

# Cambridgeshire Housing Reciprocal Property Request Form

The Cambridgeshire Housing Reciprocal is an alternative housing route for tenants who are at risk of domestic abuse or other forms of VAWG in their local authority area and where the local authority or registered housing provider cannot meet their need from within their own stock. It is subject to suitable accommodation being available in the safe areas identified and may take time or not be possible in all cases.

## Referral process

- Housing or support professionals identify a household with a social tenancy that needs to move due to risk from domestic abuse or other forms of VAWG.
- All referrals should be supported by the Cambridgeshire Specialist DA Services, so if not already receiving support a referral to be made. Completed forms to be sent to [housingreciprocal@cambridgeshire.gov.uk](mailto:housingreciprocal@cambridgeshire.gov.uk)
- Admin role within Cambridgeshire Specialist DA Services to forward form to the applicant's landlord's Reciprocal Named Leads for approval if not approved. Supporting IDVA/outreach worker to provide Named Leads with applicant name/other information
- Once referral is approved, Cambridgeshire Specialist DA Admin will allocate an Application Reference Code and log in monitoring database, and send out this form via email to local authorities and registered provider named leads in all Districts the applicant has identified as safe.
- Property offers will be direct offers rather than bidding and made to the supporting IDVA/outreach worker, always copying in [housingreciprocal@cambridgeshire.gov.uk](mailto:housingreciprocal@cambridgeshire.gov.uk)
- If accepted, IDVA/outreach assists household to register on Home-Link/Housing Jigsaw (Peterborough) as required.

The applicant has given consent for this application to be made and is aware that the information on this form will be shared and used anonymously for monitoring/research	<input type="checkbox"/> Yes	Date:
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## Section 1 – Applicant's housing and household details

Please **DO NOT** include the applicant's name anywhere in this section or on this form.

PLHR Application Reference Code:	TO BE ASSIGNED BY Cambridgeshire Specialist DA Admin. Format: ARC-01-19
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Applicant's landlord (Local Authority or Housing Provider)	
District authority of Residence	
Number of bedrooms, floor and type of current property	
Tenancy Type	
Is the household currently overcrowded?	

Details of adults (above 18) requesting to move (please specify if any adults are joint tenants)			
	Age	Gender	Relationship to Lead applicant
Lead applicant:			**** n/a
Details of any children (18 and under) in household requesting to move			
	Age	Gender	Relationship to Lead applicant

<b>If the applicant/household are not staying in their social housing property, where are they currently staying?</b>		
<input type="checkbox"/> Friends / family / sofa surfing	<input type="checkbox"/> Homeless shelter / hostel	<input type="checkbox"/> Rough sleeping
<input type="checkbox"/> Women's refuge	<input type="checkbox"/> Temporary Accommodation provided by a Local Authority	
<input type="checkbox"/> Prison. Release date:	<input type="checkbox"/> Other (please specify):	

## **Section 2: Reason for Reciprocal Request**

<b>Risk to applicant or any household member (tick all that apply and specify who is at risk)</b>	
Domestic abuse/violence	
Sexual abuse/violence	
Prostitution / Trafficking - please specify	
Harmful practices e.g. FGM, Forced Marriage or so called 'honour' based violence - please specify	
Child Sexual Exploitation	
Other high-risk community safety or safeguarding need - please specify	

<p><b>Reciprocal move to relocate a perpetrator of abuse</b> e.g. on release from prison– please specify what safeguarding will be put in place around the victim/survivor to ensure relocating the perpetrator will increase their safety, including a sanctuary scheme or relocation to new address?</p>	
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## **Additional vulnerability or support need for lead applicant or any household member**

<b>Detail of additional vulnerability or support need (please specify what and who it refers to)</b>	
Care Leaver	
Frail elderly	
Substance misuse	
Physical disability	
Learning disability	
Mental health need	
Risk of Self harm	
Pregnancy	
Offender at risk	
Other additional vulnerability or support need – please specify	

## **Section 3: Risk to organisation and risk to others**

<b>Risk to organisation</b>	
Tenancy Sustainment: previous eviction for arrears	
Tenancy Sustainment: previous eviction for ASB	
ASBO	
Other risk to organisation – please specify	
<b>Risk to other individuals from applicant or any household member</b>	
Committed sexual assault or exposure	
Applicant/household member is danger to children	
Violence / risk to others (including Arson)	
MAPPA case	

Parenting order	
Probation or Youth Offending order	
Other risk to other individuals – please specify	

#### **Section 4: Agencies supporting the lead applicant or any household member**

<b>Please list any agencies currently supporting the applicant or any household member and support in place</b>
<ul style="list-style-type: none"> <li>•</li> <li>•</li> <li>•</li> <li>•</li> </ul>

Has an appropriate risk assessment been completed (e.g DASH risk assessment for DV)?	
Has a referral been made to specialist support (e.g. to an IDVA/ISVA, MARAC, Rape Crisis Centre) or is the applicant already being supported by a VAWG specialist agency?	

#### **Section 5: Reciprocal Property Request Details**

<b>Nominating officer(s) – Contact at Cambridgeshire IDVA/Outreach supporting applicant</b> (Point of contact for property offers)	Name: Email: Telephone:
<b>Number of bedrooms requested</b>	
<b>Details of any mobility issues or Medical Assessment including need for aid or adaptation</b>	
<b>Maximum floor accepted</b>	If property is lifted: If property is not lifted:
<b>Family pets</b> (specify if prepared to rehome pets if property is offered but no pets allowed)	
<b>Districts of choice</b> (include all Districts where the applicant/household members are safe and willing to move to)	
<b>Districts that are unsafe for the applicant or any household member</b>	
<b>Current rent paid and account history</b> (if current arrears, please detail any plan in place to address this)	
<b>Other information</b>	

**Section 6: Equality & Diversity for the lead applicant** – This section will not be included when Safer London sends out the property request to Reciprocal partners

Ethnic Origin of Lead Applicant	
<b>Asian or Asian British</b> <input type="checkbox"/> Indian <input type="checkbox"/> Pakistani <input type="checkbox"/> Bangladeshi <input type="checkbox"/> Chinese <input type="checkbox"/> Any other Asian background	<b>Mixed Heritage</b> <input type="checkbox"/> White & Black Caribbean <input type="checkbox"/> White & Black African <input type="checkbox"/> White & Asian <input type="checkbox"/> Any other Mixed background
<b>Black or Black British</b> <input type="checkbox"/> African <input type="checkbox"/> Caribbean <input type="checkbox"/> Any other Black background	<b>White or White British</b> <input type="checkbox"/> English / Welsh / Scottish / Northern Irish/ British <input type="checkbox"/> Irish <input type="checkbox"/> Romany, Gypsy or Irish Traveller <input type="checkbox"/> Any other White background
<b>Other ethnic group</b> <input type="checkbox"/> Arab <input type="checkbox"/> Any other ethnic group	<b>Information not known</b> <input type="checkbox"/> Prefer not to say <input type="checkbox"/> Information not known

Sexual Orientation of Lead Applicant:		
<input type="checkbox"/> Heterosexual / Straight	<input type="checkbox"/> Gay Man	<input type="checkbox"/> Prefer not to say
<input type="checkbox"/> Bisexual	<input type="checkbox"/> Gay Woman/Lesbian	

Gender Identity of Lead Applicant:	
What best describes your gender:	
<input type="checkbox"/> Female	<input type="checkbox"/> Male <input type="checkbox"/> Prefer not to say <input type="checkbox"/> Prefer to self-describe:
Is your gender identity the same as the sex you were assigned at birth?	
<input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Prefer not to say

Religion/Belief of Lead Applicant:				
<input type="checkbox"/> Atheist	<input type="checkbox"/> Buddhist	<input type="checkbox"/> Christian (all denominations)	<input type="checkbox"/> Hindu	<input type="checkbox"/> Jewish
<input type="checkbox"/> Muslim	<input type="checkbox"/> Sikh	<input type="checkbox"/> Other Religion/Belief	<input type="checkbox"/> None	<input type="checkbox"/> Prefer not to say

Disability of Lead Applicant:	
Do you consider yourself to have a disability?	
<input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> Prefer not to say