Application Form C for applying for Specific Local Need Status for Former Residents (February 2018)

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| Personal Details | | | | | | | You | | | | | \* Essential | Evidence | | |
| 1 | | Title: | | | |  | | | | | | \* | | | A |
| 2 | | Surname | | | |  | | | | | |
| 3 | | First Name | | | |  | | | | | |
| 4 | | Current Address | | | |  | | | | | |
| 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 | **Have you previously lived on the Islands?** | | | | | | | | | | | Yes/No | | | |
| **8a** | **If No**, go to Application Form A or B, you do not qualify under Criteria 4 of the interim policy. | | | | | | | | | | | |
| **8b** | **If Yes,** go to question 9 | | | | | | | | | | B | |
| 9 | Was this for a continuous period of 5 years? | | | | | | | | | | | Yes/No | | | |
| **9a** | **If No**, go to Application Form A or B you do not qualify under Criteria 4 of the interim policy | | | | | | | | | | | |
| **9b** | **If Yes,** go to Question 10 | | | | | | | | | | B | |
| **10** | | | **What was the reason for leaving or reason for returning?** | | | | | | | | | | | | |
| **10a** | | I have been away for educational or training purposes to obtain work experience or professional or technical accreditation. | | | | | | | Yes/  No | | | C |
| **10b** | | I am currently employed by the Armed Forces or Merchant Navy but my main residence will be the Isles of Scilly. | | | | | | | Yes/  No | | | D |
| **10c** | | I am retired from the Armed Forces or Merchant Navy and my main residence will be the Isles of Scilly. | | | | | | | Yes/  No | | | D |
| **10d** | | I need to return to the Islands to provide substantive care for a relative who has lived continuously on the islands for at least 5 years. | | | | | | | Yes/  No | | | E |
| 11 | | | If you have previously lived on Scilly for a continuous period of 5 years or more please provide the addresses of any properties you have occupied on the islands during the last 5 years you lived on the islands (attach more sheets or extra rows as necessary) | | | | | | | | | | | | |
| Address | | | | | | | | Occupation Dates  (from- to) | | | | | | |  |
|  | | | | | | | |  | | |  | | | | F |
|  | | | | | | | |  | | |  | | | | F |
|  | | | | | | | |  | | |  | | | | F |
| 12 | | | The Address of the Property you are looking to occupy (if known): | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | |
| 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: |  | | | | | |

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| --- | --- | --- | --- |
| **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 | A supporting letter(s) from former Employers, Teachers or Island Officials to confirm your previous residence on the islands. Alternatively confirmation of income from island-based businesses or organisations to prove your residency for employment or statements of Council Tax or other bills that confirm your residency for a 5 year period. |  |
| C | 10a | A personal statement from the applicant including the nature of training, education, qualifications or work experience. |  |
| D | 10b/10c | A supporting letter from the Armed Forces/Merchant Navy to confirm current serving Status/Rank or dates of previous serving Status/Rank if the applicant has retired from the Armed Forces or Merchant Navy. |  |
| E | 10d | A personal statement from the applicant to explain the nature of the care required for the relative and how long the relative has resided on the islands. This should be supported by a letter from a Dr or Medical professional to confirm the care requirements of the relative as well as the length of time the relative has resided on the islands. |  |
| F | 12 | Letters from previous landlords or utility bills confirming residence on the islands for a continuous period of 5 years for the applicant. Or if 10d is the reason for needing to locate to Scilly, the address details of the relative requiring substantive care. |  |

🔒Protecting your privacy and providing information on the Data Protection Act

The Council of the Isles of Scilly is committed to protecting your privacy and will treat your personal data in accordance with the provisions of the Data Protection Act 1998.

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| --- | --- | --- |
| Office Use Only: | | Initials |
| Application Ref: | SLN/C/ |  |
| 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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| --- | --- | --- |
| Interim Qualifying Criteria for SLN/KW Homes | | |
| Monitoring code | Any 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). |  |