



Local Solutions Supported Lodgings  
Householder Application Form

Please complete in black ink

**Section One- Personal Details**

Full Name	D.O.B
-----------	-------

Address

Contact Numbers Home/ Work/ Mobile

**Section Two- Members of Householders**

Name	Occupation	Gender	D.O.B	Relationship to you

Have you or your children ever had any social service involvement? Yes/ No

Do any of the above receive any benefits? Yes/ No

If yes, please state who and what benefit

**Section Three- Further Information**

Please list your hobbies

What are your religious beliefs?

Do you have any health problems Yes/ No  
If yes, please outline the issue

Have you ever applied to become a Foster or Adopting Parent Yes/ No  
If yes, please give details of the application and its outcome.....

Please list any experiences with Young People.....

Please indicate any areas in which you feel you may need guidance and support

Ethnic Origin .....

**Section Four- Type of Accommodation**

Accommodation

Detached <input type="checkbox"/>	Semi <input type="checkbox"/>	Flat <input type="checkbox"/>	Maisonette <input type="checkbox"/>	Bungalow <input type="checkbox"/>
-----------------------------------	-------------------------------	-------------------------------	-------------------------------------	-----------------------------------

Landlord (please tick)

Council <input type="checkbox"/>	Housing Association <input type="checkbox"/>	Private <input type="checkbox"/>	Owner/ Occupier <input type="checkbox"/>
----------------------------------	--	----------------------------------	--

Central Heating <input type="checkbox"/>	Garden Yard <input type="checkbox"/>		
--	--------------------------------------	--	--

Rooms in Property <input type="checkbox"/>	No. of floors in property <input type="checkbox"/>	Living Room/s <input type="checkbox"/>	Bedrooms <input type="checkbox"/>
--	--	--	-----------------------------------

Toilet/s <input type="checkbox"/>	Bathroom/s <input type="checkbox"/>	
-----------------------------------	-------------------------------------	--

Location of Young Person's room .....

Does the accommodation have central heating?	Yes/ No
Do you allow smoking?	Yes/ No
Do you have any pets?	Yes/ No
If yes, please specify.....	

**Section Five- Summary**

Where did you hear about Local Solutions Supported Lodgings?  
.....

Is there anything else you would like to add in support of your application?  
.....  
.....  
.....  
.....

---

**References**

Please supply two references for Local Solutions to contact; one should be your family doctor, the other a professional person who has known you for the last five years

Name.....  
Address.....  
.....  
.....  
.....

Name.....  
Address.....  
.....  
.....  
.....

Signed.....  
Co- Signed.....

Date.....  
Date.....

Please return completed form to Local Solutions, Mount Vernon Green, Hall Lane, Liverpool, L7 8TF.  
If you have any questions regarding completion please ring 0151 330 2016.

---

For use by Local Solutions

Date received.....

Assessed by.....

Action taken

.....  
.....

## REHABILITATION OF OFFENDERS ACT

If the duties of the post you are applying for give you access to persons who are vulnerable or who are under 18 the post is exempt from the provision of section 4(2) of the rehabilitation Act 1974. **DISCLOSURES WILL BE REQUESTED IN THE EVENT OF A SUCCESSFUL APPLICATION.** Applicants are therefore not entitled to withhold information about convictions which for the purposes are 'spent' under the provisions of the Act. Any failure to disclose such convictions could result in your application to become a Registered Householder with Supported Lodgings being refused. Any information given will be a completely confidential and only applied in relation to this application for which the Exceptions Order 1975 applies. In the event we would ask that you complete this section.

I understand that the position of Supported lodgings Householder is exempt under the Rehabilitation of Offenders Act 1974 and I list below details of offences. (If none write NONE). Please also list details of offences committed by other people living in the household.

Date	Offence	Sentence

## SIGNATURE

I confirm that to the best of my knowledge, the information given on this form is true and correct and can be treated as part of MY application to become a Supported Lodging Householder.

Signed:

Date: