



# COUNCIL OF THE ISLES OF SCILLY

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Planning & Development Department  
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## **SPECIFIC LOCAL NEED CRITERIA** **FOR AFFORDABLE HOUSING**

### **CRITERIA FOR THE ASSESSMENT OF QUALIFYING PERSONS**

A qualifying person is a person who satisfies Condition A and Condition B. A form has been produced which must be completed to determine whether or not an individual has a specific local need.

- **Condition A**  
He/she must be un-housed or living in inadequate accommodation and unable to rent a home appropriate to their circumstances on the local housing market
- **Condition B**  
He/she is the child of parents who, along with the child, have for the preceding 10 years been, and still are, in continuous residence on the Isles of Scilly in permanent residential accommodation, such accommodation not being commercial, and he/she has attained the age of 25 years

#### **Note**

In assessing Condition B, those individuals who have left the Islands for the sole purpose of higher education, will be accepted as having a continuous main residence on the Islands.

# **ASSESSMENT OF SPECIFIC LOCAL NEED**

You will be required to complete this form if you wish to be considered as someone with a specific local need. The Council will have to assess, therefore, whether you qualify as someone with a Specific Local Need as defined in its Supplementary Planning Document. The information requested below will greatly assist the Chief Planning Officer in assessing your case and will be treated as confidential. It is vital that the information you provide is true, correct and complete.

Name:.....

Address:.....

.....

.....

Telephone No.:.....

Date of Birth:.....

Please provide details of everyone who will be living with you:

Name(s).....

.....

Relationship to you..... Age(s)..... (eg. wife, partner, child)

Are they currently living with you?                      **Yes / No**

Are you registered on the Council's Housing Waiting List?                      **Yes / No**

## **Present Living Accommodation:**

Please describe the type and size of accommodation you are currently living in, including its physical condition:

.....

.....

If in rented accommodation, what is the form of tenancy?  
(Eg Assured Shorthold)

.....

How long have you been at this address? (if less than 5 years, please give your previous addresses)

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**In order to meet the Council’s definition of Specific Local Need, you will need to satisfy both conditions A and B. It may also be helpful to your case if you specify your occupation as you may fulfil the definition of a key worker.**

**Condition A:**

Do you consider yourself or your family to be un-housed?  
or living in inadequate accommodation?

**Yes / No**

If yes, please describe why.

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.....

Please state your gross annual household income before tax. Please include all sources of income including any benefits you may receive.

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Please provide evidence of the gross annual income such as, for example, the last annual P60 Return or Working Tax Credit Notification.

**Condition B:**

How long have you and your family lived on the Islands?

You.....

Your family.....

Has this length of time been for a continuous period? **Yes / No**

If no, please explain why you left the islands and for how long specifying the approximate dates.

.....  
.....

Do your parents currently live on the islands? **Yes / No**

If yes, how long have they lived on the islands.

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Has this length of time been for a continuous period? **Yes / No**

If no, why did they leave the islands and for how long, specifying the appropriate dates

.....  
.....

What is your current occupation/job? Please indicate whether it is permanent, temporary, full or part time, your employer or whether you are self employed.

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**Accommodation applied for:**

Location, size and description of proposed dwelling or address if built:

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.....  
.....  
.....  
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Form of tenure / tenancy:

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**DECLARATION**

You and any adults over the age of 18 that intend to live with you must sign the following declaration. The information provided will be treated confidentially and used solely for the purpose of assessing your housing need.

I / We declare that all the information in this statement is accurate and complete. It is accepted that if false information is deliberately provided this application will be rejected.

I / We 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.

**NAME:**.....

**SIGNATURE:**.....

**DATE:**.....