**Initial Information Assessment Form**

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| **Applicant Name** | |  | | | | **Date Application Received** | | |  | | | | |
| **Proposed retirement date** | |  | | | | **Initial Banding ( pre home visit or tel con or office visit )**[[1]](#footnote-1) | | | **A** | **B** | | **C** | **D** |
| **Ill health retirement** | | Yes | | No | | **Death in Service** | | | **Yes** | | | **No** | |
| **No of qualifying years Stipendiary Service at date of retirement**  To qualify for assistance for housing under CHARM Rental the customer will have needed to complete the qualifying year of stipendiary service ( please see table below) | | | | | | | | | | | | | |
| **Calendar year** | **2016** | | **2017** | | **2018** | | | **2019** | | | **2020** | | |
| **No of years qualifying service completed** | 12 | | 13 | | 14 | | | 15 | | | 15 | | |
| **Does Applicant meet qualifying service requirements** | | | **Yes** | | **No** | | | **Number of years service accrued** | | | **29** | | |
| **Financial Assessment**  **Check** | | **Does Applicant have sufficient funds to be considered for Shared Ownership?** | | | | **Eligible for CHARM Shared Ownership** | | | **Send shared ownership booklet & Letter** | | | | |
| **Yes** | | **No** | | **Yes** | **No** | | **Yes** | | | **No** | |
| **Eligible for Rental** | | | | **Contact Customer to arrange appointment to discuss application further** | | | **Date contacted** | | | | |
| **Yes** | | **No** | | **Yes** | **No** | | ***Insert date*** | | | | |
| **Appointment Booked** | | **Yes** | | **No** | | **Date of appointment** | | | ***Insert date*** | | | | |
| **Confirm Appointment in email or writing to the customer [[2]](#footnote-2)** | | *Date confirmation sent insert date* | | | | **Book meeting room if internal appointment** | | | ***insert Room No*** | | | | |

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| **Banding Definitions** | |
| Band A  Urgent Priority | * Customer is less than 24 months from retirement and needs to secure a home * Customer has an urgent medical condition, and their current housing is having a major adverse effect on the medical condition and their well being * Customers’ partner has died in service and needs to move from the Vicarage in to permanent accommodation with the Board |
| Band B  High Priority | * Customer is less than 36 months from retirement and needs to secure a home * Customer needs to move because their home requires major repairs/ redevelopment and they are unable to occupy their current home while these works take place * Customer has a medical condition, and their current housing is having an effect on their medical condition and well-being and they have a need to move. * Customer is a Widow/er and would like to move following the death of their partner * Customer has already retired, but is separating from their spouse/civil partner and one or both of them needs to be re-housed. * Customer is residing in an adapted property where adaptations are no longer required by them and their family |
| Band C  Medium Priority | * Customer is less than 48 months from retirement and needs to secure a home * Customer is retired but living in House for Duty that they are required to leave in the next 12 months. |
| Band D  Low Priority | * Customer is more than 48 months from retirement and needs to secure a home * Customer is already housed in a CHARM property and would like to move but does not fall in to any of the priority categories * Customer is retired, living in private rental accommodation and they do not need to move, but have expressed an interest in moving into CHARM Rental property * Customer is ineligible for CHARM due to non qualifying service but would like to be considered for a commercially rented home |

1. Refer to banding criteria overleaf [↑](#footnote-ref-1)
2. [↑](#footnote-ref-2)