



Ramsey and Northern Districts Housing Committee

A Brief Guide to Sheltered Housing in the North

- Sheltered Housing is especially designed and built with the needs of elderly people in mind.
- It gives Tenants an opportunity to live in an environment where they can retain their independence and look after themselves but, at the same time, have the additional security of help and advice when needed.
- Most of our sheltered dwellings are self-contained flats designed for one person to live comfortably on his or her own; some of them are spacious enough to accommodate two people living together, and there are a limited number which have two bedrooms.
- All are let unfurnished.
- Our complexes have similar facilities including a communal lounge, laundry / drying room and a guest room.
- Most have communal gardens which enhance their settings.

Who can apply for Sheltered Housing in Ramsey?

1. Anyone who is 65 years or older, who feels the need for some support, but still able to physically care for themselves, albeit with the assistance of such welfare services which are provided by family or other agencies.
2. Anyone who has been resident on the Island for a total of at least ten (10) years.

A Housing provider can consider allowing an applicant onto their waiting list before the 10 years of Island residency criteria has been met in cases where:

- The applicant and their household are living in unsanitary and/or overcrowded conditions
- The Courts have made an order of possession in respect of the applicant's existing accommodation
- Any other reasons that the housing provider believes to be sufficient.

Where are the Sheltered Complexes in the Town of Ramsey?

“Mayfield” – Queen’s Pier Road, Ramsey - 37 units

- “ Kerroo Glass” – Lezayre Housing Estate, Ramsey - 55 units
- “ Cooyrt Balleigh” – Jurby Road, Ramsey - 34 units

What is the difference between Sheltered Accommodation and Nursing / Residential Accommodation?

- Sheltered Accommodation is available for the fit and active elderly and is not able to provide anything akin to “nursing” care, as our staff are not permitted to administer medication or to lift persons up in the event of a fall.
- Nursing / Residential Accommodation, provides nursing care or other support, including meals, on a 24-hour basis.

How do I Apply for Sheltered Accommodation?

- You can collect an application form from the Ramsey Town Hall, or alternatively telephone 810100 to ask for an application form to be sent to you.
- Once received, you should complete the form in full, and return it to the Town Hall for which you will receive a letter of acknowledgement.
- Your completed application will be considered and you will be notified if you meet the criteria to be accepted onto the waiting list.

Can I keep a Pet?

- As a general rule, permission **must** be sought for any pet.
- If you have a cat, you may be able to bring it with you
- Dogs are not permitted.
- If you are fortunate enough to be able to take your pet with you into our accommodation, you must make adequate arrangements
- for it if you go away or become ill.
- The scheme Coordinator cannot look after your pet for you.



**For Further Information Please Contact:
The Clerk of Ramsey and Northern Districts Housing Committee
On Tel: 810100**

Having difficulty with forms or just want advice?

A Housing Officer will help in private

Please make an appointment with the Housing Officer,
ask at our Public Counter or Telephone: 810100

Ramsey & Northern Districts Housing Committee Housing Application Form

Confidential

Please read these notes before completing the application form:

1. Complete in **block capitals**.
2. **All** questions must be answered.
3. Applicant(s) must have been ordinarily resident on the Island for a minimum of ten years. Please provide details of all former addresses in applicant's details, Section 5.

Applicant(s) must have been ordinarily resident on the Island for a minimum of 3 months immediately prior to the allocation of a property.

4. An applicant must be either:
 - A single person aged at least 65 years with no dependent children; or
 - A couple, with no dependent children, with at least one person of the couple being 65 years or over. If the second person in the couple is younger than 65 they must be at least 50 years of age.
5. Single person's gross income must not exceed £34,996 per annum and a couple's gross income must not exceed £38,496 per annum.
6. Financial and / or property assets must not exceed the median house price as published annually by the Economic Affairs Division of Treasury (currently £349,950) or such other amount as the Department may determine from time to time, as it is considered that persons with access to capital in excess of this amount are able to rent suitable accommodation in the private sector or exercise choice in purchasing alternative accommodation.

Savings and Investments include shares, premium bonds, debentures, money on loan to another person or a trust fund.

7. You should include with this application form any information in support of your application (such as a Notice to Quit, Court Order for Possession, etc.) or provide a written account of your circumstances.

1. APPLICANT/S DETAILS:

Details of Applicant/s			
Applicant 1		Applicant 2	
Name:		Name:	
Address:		Address:	
Date of Birth:	Age:	Date of Birth:	Age:
Telephone No:		Telephone No:	
Email:		Email:	

2. Status: (Delete as appropriate)

Applicant	Spouse / Partner
Single / Married / Widowed / Separated / Divorced / Engaged / Partners	Single / Married / Widowed / Separated Divorced / Engaged / Partners

Previous Name (if applicable):

Applicant:	Spouse / Partner:
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3. Current Address:

Applicant	Spouse / Partner

4. Place of Birth:

Applicant	Spouse / Partner

5. Number of years resident on the Island:

No. of Years	Applicant	Spouse / Partner
Addresses – you should show all addresses and the dates that you have lived there. Continue on a separate sheet if necessary.	From.....To.....	From.....To.....
	From.....To.....	From.....To.....
	From.....To.....	From.....To.....

6. Occupation:

Applicant	Spouse/ Partner
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7. Employer (if applicable)

Applicant	Spouse / Partner

8. Weekly Income:

Please enclose with this form your last **3 payslips** or **benefit slips** or your most recent **Notice of Assessment Statement from the Income Tax** to confirm your weekly or monthly income. If you are self-employed you will need to show your audited accounts for the previous two years or tax returns.

	Applicant	Spouse / Partner
Basic Wage	£	£
Regular Overtime	£	£
Pensions	£	£
Benefit Payments	£	£
Other Income (please specify)	£	£

9. Assets, Savings & Investments

a. Property, Savings & Investments. (Please provide supporting documentation)

Do you or your partner have property assets and / or savings / investments in excess of £321,000 ? <i>(this includes savings / investments from all sources and should include the current value (less outstanding mortgage) of your property/ies or the proceeds of the sale of a previous property in any jurisdiction, whether solely or jointly owned)</i>	YES	NO
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b. Property Ownership

Do you or your spouse / partner own or hold a financial interest either solely or jointly with others in property/ies or land?	YES	NO
If yes, please provide address/es of property / land:		
Current value of property/ies	£	
Mortgage outstanding	£	
Other loans outstanding (where secured on property or land)	£	

c. Rented Accommodation

Do you currently rent your present accommodation	YES	NO
If yes how much per month is your rent /rates charge	£	
Landlord's Name and Contact Address.		
Are there any defects in your present accommodation? If so please give details.		

10. Disposal of financial assets and / or property holdings

Have you or your spouse / partner / fiancé gifted property or financial assets in your ownership e.g. passing them on to family members/friends, in the 10 year period preceding this application?	YES	NO
If YES, please provide brief details		

11. Health and welfare

Older Persons (Sheltered) Housing is not a substitute for a care home or nursing home and requires tenants to be able to meet the responsibilities of holding their own tenancy. Are you and your spouse / partner / fiancé able to live independently?	YES	NO
Do you or your spouse / partner / fiancé suffer from a disability or medical condition which is impacted by your current housing or have special needs which will necessitate a particular type of accommodation e.g. level access? If YES, please ask any health or welfare professional who is involved in your care to complete a Support for Housing form on your behalf. If you have mobility issues an Occupational Therapy assessment will be required – you can arrange this via your GP or by self-referral. We also require you to complete the Special Housing Needs Self-Assessment Form (see enclosed)	YES	NO

12. Current tenancy issues (as applicable)

If you are currently tied into a private lease with a landlord what date does the lease expire?					
Are you under a Notice to Quit?	YES	NO	If YES, is it for rent arrears?	YES	NO
Has an application been made to the Court for a Possession Order against you? <i>If yes to either of the above, you must supply a copy of the Notice to Quit or Possession Order</i>				YES	NO

13. Have you or your spouse / partner applied to any other Housing Authority for accommodation?

If **yes**, what was the outcome of that application.....

PLEASE READ THE FOLLOWING CAREFULLY BEFORE SIGNING THE DECLARATION BELOW

Allocation of properties is undertaken using a pointing system common to all Older Persons (Sheltered) Housing Authorities on the Island.

You will be awarded points based on your length of residency, association with the local area, time on waiting list, income, and adequacy of your current accommodation.

Unjustified refusal of a tenancy and a recent history of rent arrears may result in a deduction of points awarded.

You must let us know of any significant changes in your circumstances immediately as this may affect your position on the Housing Waiting List.

Please note: it is an offence under Schedule 3 (3A) of the Housing (Miscellaneous Provisions) Act 1976 if a person, for the purpose of obtaining public sector housing, makes a statement or provides information knowing it to be false.

DECLARATION

To the best of my / our knowledge and belief, the information provided in respect of my / our application for public sector housing is correct and complete.

I understand that if any information I / we provide is found to be deliberately or carelessly misleading or false it will prejudice the granting or retention of any tenancy and could lead to prosecution.

I / we consent to Ramsey & Northern Districts Housing Committee contacting the persons or agencies referred to in this form and making other such enquiries as may be necessary in order to validate the information I/we have provided so that my/our application may be processed in accordance with the Tynwald criteria for access to public sector Older Persons housing approved under Schedule 3 (1A) of the Housing (Miscellaneous Provisions) Act 1976.

Signature of Applicant 1:		Print Name:		Date:	
Signature of Applicant 2:		Print Name:		Date:	

Appeals Procedure

Any applicant having an application for acceptance on to a waiting list rejected or any applicant dissatisfied by reason of non-allocation of a property by virtue of non-allocation of points, may:-

- (1) Seek a review of that decision by submitting request in writing to the appropriate housing authority, and
- (2) If the decision is upheld by that housing authority, seek an appeal against that decision in writing to the Department's Housing Division, whose decision shall be final.

Housing Application Checklist

Please check that you have **completed** all the necessary documentation to support your application by ticking in the boxes below.

Please supply original or certified copies of all documents. Wherever possible these items will be photocopied and returned to you while you wait.

The following is required to support your application:

- | | |
|--|--------------------------|
| 1. Photographic ID | <input type="checkbox"/> |
| 2. Proof of income (3 recent payslips, benefit slips or Notice of Assessment Statement from the Income Tax) (Question 8) | <input type="checkbox"/> |
| 3. Proof of savings and investments (Question 9a) | <input type="checkbox"/> |
| 4. Details of ownership / co-ownership of any property (Question 9b) | <input type="checkbox"/> |
| 5. Rent book or name & address of landlord (Question 9c) | <input type="checkbox"/> |
| 6. Details of previously owned properties (Question 10) | <input type="checkbox"/> |
| 7. Special Housing Needs Self-Assessment form and Supporting form from a health professional (Question 11) | <input type="checkbox"/> |
| 8. Notice to Quit or Court Possession Order (Question 12) | <input type="checkbox"/> |
| 9. Other evidence/supporting information (please list below) | <input type="checkbox"/> |

Checked By Date:

Acknowledgement Letter sent.....Date:

Please take or post this form to:

The Clerk
Ramsey & Northern Districts Housing Committee,
Town Hall and Library,
Parliament Square,
Ramsey.
IM8 1RT

For Office Use Only

		YES	NO	POINTS ALLOCATED
1	Time on List: 1 point per each 3 month period to a maximum of 20 points			
2	Area Resident 1 point for every year in excess of ten years to maximum of 10 points			
3	Local connection with housing authority area Living in the area > 5 years 5 points Living in the area > 1 year 4 points No residence – family / welfare connections 3 points No connections 0 points			
4	Public Sector tenant Releasing a general public sector property suitable for a family 10 points			
5	Gross Income (including combined income of joint applicants and benefits) £15,000 and under 15 points £15,001 - £17,500 12 points £17,501 - £20,000 9 points £20,001 - £22,500 6 points £22,501 - £25,000 3 points £25,001 & above 0 points			
6	Financial / property assets £25,000 to £34,999 -3 points £35,000 to £49,999 -6 points £50,000 or over -10 points			<i>Deducted</i>
7	Adequacy of present accommodation Property condition / overcrowding (certified / awarded by EHO) Up to 20 points Low priority 5 points Medium priority 10 points High priority 20 points Health / welfare issues (validated by report from health / welfare professional & multi-disciplinary assessment by health / welfare panel) up to 30 points Low priority 5 or 10 points Medium priority 15 or 20 points High priority 25 or 30 points			
8	Supported Housing 20 points			
9	Notice to Quit (excluding rent arrears) Formal legal notice NTQ – Landlord / Advocate 5 points Court Order 10 points			
10	Unjustified refusal by applicant where an offer of a property considered suitable for the applicant was refused without a valid reason <i>Discretionary deduction (per refusal)</i> -10 points After two refusals of suitable properties the applicant will be removed from the Housing Waiting List			<i>Deducted</i>
11	Accumulated rent arrears <i>Discretionary deduction</i> -10 points			<i>Deducted</i>
	Emergency			
	Other			
	Total points			

Income Tax Division
2nd Floor
Government Office
Bucks Road
Douglas
IM1 3TX

Housing Waiting List – Income Tax Authorisation
To be completed by the individual being reviewed

Full Name:
Date of Birth:
Full Name of Spouse/Partner:
Date of Birth:
Address:

Postcode:

Tax Ref No _____

Tax Ref No _____

I/We hereby authorise you to approach the Income Tax Division for verification of my/our income.

Signature _____ Date _____

Signature _____ Date _____

To be completed by Ramsey and Northern Districts Housing Committee

The above named person is being reviewed for eligibility for Public Sector Housing and I should be grateful if you would provide me with the relevant details below in respect of the applicant's Income Tax Status.

Signature _____ Date _____

To be completed by the Income Tax Division

Tax Ref No _____

Tax Ref No _____

1.Total Gross Income in the year ended 5th April 20
(including, where relevant, the gross income of his/her spouse in the above year)

Applicant £

Spouse/Partner £

Signature _____

Date _____

Income Tax Division

Special Housing Needs Self-Assessment Form

Office
Use

1. Name of person with special housing needs

Mr Mrs Miss Ms Other

First Name:

Last Name:

Present Address:

.....

Postcode: Date of Birth:

Daytime telephone number:

Minicom number (if applicable):

2. What difficulties are you having and how do they affect your housing need?

3. Does anyone else in your household have special housing needs?

YES

NO

Tell us about other members of your household who need accommodation (& their special housing needs if applicable)

Office
Use

4. Difficulties with mobility

Please answer either **YES** or **NO** to each of the questions listed below. There is space at the end of the section to explain how your health/ special needs/ disability restricts your ability to live in your present accommodation.

- | | | | |
|-----|---|--|---------------------------------------|
| 4.1 | Do you have difficulty walking? | YES
<input type="checkbox"/> | NO
<input type="checkbox"/> |
| 4.2 | Do you have difficulty climbing one or two steps? | YES
<input type="checkbox"/> | NO
<input type="checkbox"/> |
| 4.3 | Do you have difficulty climbing stairs? | YES
<input type="checkbox"/> | NO
<input type="checkbox"/> |
| 4.4 | Do you use a wheelchair? | YES
<input type="checkbox"/> | NO
<input type="checkbox"/> |
| | All the time? | YES
<input type="checkbox"/> | NO
<input type="checkbox"/> |
| | Sometimes indoors? | YES
<input type="checkbox"/> | NO
<input type="checkbox"/> |
| | Sometimes outdoors? | YES
<input type="checkbox"/> | NO
<input type="checkbox"/> |

If you use a wheelchair, please give the width (rim to rim) of your widest wheelchair (in millimetres).

- | | | | |
|----|--|--|---------------------------------------|
| 5. | Do you need level access within the property? | YES
<input type="checkbox"/> | NO
<input type="checkbox"/> |
|----|--|--|---------------------------------------|

5.1 If you do not need level access, how many steps can you manage?

- | | | |
|-----------|--|---------------------------------------|
| One step? | YES
<input type="checkbox"/> | NO
<input type="checkbox"/> |
| | YES | NO |

A few steps?

YES

NO

A flight of stairs?

YES

NO

6. Do you need special facilities to manage stairs?

6.1 If you need special facilities to manage stairs, what do you need?

YES

NO

Stairlift?

YES

NO

Extra handrails?

Other, please explain

7. Do you need wheelchair accessible bedrooms?

YES

NO

8. Do you need a wheelchair accessible kitchen?

YES

NO

9. Do you need a wheelchair adapted kitchen?

YES

NO

10. Do you need a wheelchair adapted toilet?

YES

NO

11. Is more than one toilet needed?

YES

NO

12. Do you need a wheelchair accessible bathroom?

YES

NO

13. Do you need special bathing facilities? (If YES, please tick boxes below to indicate your specific needs)

YES

NO

13.1 Level access shower

YES

NO

13.2 Shower over bath

YES

NO

13.3 Step in shower

YES

NO

YES

NO

Office Use

13.4 Specialist/lifting equipment

13.5 Other

YES

NO

14. Do you need ramped or level access to the property?

14.1 If you do need ramped access, how do you manage at present?

15. Does the property need to have:

(please tick appropriate boxes)

15.1 Car parking space nearby?

YES

NO

15.2 An enclosed garden?

YES

NO

15.3 Storage for outdoor wheelchair or mobility scooter?

YES

NO

16. Please tick ONE of the boxes that you feel best describes your mobility

My legs are unable to support my weight and I need to use a wheelchair when indoors and outdoors.

I use a wheelchair but I am able to walk to a limited extent. I cannot climb steps and stairs.

I use a wheelchair but am able to walk to a limited extent. I can climb one or two steps.

I do not use a wheelchair, but I walk with difficulty and I cannot climb steps and stairs.

I do not use a wheelchair, I walk with difficulty, but can manage one or two steps.

I do not use a wheelchair but cannot manage more than one flight of stairs.

I have a disability or a medical problem, such as kidney dialysis or epilepsy, requiring more suitable accommodation, which does not fall into one of the above categories

Please tell us how your present accommodation restricts your mobility.

Office
Use

- | | | | | |
|------------|-------------|---|--|---------------------------------------|
| 17. | 17.1 | Do you have difficulty with your hearing? | YES
<input type="checkbox"/> | NO
<input type="checkbox"/> |
| | 17.2 | Do you have problems with your sight? | YES
<input type="checkbox"/> | NO
<input type="checkbox"/> |
| | 17.3 | Do you have problems with your speech? | YES
<input type="checkbox"/> | NO
<input type="checkbox"/> |
| | | If YES do you need any specialist equipment? | YES
<input type="checkbox"/> | NO
<input type="checkbox"/> |

If **YES**, please explain

.....

- | | | | |
|------------|--|--|---------------------------------------|
| 18. | Would a move to a new home develop your ability to live more independently? | YES
<input type="checkbox"/> | NO
<input type="checkbox"/> |
|------------|--|--|---------------------------------------|

If **YES** please explain below

Office
Use

19. What type of property do you need?

Wheelchair accessible

Sheltered housing (with warden)

Housing with minor adaptations

Standard property - no adaptations necessary

Number of bedrooms needed

Do you need space for a live-in carer/support worker?

Ground floor only

I can manage accommodation on any floor

20. Additional Needs

I need a downstairs toilet.

I need an additional room for treatment or therapy equipment

21. Do you have any pets?

YES

NO

If yes please tell us what you have and how many

.....

.....

21.1 Do you have a guide / hearing dog?

YES

NO

21.2 If YES, does it need an outside pen?

YES

NO

22. Please tell us about any other essential requirements

.....

.....

.....

Office
Use

.....
.....

23. Who is your Doctor?

Name:

Address:

Telephone No:

24. Is anyone else involved in supporting you with your problems? E.g. Social Worker, Occupational Therapist, Health Visitor, Support Worker, Home Care Worker

Please tell us their name(s) and contact detail(s) (if you know them)

Name:

Position:

Address:

Telephone Number:

Name:

Position:

Address:

Telephone Number:

Name:

Position:

Address:

Telephone Number:

Name:

Position:

Address:

Telephone Number:

25. Do you give permission for us to contact the persons you have named above?

YES

NO

26. Any Additional information

Please use the space below to provide us with any other information that you think we need to know about

I understand that the information I have given on this form may be shared, in confidence, with other health / welfare agencies with whom the Department is working in order to find a property suitable for my needs

Signed:

Date:

