|  |
| --- |
| **REQUEST FOR HOUSING BENEFIT DECISION IN PRINCIPLE FOR SUPPORTED ACCOMMODATION PROVISION** |

|  |  |
| --- | --- |
| **Landlord Name** |  |
| **Landlord Address** |  |
| **Contact Name and position within company** |  |
| **Business Phone Number** |  |
| **Business Email Address** |  |

|  |  |
| --- | --- |
| **Is your organisation:** | A Registered Social Landlord  Registration Number:       Date of registration |
| A Registered Charity  Registration Number:       Date of registration |
| Non-profit making Voluntary organisation  (Latest audited accounts or profit/loss sheet will be required) Also, if you are a registered Community interest Company, we require the registration document in its entirety. |

|  |  |
| --- | --- |
| **Client Group** | Please explain what client group you will be accommodating and why do they need to be in supported accommodation. |
| **Expected length of**  **stay for each tenant** | Please tell us the expected period of stay for your residents.  Do you expect them to be accommodated for a maximum of up to 2 years during which you will be supporting them to move-on to more independence?  Do you expect them to be long-term residents who will always require some support?  Or do you have a mixture of residents? |
| **Referrals Received From** | (Formal contracts to be provided)  If you do not receive referrals, please explain how tenants are sourced |
| **Contact Name** | Eg SPOA contact |
| **Phone Number** |  |
| **Email Address** |  |

|  |
| --- |
| **How have you identified the demand for this accommodation including why you think existing provision is not sufficient** |
| Provide any evidence you have to support this |

|  |
| --- |
| **Have you given consideration to City of Doncaster Council’s Housing Strategy and if so please explain how you think this provision would meet its aims.** |
|  |

|  |
| --- |
| **Have you entered discussions with City of Doncaster Councils Commissioning Team, Strategic Housing Team or the Home Options team** |
| If so, provide contact name and give details of what discussions have taken place |

|  |
| --- |
| **What links do you/your company have to Doncaster** |
|  |

|  |  |
| --- | --- |
| **Property Address(s)** |  |
| **Property Details** | Number of units of accommodation  Type of property  Sole or Multiple occupancy  Number of bedrooms  Details of any communal areas  Property layout identifying the communal area(s)  Any other information |

|  |  |
| --- | --- |
| **Does the Landlord:** | Own  Mortgage  Lease the property?  **Evidence Required**  If leased, please provide the lease agreement between the landlord and the owner of the property.  If mortgaged/owned please provide proof of mortgage/ownership.  This is required for ALL properties. |

|  |  |
| --- | --- |
| **Details of Rent Charge** | |
| **Please provide a full breakdown relating to all charges that make up the weekly/monthly rent – including eligible and ineligible charges.**  You must provide documentary evidence to show how you have calculated each charge i.e. invoices, receipts, inventories etc. | |
|  |  |

|  |  |  |
| --- | --- | --- |
| **Does the Landlord provide Personal Care, Support or Supervision to the tenants?** | | Yes  No |
| **Is Personal Care Support or Supervision provided on behalf of the landlord?** | | Yes  No  If yes, please give details of who provides this: |
| **Company Name** |  | |
| **Contact Name** |  | |
| **Phone Number** |  | |
| **Email Address** |  | |
| **If personal care and support is not provided by or on behalf of the Landlord, is the request of a Housing Benefit decision based on the accommodation being a Managed property** | | Yes  No |

|  |
| --- |
| **Will there be a written agreement between the care provider and the Landlord regarding the provision of support which outlines the duties of housing care and personal support/supervision** |
| Yes  No  If yes, please provide a copy |

|  |  |
| --- | --- |
| **Are tenants to be placed with the specific aim that they are provided with and receive personal support?** | Yes  No |

|  |  |
| --- | --- |
| **Do you consider this project to be classified as sheltered accommodation? If yes- please give reasons** | Yes  No |

|  |  |
| --- | --- |
| **Do you consider this project to be classified as extra care accommodation? If yes-please give reasons** | Yes  No |

|  |
| --- |
| **Details of Personal Care, Support or Supervision provided.**  **Please list all tasks provided and state whether provided by / on behalf of the Landlord** |
| **Evidence Required**  To support this we will require individual support plans, contracts with organisations, time logs of the tasks being carried out, details of the hours worked and salaries of the support workers. |
| **Explain the monitoring processes to verify support provision to ensure the scheme would continue to meet the definition of specified accommodation in accordance with the Housing Benefit Regulations** |
|  |

|  |  |
| --- | --- |
| **Is this support:** | Property based support  Floating support |

|  |  |
| --- | --- |
| **Do you receive Supporting People Funding for the provision of this?**  **LA funding this:**  **Details of annual amount received:** | Yes  No  If Yes,    £ |

|  |  |
| --- | --- |
| **Do you receive any other funding for the provision of this?**  **If yes, give full details of the company/organisation**  **Details and evidence of the amounts received.**  **If no, how do you recoup the Support Charge costs & provide evidence of this** | Yes  No    £ |

|  |  |
| --- | --- |
| **Provide the cost per tenant for Personal Care and support/supervision** |  |

|  |
| --- |
| **In as much detail as possible please state the type of housing related support that is provided by the Landlord** |
|  |

|  |  |
| --- | --- |
| **Staffing** | Please provide an organisational chart showing:   * Hierarchy * Numbers of staff in each position and show paid/voluntary posts   If you have included any staff related costs in the rent charge, provide proof of:   * Job descriptions for any staff included (including number of hours worked, duties and rate of pay) * Time logs to show time spent on each task * The number of units the officer is responsible for within Doncaster. * The number of units the officer is responsible for outside of Doncaster |

|  |  |
| --- | --- |
| **I declare that the information that has been given on this form is correct and complete.**  **I understand that if the incorrect or incomplete information is knowingly given, I may be liable to prosecution or other appropriate action.**  **I understand the information provided may be shared with other council services and data processors acting on behalf of the council, to prevent and detect fraud, ensure that records are accurate and protect public funds.** | Signature of person completing form  PRINT NAME |

**In order for City of Doncaster Council to consider your request, this form must be fully completed, and all supporting evidence provided.**

**Please return the completed form to:**

**housingbenefit-supportedaccommodation@doncaster.gov.uk**