the information you provide us is true and accurate. Withheld or false information may impact on your application for housing with Circle Voluntary Housing Association.

1

Applicant Details

Name	Title (Mr, Mrs Etc) & First Name		Second
Address	Street		
	Town	City / County	Eircode/Postcode
Phone	Landline	Mobile	
Email		PPS	
Date of Birth		Scheme Nominated For:	
		What is your first language?	

2

Joint Applicant Details

Name	Title (Mr, Mrs Etc) & First Name		Second
Address	Street		
	Town	City / County	Eircode/Postcode
Phone	Landline	Mobile	
Email		PPS	
Date of Birth		Relationship to applicant	
		What is your first language?	

3

Housing History

We want to know about where you currently live and where you have lived to help us understand what type of accommodation best suits your needs

What is your current living situation? (Please tick relevant box)

Residing in Local Authority housing: ☐

Residing in private rented accommodation: ☐

Residing in another Housing Association property: ☐

Residing in emergency accommodation/refuge: ☐

Other:

How long have you been living there?

Are you currently paying rent or an accommodation charge?

Yes

No

If Yes, how much are you paying: €

Please give details of your 4 most recent addresses (starting with the most recent):
(addresses might include a home you owned, a rented home, social housing or emergency accommodation)

1. Address:

Type of Accommodation

(e.g. family home, private rented, Local Authority, Housing Association, emergency accommodation):

Date From:

Date To:

Reason you left:

2. Address:

Type of Accommodation

(e.g. family home, private rented, Local Authority, Housing Association, emergency accommodation):

Date From:

Date To:

Reason you left:

3. Address:

Type of Accommodation

(e.g. family home, private rented, Local Authority,
Housing Association, emergency accommodation):

Date From:

Date To:

Reason you left:

4. Address:

Type of Accommodation

(e.g. family home, private rented, Local Authority,
Housing Association, emergency accommodation):

Date From:

Date To:

Reason you left:

**Have you, or any of the persons listed on this
application, ever been evicted from previous housing?**

Yes

☐

No

☐

If yes, please describe the circumstances relating to this:

4

Accessibility

Do you, or anyone of the persons who will be living with you, require accessible housing features or home adaptations due to mobility, disability, medical, or support needs? Yes ☐
No ☐

If yes, please describe the circumstances relating to this:

Do you, or any of the persons who will be living with you hold a Blue Badge and require a parking space close to your home? Yes ☐
No ☐

5

Household Details

Who will be living with you if you are allocated a home?

Details	1st Child / Dependent	2nd Child / Dependent	3rd Child / Dependent	4th Child / Dependent	5th Child / Dependent	6th Child / Dependent
Name						
Date of birth						
Gender						
Relationship to main applicant						
Currently living with you? (If not, please indicate where they are currently living)						

6

Support Needs

We want to make sure that you enjoy living in your new home and that any support or services you may need are provided to help you do so.

Are you currently receiving support, or do you need support in any of the following areas?

Support Area	Y/N	Nature of support currently being received	Future support needs
Family Current Relationships			
Child Welfare			
Legal Issues			
Income Finance			
Physical Health			
Mental / Emotional Health			
Alcohol Use			
Drug Use			
Other areas of support			

Are you currently receiving support from anyone or another agency (e.g. keyworker, social worker, GP)?

If so, please provide us with details (including phone no.):

1. Support Worker Name

Role & Organisation

Contact No.

2. Support Worker Name

Role & Organisation

Contact No.

Do you consent to us contacting your support worker listed above? Yes ☐ No ☐

7

Legal Issues /Offences

Have you or any of the persons listed on this application ever been investigated or convicted or have charges pending in respect to any criminal matter, anti-social behaviour or public order offences?

Yes ☐ No ☐

If yes please provide us with details of each investigation or conviction, including dates:

1. Type of conviction / investigation

Date Occurred

Outcome

2. Type of conviction / investigation

Date Occurred

Outcome

3. Type of conviction / investigation

Date Occurred

Outcome

4. Type of conviction / investigation

Date Occurred

Outcome

8

Additional Information

If there is any other information that you feel is relevant to your application, please fill in the following section:

A large, empty blue rectangular box intended for the applicant to provide additional information relevant to their application. The box is a solid, medium-blue color and occupies the majority of the lower half of the page.

9

Your Applicant Agreement

To the best of my knowledge, all the information that I have given on this application form is accurate. I understand that if I have knowingly given inaccurate information my application may be refused.

Signed

Signed

Date

Date

Sharing of information

Circle Voluntary Housing Association is collecting this information, so we can assess the type of housing that will be best suited to your needs.

To process your application, we will need to share the information you have supplied with your local authority and other relevant services that you have identified on this form. This is to ensure you are safe in your home and to ensure we can support you to live in your home. We ask you to give consent to this.

Circle Voluntary Housing Association will follow the principles of the Data Protection Act and will make sure that the information you have provided is:

- Used fairly and legally.
- Only used for the purposes for which it was collected.
- Adequate, relevant and not excessive.
- Correct and up to date.
- Kept only for as long as needed.
- Processed in accordance with a person's rights.
- Stored safely.

Your confidentiality is assured except when there is an issue around child safety; violence to yourself or others; the courts request a report, or you inform the worker of a criminal act you have committed or intend to commit.

I agree to my information being shared by the services outlined above

Signed

Signed

Date

Date

Application Checklist

PLEASE CHECK THAT YOU FILLED IN ALL RELEVANT SECTIONS OF THE FORM AND THAT YOU HAVE ATTACHED:

Proof of identity

(e.g., copy of drivers' licence, passport, national age card issued by An Garda Síochána, public services card)

Please bring with you to your interview or return to: Housing Management Service,
Circle Voluntary Housing Association, Phoenix House 32-34 Castle Street, Dublin 2.