

# Specified Accommodation Form for Landlords/Agents

## Details of Tenant

Name of the Tenant

Tenant's telephone number

Tenant's email address

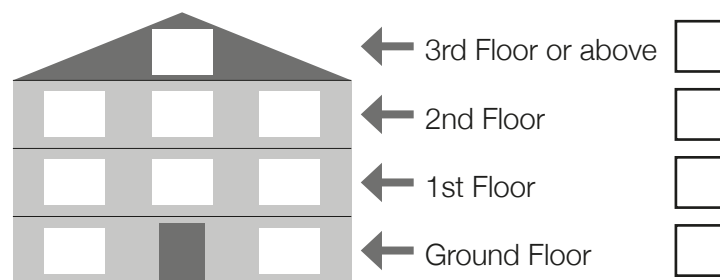
Address of Supported Tenancy   
 .....  
 .....  
 Postcode

Please provide the room number

**If the tenant rents a room, please tick a location to show where in the property it is (from the prospective of standing outside looking at the front of the building)**

Front left  Front centre  Front right   
 Centre left  Centre  Centre right   
 Back left  Back centre  Back right

**Using the diagram please confirm what floor the tenant lives on**



**Please complete the following table**

Type of room	Number for sole use of one tenant	Number shared by more than one tenant	Number for staff use only
Bedroom			
WC			
Bathroom			
Kitchen			
Living room			
Dining room			
Office			
Other (please specify)			

**Details of Landlord**

Name of Landlord

Address of Landlord   
 .....  
 .....  
 Postcode

Telephone number

Email address

**Details of Managing Agent, if applicable**

Name of Managing Agent

Address of Managing Agent   
 .....  
 .....  
 Postcode

Telephone number

Email address

**Is the landlord a Registered Provider (Housing Association or ‘not for profit’ organisation), registered with the Housing Regulator?**  YES  NO

If ‘YES’, please provide the Registration number

**Is the landlord a Registered Charity, a Voluntary Organisation or Community Interest Company (CIC)?**  YES  NO

If ‘YES’, please provide the Charity Registration number or Company number registered on Companies House

**As the Landlord, do you, provide Care Support or Supervision to the tenant?**  YES  NO

Please state the weekly cost of providing this service to the tenant

If ‘NO’, please state who provides the Care, Support, or Supervision

We need to see a formal Management agreement, contract, or Service Level Agreement between the Landlord and the Care provider to provide this service.

**The Agreement must show the agreed costs between both parties in providing the care or supervision.**

**Who has referred this tenant to you for their Support needs?**

Name

Job title

Address of Organisation

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Postcode

**Does Social Services in Enfield or another Local Authority work with you to assist with funding this placement?**

YES  NO

If 'YES', please list the name of the Local Authority

**Has an independent assessment been made of the tenant's need for Care, Support or Supervision?**

YES  NO

If 'YES', please state the qualified person (social worker or equivalent) and in what capacity they have carried out the assessment. Please provide a copy of the **Needs Assessment and Care/Support Plan**.

**If 'NO', we require an independent assessment by a qualified person (social worker or equivalent) confirming on what basis and by whom has it been determined that the person requires care/support/supervision and has a need to occupy supported housing.**

**How long is the support designed to last for?**

0-3 months     3-6 months     6-12 months     12 months or more

**Please confirm the category of support the tenant requires, if more than one please tick all relevant boxes. We need to understand their specific needs in identifying suitable accommodation that would justify a higher cost.**

People with mental health difficulties	<input type="checkbox"/>	People with a learning disability	<input type="checkbox"/>
People with an alcohol problem	<input type="checkbox"/>	People with a physical disability	<input type="checkbox"/>
Offenders/Ex-offenders	<input type="checkbox"/>	Refugee/Asylum Seekers	<input type="checkbox"/>
People with drug problems	<input type="checkbox"/>	Homeless in need of support	<input type="checkbox"/>
At risk/victim of domestic violence	<input type="checkbox"/>	Other (Please give details below)	<input type="checkbox"/>
Pension aged	<input type="checkbox"/>	<input type="text"/>	
Child in household	<input type="checkbox"/>		
Care Leavers (under 25)	<input type="checkbox"/>		

**Please provide supporting evidence linked to the categories marked.**

**Does the tenant have a dedicated Social Worker?**

YES  NO

If 'YES', please provide their name, address, and email contact details.

Name of Social Worker

Address

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Postcode

Email address

**How many staff are employed to provide daily Support to the tenant?**

**Are these staff professionally qualified to provide care and support to the tenant?**

YES  NO

**Are they based at the property?**

YES  NO

**How many hours support is provided on average each week to the tenant?**

**Time spent on each activity**

Please list the support provided	Time spent on each activity

## Declaration

**The information provided is true to the best of my knowledge.**

Signature

Date

Print name

Position in the Organisation