Leicester City Council Gypsy & Traveller Sites: Pitch Licence Application Form



This application form is for a licence to occupy a pitch on one of the Leicester City Council's Caravan Sites. The site is owned and managed by the Housing Division of Leicester City Council. If you have any difficulties in understanding or completing this form, please contact Nigel Townsend the Gypsy and Travellers Site Manager on telephone number 0116 454 5408.

1. APPLICANT(S)

APPLICANT'S DETAILS
Mr/Mrs/Miss/Ms/Other
First name(s)
Surname
Date of Birth
National Insurance Number
Address
Postcode
Property Ref(If Leicester City Council property)
Phone Number (home)
Phone Number (mobile)
Address for mail if different from above
Postcode
<u>Notes</u>

PARTNER'S DETAILS.
Mr/Mrs/Miss/Ms/Other
First name(s)
Surname
Date of Birth
National Insurance Number
Address
Postcode
Property Ref(If Leicester City Council property)
Phone Number (home)
Phone Number (mobile)
Address for mail if different from above
Postcode
2. PREVIOUS APPLICATIONS FOR HOUSING
APPLICANT Have you applied to Leicester City Council for Housing? Or for a site pitch before? YES NO
If YES, please give the address you were living at then, and any previous names you applied under
Postcode PARTNER Have you applied to Leicester City Council for Housing? Or for a site pitch before? NO
If YES, please give the address you were living at then, and any previous names you applied under
Postcode

3. YOUR NEED FOR HOUSING

3a. ACCESS NEEDS

account when dealing with your application For example: needs to use ramp to enter p	
If YES please give names and access ne have, for example, DLA, PIP documents	eeds. Please provide proof of any access needs you s or a Doctors letter.
NAME(S)	ACCESS NEEDS
1	
2	
3	
Are your/their access needs being met at y	your current home/accommodation?
YES	NO
3b. HEALTH NEEDS	
Do you or anyone who will be housed with account when we are dealing with your ap	n you have any health needs which should be taken into plication?
YES	NO
If YES, please give their name(s) and heal for example a Doctors letter.	Ith need(s). Please provide proof of any health needs,
NAME(S)	HEALTH NEED(S)
1	
2	
3	
Do you think that your current home/accor	mmodation is affecting your health/their health?
YES NO	
If YES, please explain why below	

3c. CARE AND SUPORT NEEDS

taken into account when	vill be housed with you have any care and support needs which should be we are dealing with your application? to get up, prepare meals, use toilet etc.	
,	YES NO	
If YES, please give their names(s) and a brief description of the care and support needs. If you want to give more information please use a separate sheet. Please provide proof of care and support needs, for example, DLA, PIP documents or a Doctors letter.		
NAME	Care and support needs	
1		
2	······· - ·······	
Do you or anyone to be elsewhere?	housed with you need to provide care and support to someone who lives YES NO	
and the name(s) of those	tails of the person(s) requiring support and a brief description of their needs, who will provide that support. Please provide proof of care and support ne not living with you. For example, proof of carers allowance.	
Name(s)		
Address		
	Post code:	
Care and support needs		
Person(s) providing care	and support	
3d. OTHER NEEDS	FOR HOUSING	
	for a site pitch due to access or health reasons, or if there are other provide details of any other needs.	
neighbourhood housing	of any other agencies involved such as Police, social Services, offices. If you left a permanent home in the last 6 months please explain vide any documents you have that you think will help your application.	

4. PETS AND ANIMALS

4. PEIS AND AN	IIIIALO					
Do you keep any pet	s or other animals?					
	YES NO					
If YES please provide	e details					
5. YOUR HOUSE	HOLD					
Please give details o	f all persons who will ne	ed to b	e house	ed with you.		
(Please put a tick (\ live with you now.	$^{\prime})$ by the names of any	ne yo	u want	to be hous	ed with you that o	do not
	re proof of access arra of of residence for any	_			_	hildren
Surname	First name(s)	Sex M/F	Age	Date of Birth	Relationship to applicant e.g. son, father	√
					org. com, ramor	
Do all the people liste	ed above live with you at	the m	oment?			
	YES NO					
If NO please give the		ving w	th you	thair curron	t address, and ovn	lain why
ii NO, piease give tiii	e name(s) of those not li	y wi			ess, and exp	

Are you pregnant? YES NO
If YES please give the date the baby is due:
Is anyone wishing to be housed with you pregnant? YES No
If YES please give their name and the date the baby is due.
5. YOUR PRESENT HOME
Please give details of your present home.
Address
Post Code:
If you are renting your home what type of tenancy do you have?
Secure Assured Assured Short-hold Introductory
Do not know Other specify
Please indicate your present housing circumstances
Owner Occupier
Private tenant
Housing Association tenant
Council tenant
Living with parents
Living with relatives
Unauthorised camp
Caravan on a site
No fixed abode

Wha	at type of accommodation do you live in?
Cara Hos	avan
Othe	er specify
8	Do you have any close family connections on any of the Leicester City Gypsy & Travellers sites? Yes/No If yes, please give details below:
7. H	Have you ever been a Leicester City Council tenant before?
l'	f so, please provide address(es) and tenancy date(s)

• • •	ease note; giving a pr		ite 1 in the box, and then give your second does not necessarily mean you will be
Meynell's Gorse			
Red Hill Way			
Greengate Lane			
9. Please give any	other information y	ou thin	k will support your application:
10. Proof that you r	need to provide wit	th the ap	oplication
Please indicate if any	of these apply and ma	ake sure <u>y</u>	you provide proof
Dependent children		e.g. Prod	of of child benefit
Adults living with you			at they live with you ving licence, bank statement)
Current/former tenan	су	Proof of Rent acc	current and former count
Access to children		Proof of	access to children
References from form	ner landlord		
	alth needs, or access n		e.g. DLA, PIP, or Carers Allowance, hospital notes, Doctors letter. Supporting letter from Social Services.
Please note; photocop	nes of documents req	luired for	proofs are acceptable.

8. Please give your preference for which site you would like a pitch.

11. APPLICANT'S DECLARATION

I/we authorise Leicester City Council to make any investigations that it considers is required to process my/our Pitch Licence application for accommodation on a LCC caravan site.

I/we also give Leicester City Council permission to contact any of the following bodies or agencies in connection with this application for housing, or in connection with any future housing service if I/we become licensee(s) Of Leicester City Council:

- Any police authority
- Any social security and benefits authority
- The National Health Service
- Any other local authority or social housing landlord
- Or any other statutory authority

I/we understand that any FALSE INFORMATION given by me/us which leads to a pitch being allocated to me/us may result in eviction proceedings being taken against me/us.

I/we also understand that any FALSE INFORMATION given by me/us will result in my/our application being suspended or cancelled and may also result in exclusion from the waiting list for one year.

I/we understand that Leicester City Council must be informed immediately if my/our circumstances change, or if any of the information supplied in the application changes.

I/we also understand that if an offer of accommodation is made to me/us but refused then I/we will be suspended from the waiting list for one year.

I/we understand that if I/we are offered accommodation by Leicester City Council I/we will abide by the Pitch licence conditions for the LCC caravan site.

Deposit

Prior to occupation of the pitch, to pay a deposit in the sum £...... which is 4 weeks rent to our representative on signing of the agreement for which a receipt will be issued. The deposit will be held against arrears, damage, or other breaches of the agreement.

All applications must have the correct supporting proofs in order for the application to be deemed as complete.

SIGNED:	Applicant
	Date
	Partner
	Date
	yone helping you with this application? be happy for us to discuss your application with them?
•	se give their name and contact details:

When completed please return this form to with <u>all</u> proofs required to:

Nigel Townsend Gypsy & Traveller Manager Leicester City Council Housing Division New Parks Housing Office 321 Aikman Avenue Leicester LE3 9PY