Application Form B for applying for Specific Local Need Status for Existing Residents (February 2018)

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| Personal/Contact Details | | | | | | | You | | | | \*Essential | | Evidence |
| 1 | Title: | | | |  | | | | | | \* | | A |
| 2 | Surname | | | |  | | | | | | A |
| 3 | First Name | | | |  | | | | | | A |
| 4 | Current Address | | | |  | | | | | | A |
| 5 | Email Address | | | |  | | | | | | | | |
| 6 | Telephone Number(s) | | | |  | | | | | | | | |
| **7** | Would the property (you are seeking to obtain this status for) be your sole private residence? | | | | Yes/No | | | | | | \* | | Declaration |
| Residency Status | | | | | | | | | | | | | |
| 8 | **Do you currently reside on the Islands?** | | | | | | | | | | Yes/No | | |
|  | 8a | **If No**, go to Application Form A or C you do not qualify under Criteria 3 of the interim policy | | | | | | | | | | | |
|  | 8b | **If Yes,** go to question 9 | | | | | | | | | | | B |
| 9 | Have you lived on the Islands for a continuous period of 5 years up to the date of making this application? | | | | | | | | | | Yes/No | | |
|  | 9a | **If No**, go to Application Form A or C you do not qualify under Criteria 3 of the interim policy | | | | | | | | | | | |
|  | 9b | **If Yes,** go to Question 10 | | | | | | | | | | | B or C |
| **10** | **If you are already living on the islands please tell us why do you need to move:** | | | | | | | | | | | | |
|  | 10a | | Needing to vacate tied accommodation? | | | | | | | | Yes/No | | B or C |
|  | 10b | | Needing to relocate to more suitable accommodation due to medical or mobility needs? | | | | | | | | Yes/No | | D |
|  | 10c | | Needing to relocate to smaller/larger accommodation due to under/over-occupation? | | | | | | | | Yes/No | | E |
| 11 | If you have lived at your current address for less than 5 years please provide the addresses of any properties you have occupied on the islands during the last 5 years (attach more sheets or extra rows as necessary) | | | | | | | | | | | | |
| Addresses | | | | | | | | Occupation Dates  (from-to) | | | | |  |
|  | | | | | | | |  | |  | | | B |
|  | | | | | | | |  | |  | | |
|  | | | | | | | |  | |  | | |
| 12 | The Address of the Property you are looking to occupy (if known): | | | | | | | | | | | | |
|  | | | | | | | | | | | | B | |
| Declaration | | | | | | | | | | | | | |
| You must sign the following declaration. The information provided will be treated confidentially and used solely for the purpose of assessing your housing need, in accordance with Data Protection Policy.  I declare that all the information in this statement is accurate and complete and supported by the evidence required. It is accepted that if false information is deliberately provided this application will be rejected.  I understand and agree that the Council of the Isles of Scilly may make their own enquiries regarding the contents of this statement if reasonably required to assess this application. | | | | | | | | | | | | | |
| Print Name: | | | |  | | | | | | | | | |
| Signed | | | |  | | Date: | | |  | | | | |

|  |  |  |  |
| --- | --- | --- | --- |
| **Evidence** | **Question No** | **Acceptable Evidence** | **Check to confirm included** |
| A | 1-4 | Passport/Driving Licence/Utility Bill/Voting Registration to confirm who you are and your current address. |  |
| B | 8B  9B  10A  11 | A letter from your landlord confirming your current accommodation/that a tenancy has ended or is due to end/former accommodation or offer of new accommodation. Please provide the dates by which you have to vacate the property. Letters should have contact details so they can be checked. |  |
| C | 11 | Utility Bills or any other proof you have to demonstrate occupation of accommodation on the islands if evidence B is unavailable to you. |  |
| D | 10B | A personal statement from the applicant confirming mobility problems. This should also be supported by a supporting letter or statement from a Doctor or other Medical professional confirming the need to relocate to more suitable accommodation. Letters should have contact details so they can be checked. |  |
| E | 10C | A personal statement made by the applicant explaining their change in family circumstances. |  |

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| Office Use Only: | | Initials |
| Application Ref: | SLN/B/ |  |
| Date Initial Application Submitted |  |  |
| Date Request for Further information |  |  |
| Outcome |  |  |
| Date of Decision Letter Sent |  |  |
| Entered on to the SLN Register as |  |  |
| Monitoring Code |  |  |
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| Qualifying CriteriaAny home on the Isles of Scilly that is subject to an occupancy restriction, through a Section 106 Planning Obligation, including those relating to Specific Local Need and/or key Workers, will need to be occupied in perpetuity by a person or persons (and their dependants) with a proven housing need as their principal residence throughout the year. A proven housing need is where: | | Qualify 🗸  Rejection 🗴 |
| **1** | **the property would be their sole private residence; and** |  |
| **2** | **they need to live permanently on the islands due to their employment circumstances and work commitments; or** |  |
| **3** | **they have been continuously resident on the islands for at least five years and require new accommodation as a result of the requirement to:** |  |
| 3a | vacate tied accommodation; or |  |
| 3b | relocate to more suitable accommodation due to a medical and/or mobility condition; or |  |
| 3c | relocate to smaller accommodation due to under-occupation; or |  |
| **4** | **they are a former resident who has previously lived permanently on the Isles of Scilly for a continuous period of at least 5 years and who:** |  |
| 4a | has been away for educational, training purposes or to obtain work experience or professional or technical accreditation; or |  |
| 4b | is currently employed by the armed forces or merchant navy and whose main residence will be on the islands; or |  |
| 4c | is retired from the armed forces or merchant navy; or |  |
| 4d | needs to provide substantial care to a relative who has lived continuously on the islands for at least 5 years (substantial care means that identified as required by a medical doctor or relevant statutory support agency). |  |