Text

Description automatically generated

# APPLICATION FORM

**OVERCROWDING ASSESSMENT FOR SOCIAL HOUSING**

Accuracy is vital for all the answers below. The completed form should be returned to the email address.

To aid accuracy please PRINT answers.

* 1. Details of the person to whom the overcrowding assessment should be sent to:

NAME: ................................................................................................................................

ADDRESS: .........................................................................................................................

............................................................................................................................................

TEL NO: ...........................................................................................................................

EMAIL: ...........................................................................................................................

* 1. (a) If address is different from above, please state full address of the property to be assessed:

...........................................................................................................................................

...........................................................................................................................................

(b) Who lives at this property?

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| --- | --- | --- |
| NAME | D.O.B | MALE/FEMALE |
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* 1. Please tick what best describes the property.

Local Council

Housing Association

* 1. Please state the local authority or social housing provider whom you pay rent to?

* 1. If privately rented, do you have a valid Gas Safe Certificate and EICR (Electrical Installation Condition Report)?
  2. If privately rented, do you have a valid EPC (Energy Performance Certificate)?
  3. Is there any disrepair to the property? (ie damp, rodent infestation)

**PROPERTY LAYOUT, DIMENSIONS OF HABITABLE ROOMS**

1. Please tick what best describes the property:

Flat

House

Marionette

Bungalow

1. Please tick what best describes the property (If applicable):

Detached

Semi-Detached

Mid-Terraced

End-Terraced

1. What is the property constructed from?

Stone

Brick

Unsure

1. List habitable rooms ie (Bedrooms & Living Rooms) in the property, along with occupants who use it as sleeping accommodation if applicable and the dimensions.

|  |  |  |  |
| --- | --- | --- | --- |
| Habitable Rooms | Floor Levels | Occupant (s) | Dimensions (meters)  NB: 1 decimal place |
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1. Is the kitchen separate or open plan ie apart of the Dining Room?

Separate

Open Plan

1. If you have a separate kitchen what are the dimensions? (Please express in meters to 1 decimal place.)
2. Show on the grid below the toilet and bathing facilities in the property:

|  |  |  |  |
| --- | --- | --- | --- |
| Toilet | Bathroom | W.C & Bathroom | Floor |
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1. List any other rooms that has not been included ie conservatory, Store room, utility room and the respective floor level.
2. Please tick what best describes the property (If applicable):

UPVC windows

Gas Central Heating

Electric Heating

Gas Fires

**Email completed form back to:** [**info@scientificservicesgroup.com**](mailto:info@scientificservicesgroup.com)