

# Application for Rehousing on Welfare Grounds



## Information for support agencies

Additional priority may be awarded if the information provided indicates that the current accommodation is having an adverse effect on your client's wellbeing and a move to more suitable property would considerably improve their current circumstances. The property may also require an assessment from an Occupational Therapist to ensure it is suitable or can be suitably adapted.

**Additional priority will not be awarded if the current difficulties are as a result of your clients own actions.**

Please return your completed form to [houreg@wigan.gov.uk](mailto:houreg@wigan.gov.uk)

**Please complete the details below on behalf of the person applying for welfare priority.**

Name	<input type="text"/>		
Address	<input type="text"/>		
Postcode	<input type="text"/>		
Date of Birth	<input type="text"/>	Age	<input type="text"/>
Mobile Telephone Number	<input type="text"/>		
Home Telephone Number	<input type="text"/>		
Email	<input type="text"/>		

# Completing the Form on behalf of your client

**Section A** – Details about your client and their home

**Section B** – Welfare Priority

**Please complete all the necessary sections of this form and sign it. If information is missing, we will be unable to fully assess your clients' needs.**

## Section A - Details about your clients' home

1. If they live in a flat, is there a lift in the building?      Yes       No
2. How many steps are there at their front door entrance?
3. Where is their toilet? (please tick one or more boxes)  
Upstairs       Downstairs       Same Floor       Outside
4. Where is their bathroom? (please tick one or more boxes)  
Upstairs       Downstairs       Same Floor
5. Where is their bedroom?  
Upstairs       Downstairs       Same Floor
6. Number of bedrooms in their current property
7. Number of bedrooms available to them
8. How long have they lived at this address?
9. If they are lodging or have no fixed abode please explain why they left their last settled address

10. Please give details below of their last address detailing when they left & the type of tenure.

Address	Date left	Tenure type, e.g. renting, owner, etc.

11. What areas are they requesting to move to? Please state the part of Wigan Borough by area name e.g. Scholes, Howe Bridge, Marsh Green, Higher Folds, Atherton etc.


12. Please give any specific details of the property type or location of the accommodation they are looking for, if they are moving to be closer to family support please give address of who they wish to live closer to.

13a. Have they ever served in the Armed Forces? Yes  No

b. If 'yes' please give details

c. If they or their partner are serving or have formerly served in the Armed Forces, please provide details of their service number

## Section B - Welfare Priority

Please tell us why your client wants to move and how this will improve their current circumstances. Please tell us if they or you have reported their circumstances to any other agencies.

If they are a current Wigan Council tenant and repair work is required at their home or they are experiencing neighbour nuisance problems please contact the Contact Centre Tel: (01942) 489005.

If your client is a Wigan Council tenant and they are experiencing financial difficulties, please contact the Financial Support Team Tel: (01942) 489005.

If your client is a private sector tenant experiencing affordability issues or they are threatened with homelessness, please contact the Homeless Solutions Team via email [HST@wigan.gov.uk](mailto:HST@wigan.gov.uk)

If they are a private tenant and they are experiencing problems with the condition of their home, we recommend that they contact the Council's Private Sector Housing Team email: [pshousingstandards@wigan.gov.uk](mailto:pshousingstandards@wigan.gov.uk)

[Large empty rectangular box for content]

Name of Support Worker

Contact Number

Contact Email

Agency Address

Signature

This information can be made available in large print or other formats. Please telephone 01942 489005 for more information.

People with hearing difficulties who have a Minicom can contact us through the typetalk operator by putting 18001 in front of any of our telephone numbers.

The following phrases say:

If you do not read or speak English and need help understanding this information please leave a message on our community language line and an interpreter will ring you back.

粵語

如果您因看不懂或不會講英語而在理解這些資訊方面需要幫助，請通過我們的社區語言熱線 01942 488431 留言，會有口譯人員給您回復電話。

عربي

إذا أنت لا تقرأ أو لا تتكلم بالإنجليزية ونحتاج إلى المساعدة لكي تتمكن من فهم هذه المعلومات فالرجاء أن تترك رسالة عندنا على خط الجالية الخاص باللغة العربية رقم 01942 488430 ومن ثم سوف يتصل بكم مترجم.

فارسی

اگر نمی توانید متون انگلیسی را بخوانید یا به زبان انگلیسی صحبت کنید و برای درک این اطلاعات نیاز به کمک دارید لطفاً روی تلفن کمک های زبانی محلی 01942 488432 پیغام بگذارید و یک مترجم شفاهی به شما زنگ خواهد کرد.

Francais - Si vous ne pouvez pas lire ou parler l'Anglais et avez besoin d'aide pour comprendre ces informations, veuillez laisser un message sur la messagerie téléphonique de notre service Linguistique en Ligne (Language Line) au 01942 488433 et un interprète vous rappellera

ગુજરાતી

જો તમને અંગ્રેજી ભાષા ન વાંચતા કે બોલતા ન આવડતી હોય અને આ માહિતી સમજવા માટે તમારે મદદની જરૂર હોય તો તમે અમારા સમુદાયની લેંગ્વેજ લાઇનમાં આ 01942 488434 નંબર પર એક સંદેશ રાખી મૂકશો, અને અમારા અનુવાદકર્તા તમને સામેથી ફોન કરશે.

اردو

اگر آپ انگریزی پڑھتے یا بولتے نہیں ہیں اور آپ کو ان معلومات کو سمجھنے کے لئے مدد کی ضرورت ہو تو براہ کرم اپنی معاشرتی زبان (اردو) کی لائن 01942 488435 پر پیغام چھوڑیں اور پھر کوئی ترجمان آپ کو واپس فون کرے گا۔