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| **BAIL 409** | **Application for Immigration Bail Accommodation (Exceptional Circumstances including Article 3 ECHR)** |

This form has been designed for persons who are applying for Immigration Bail[[1]](#footnote-2) or a variation of Immigration Bail with a residence condition and are unable to support and accommodate themselves without the assistance of the Secretary of State.

The exceptional circumstances in which bail accommodation may be provided are set in the guidance published at <https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/733313/immigration-bail-v3.pdf> and <https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/931845/immigration-bail-interim-guidance-v1.0ext__002_.pdf>.

Accommodation may be provided if it is necessary in order to avoid a breach of the person’s human rights such that:

* the person is not eligible for other support as an asylum seeker or failed asylum seeker; and
* they do not have adequate accommodation or the means of obtaining it; and
* there is a legal or practical obstacle that prevents the person from leaving the UK or which makes it unreasonable to expect them to leave the UK.

Legal and practical obstacles to return can include factors such as:

* lack of travel documents (provided the person can show they are taking, or have taken, reasonable steps to obtain a document); and
* temporary inability to travel due to a medical condition (provided this is supported by evidence).

Accommodation may also be provided in other exceptional circumstances.

Do **not** use the form if you are an asylum seeker or a failed asylum seeker because your asylum claim or any appeal you made has been rejected.

If you are an asylum seeker or failed asylum seeker please contact Migrant Help (0808 8000 631 or <https://www.migranthelpuk.org/>) who will advise you how to apply for accommodation and other support provided under sections 95, 98 and 4(2) of the Immigration and Asylum Act 1999.

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| **Section 1** | **Tell us any reference numbers which may help us to identify you.** |
| Give details of any current Home Office reference numbers\* |  |
| Home Office Reference |  |  |
|  |
| Port Reference |  |  |
|  |
| Asylum Support Reference |  |  |
|  |
| Any other relevant reference numbers (i.e. NHS) |  |  |  |
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|  |  |  |
| Have you ever received a criminal conviction in the UK or abroad? |  | Yes |  |
|  |  | No |  |
| If YES: |  |  |  |
| Please provide details of your conviction/s, including dates |  |  |  |
|  |  |  |  |

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| **Section 2** | **Personal Details** |
| Name \* |  |
| Title: Mr Mrs Miss Ms Dr  |
|  |
| Family Name |  |  |
|  |
| Given Names |  |  |
|  |

|  |  |
| --- | --- |
| Do you currently use any other name? \* | Yes No  |
| Details of other names\* | Title: Mr Mrs Miss Ms Dr  |
|  |
| Family Name |  |  |
|  |
| Given Names |  |  |
|  |

|  |  |
| --- | --- |
| Gender\* | Male Female Other ……………….. |
| Date of birth \*(dd-mm-yyyy) |  |   |  |  |  |  |  |
| Day  |  | Month  |  | Year  |  |  |
|  |  |  |  |  |  |  |
| Nationality \* |  |  |  |
|  |  |  |
|  |  |  |
| Do you have a partner in the UK? \* |  |
| Where does your partner live? \* |  |
| If you have a partner, please explain why they cannot accommodate you. \* |  |

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| **Section 3** **Your current circumstances\*** |  |
| Are you currently in immigration detention? \* | Yes No  |
| If **YES**: |  |
| Will you become destitute or become street homeless if granted immigration bail? \* | Yes No  |
| If you are **NOT** in Immigration Detention: |  |
| Are you or will you become destitute or street homeless within 14 days? \* | Yes No  |
| On what day will you become street homeless? \*About your immigration bail conditions:Are you subject to a residence condition as a condition of your immigration bail?If you are **NOT** subject to a residence condition, are you requesting for your immigration bail conditions to be varied to impose a residence condition? | Day \_\_\_\_\_\_\_\_\_\_\_ Month \_\_\_\_\_\_\_\_\_\_\_\_\_ Year \_\_\_\_\_\_\_\_\_\_\_Yes NoYes No |

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| **Section 4****Address and contact details in the UK\*** |  |
| Do you have a current address? \* | Yes No (If no, provide a phone number where we can contact you)(if you are currently detained please provide removal centre details) |
| Address\* | House Number or Name |  |  |
| Street name |  |  |
| Town or City |  |  |
| County |  |  |
| Postcode |  |  |
| Mobile telephone number |  |
|  |  |  |
|  |
| Home telephone number |  |  |  |
|  |  |  |
|  |  |  |
| E- mail address |  |  |  |
|  |  |  |
|  |  |  |
| **Your Address:** Is your current address also your correspondence address? \* | **Tell us where we can write to you:**Yes No (If no, fill in the correspondence address below) |
| Address\* | House Number or Name |  |  |
| Street name |  |  |
| Town or City |  |  |
| County |  |  |
| Postcode |  |  |
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| Who currently provides you with accommodation? |  Home Office Friend Relative Rented Partner Charity Street Homeless Other? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Tell us who you currently live with \* (please include their name and any contact details you have for them). |  |  |  |
|  |  |  |
|  |  |  |
| Do you pay towards the cost of your accommodation? \* | Yes No  |
| Amount per month\* |  |  |  |
|  |  |  |
|  |  |  |
| How are these payments made and how is this funded?\* |  |  |  |
|  |  |  |
|  |  |  |
| Have you been asked to leave this accommodation? | Yes No  |
| If yes, state when you are expected to leave and explain why you can no longer be accommodated there. |  |  |  |
|  |  |  |
|  |  |  |
| When did you live at this address?\* | From |  | To |  |  |
|  |  |  |  |  |
| Any previous address history? \* | Yes No  |
| Provide the address and dates you lived at each place. \* |  |  |  |
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| **Section 5****About your steps to leave the UK voluntarily\*** | **Tell us what steps you have taken, are taking, to leave the UK voluntarily, if any.** |
| Have you tried to obtain documentation to be able to return home? \* | Yes No  |
| Tell us the steps you are taking to obtain a travel document \* |  |  |  |
|  |  |  |
|  |  |  |
| Have you applied for Assisted Voluntary Return (AVR)? | Yes No  |
| What date did you apply? | Day |  | Month |  | Year |  |  |
|  |
| Have you been offered a flight that you have failed to take up? | Yes No  |
| Details |  |  |  |
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| **Section 6** **Your Impediment to travel \*** |  |
| Give a brief explanation as to why you cannot leave the UK \*If you believe that you cannot leave the UK because you are medically unfit to travel, you need to submit medical evidence. \* |  |

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| **Section 7****Legal representative** | **Provide us with the details of your legal representative** |
| Do you have a legal representative? \* | Yes No  |
| Who pays for your representative? |  |  |  |
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|  |  |  |
| Name of the representative’s organisation |  |  |  |
|  |  |  |
|  |  |  |
| Name of representative | Title: Mr Mrs Miss Ms Dr  |
|  |
| Family Name |  |  |
|  |
| Given Names |  |  |
|  |
| Contact telephone number |  |  |  |
|  |
| Fax number |  |  |  |
|  |
| E mail address |  |  |  |
|  |
| Address of your representative  | House Number or Name |  |  |
| Street name |  |  |
| Town or City |  |  |
| County |  |  |
| Postcode |  |  |
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| **Section 8****Support**  | **Tell us more about all the support you have received from your friends and or relatives.** |
| Have you received any support from friends or relatives since arriving in the UK? \* | Yes No  |
| If yes, you must provide details of the support and why it stopped or cannot continue. |  |  |  |
|  |  |  |
|  |  |  |
| Who provided the support? | Title: Mr Mrs Miss Ms Dr  |
|  |
| Family Name |  |  |
|  |
| Given Names |  |  |
|  |
| Relationship to you |  |  |
|  |
| Address | House Number or Name |  |  |
| Street name |  |  |
| Town or City |  |  |
| County |  |  |
| Postcode |  |  |
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| Contact telephone number |  |  |  |
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| Fax number |  |  |  |
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| E mail address |  |  |  |
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| Have you received any support from any other friend or relative since arriving in the UK? | Yes No  |
| If yes, you must provide details of the support provided and why it stopped or cannot continue. |  |  |  |
|  |
| Who provided the support? | Title: Mr Mrs Miss Ms Dr  |
|  |
| Family Name |  |  |
|  |
| Given Names |  |  |
|  |
| Relationship to you |  |  |
|  |
| Address | House Number or Name |  |  |
| Street name |  |  |
| Town or City |  |  |
| County |  |  |
| Postcode |  |  |
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| Contact telephone number |  |  |  |
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| Fax number |  |  |  |
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| E mail address |  |  |  |
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| Any further information about the support you have been receiving? |  |  |  |
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| **Section 9A****Monetary assets in the UK** | **Tell us about any monetary assets you have access to in the UK.** |
| Do you have any cash funds? |  |  |  |  |
| Yes No  |  | Provide details here |  |
|  |  |  |  |
| Do you have any bank and or saving accounts? |  |  |  |  |
| Yes No  |  | Provide details here |  |
|  |  |  |  |
| Do you have any credit cards and or Loans? |  |  |  |  |
| Yes No  |  | Provide details here |  |
|  |  |  |  |
| Do you have a PayPal account? |  |  |  |  |
| Yes No  |  | Provide details here |  |
|  |  |  |  |
| Do you have a private and or state pension? |  |  |  |  |
| Yes No  |  | Provide details here |  |
|  |  |  |  |
| Do you have any Investments? |  |  |  |  |
| Yes No  |  | Provide details here |  |
|  |  |  |  |
|  | Currency | Value |  |
|  | Currency | Value |  |
|  |  |  |  |
| You must provide details of any accounts held using the table, and indicate that you have included, at least, statements for the last six months. |  | Name of bank or organisation | Account Number | Sort Code | Balance of Account |  |
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| **Section 9B****Monetary assets abroad** | **Tell us about any monetary assets you have access to abroad.** |
| Do you have any cash funds? |  |  |  |  |
| Yes No  |  | Provide details here |  |
|  |  |  |  |
| Do you have any bank and or saving accounts? |  |  |  |  |
| Yes No  |  | Provide details here |  |
|  |  |  |  |
| Do you have any credit cards and or Loans? |  |  |  |  |
| Yes No  |  | Provide details here |  |
|  |  |  |  |
| Do you have a PayPal account? |  |  |  |  |
| Yes No  |  | Provide details here |  |
|  |  |  |  |
| Do you have a private and or state pension? |  |  |  |  |
| Yes No  |  | Provide details here |  |
|  |  |  |  |
| Do you have any Investments? |  |  |  |  |
| Yes No  |  | Provide details here |  |
|  |  |  |  |
|  | Currency | Value |  |
|  | Currency | Value |  |
|  |  |  |  |
| You must provide details of any accounts held using the table, and indicate that you have included, at least, statements for the last six months. |  | Name of bank or organisation | Account Number | Sort Code | Balance of Account |  |
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| **Section 10A****Material assets in the UK** | **Tell us about the material assets you have in the UK.** |
| Do you own any land in the UK? \* | Yes No  |
| Provide details of the land that you own |  |  |  |
|   | Where is it? Estimated value? Can you liquidate or rent it? You must provide supporting evidence |  |
|  |  |  |
| Do you own any property in the UK? \* | Yes No  |
| Provide details of the land that you own |  |  |  |
|   | What is it? Where is it? Estimated value? Can you liquidate or rent it? You must provide supporting evidence. |  |
|  |  |  |
| Do you have a car or other vehicle?\* | Yes No  |
| Provide details of the car or other vehicle? | Yes No  |
|  |  |
|  | Registration number |  |  |
|  | Value |  |  |
|  |  |  |  |
| If you have not yet sold this vehicle, please provide an explanation why. |  |  |  |
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| **Section 10B****Material assets held abroad** |  |
| Do you own any land abroad? \* | Yes No  |
| Provide details of the land that you own |  |  |  |
|   | Where is it? Estimated value? Can you liquidate or rent it? You must provide supporting evidence |  |
|  |  |  |
| Do you own any property abroad? \* | Yes No  |
| Provide details of the property that you own |  |  |  |
|   | What is it? Where is it? Estimated value? Can you liquidate or rent it? You must provide supporting evidence. |  |
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| **Section 11****Individual Circumstances\*** | **Tell us about any individual circumstances for you that we should be aware of.** |
| Provide details of your individual circumstances \* |  Pregnant Physical health problems Learning disabilities Victim of domestic violence Mental health problems Other No additional reasons |
| Brief description |  |  |  |
|   |  |  |
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| **Section 12****Individual accommodation requirements** |  |
| Provide details with evidence about any specific accommodation requirements you have? |  |  |  |
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| **Section 13****Additional Details** |  |
| Who helped you complete this form?\* |  Legal representative Voluntary Sector Relative Other Nobody |
| Name of person or organisation who assisted you \* | Title: Mr Mrs Miss Ms Dr  |
|  |
| Family Name |  |  |
|  |
| Given Names |  |  |
|  |
| Organisation name |  |  |
|  |
| House Number or Name |  |  |
| Street name |  |  |
| Town or City |  |  |
| County |  |  |
| Postcode |  |  |
|  |
| Telephone number and email address of the person who assisted you |  |  |  |
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| **Section 14** | **Declaration** |
| Once you submit this application you have agreed to accept the following terms:* I confirm that the information I have given on this form is correct and complete.
* I understand that if I give false information, you may take action against me and I could be prosecuted.
* I confirm that I will tell you if my or my dependants’ circumstances change or there is new information that is relevant to this application.
* I agree that you can pass the information on this form to the prescription pricing authority, so they can give me help toward health costs.
* You can use this information to check that am entitled to help, and to prevent and detect fraud and money laundering. I also understand that such agencies may provide the Home Office with information about me.
* You may undertake a search with Experian for the purposes of verifying my identity. To do so Experian may check the details I supply against information held on any database (public or otherwise) to which they have access. They may also use my details in the future to assist other companies for verification purposes. A record of the search will be retained.
* The Home Office will use the personal information you provide to consider your application. We may also share your information with other public and private sector organisations in the UK and overseas. For more detail please see the Privacy Notice for the Border, Immigration and Citizenship system at: [www.gov.uk/government/publications/personal-information-use-in-borders-immigration-and-citizenship](http://www.gov.uk/government/publications/personal-information-use-in-borders-immigration-and-citizenship). This also sets out your rights under the Data Protection Act 2018 and explains how you can access your personal information and complain if you have concerns about how we are using it.

I agree to the use of the data provided in this application in accordance with the Home Office’s Information Charter: I confirm that I agree to all the above statements\* |
| **Name:** |  |  |
|  |  |  |
| **Signature:** |  |  |
|  |  |  |
| **Date:** |  |  |
|  |  |  |

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| **Section 15** | **APPLICATION SUPPORT ELIGIBILITY** |
| **I consider that I am eligible for support under paragraph 9 of Schedule 10 because:****Part 1 - I am destitute**, (Note: You should demonstrate, in your answers to questions below, that you are without adequate accommodation or the means of obtaining it now, or within 14 days, or, if you have adequate accommodation, that you cannot meet your other essential living needs now, or within 14 days. If you have been without support from the Home Office or a local authority for some time, you will be expected to explain how you have supported yourself during this period and provide evidence where necessary).**Part 2 – and I satisfy at least one of the criteria listed below** (please tick all that apply)* I am taking all reasonable steps to leave the UK or place myself in a position in which I am able to leave the UK. This could include complying with attempts to obtain a travel document to facilitate departure.
* I am unable to leave the UK by reason of a physical impediment to travel or for some other medical reason.
* I am unable to leave the UK because in the opinion of the Secretary of State there is currently no viable route of return available.
* I have made an application in Scotland for judicial review of a decision in relation to my Immigration claim or, in England and Wales or Northern Ireland, I have applied for such a judicial review and been granted permission or leave to proceed.
* I have an application for an in-country appeal of a decision in relation to my Immigration clam pending in, Scotland, England and Wales or Northern Ireland.
* The provision of accommodation is necessary for the purpose of avoiding a breach of my Article 3 Convention rights, within the meaning of the Human Rights Act 1998.

**Part 3 – or there are other exceptional circumstances not listed above which may make it appropriate for accommodation to be provided.** |

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| **Section 16** | **Additional Information** |
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| **Section 17** | **Documents Checklist** |
|  | Use the table below as a checklist of all the supporting documents you are providing with your application. Tell us how many of each of the documents listed that you have included. Ensure that all supporting documents and evidence is listed. Add extra lines if necessary. All documents must be originals. |
|  | **Document** | **Number of Pages** |  |
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| **Section 18** | **Next Steps for Your Application** |
|  | 1. Ensure the application is complete and that you have provided answers to all questions relevant to your claim for support. Ensure that you have provided evidence to support the answers in your application form where required. Failure to supply documents and or evidence will lead to delays in reaching a decision and may lead to the rejection of your claim.2. Ensure you have read and signed the declaration 3. Once you are satisfied that your application is complete, collate your form and documents together and send to: **PO Box 471, Dover, CT16 9FN**. If you use recorded or special delivery, this will help us to record the receipt of your application. Make sure you keep the recorded delivery or special delivery number. Consideration will be given to the information you have provided.  You will be notified in writing of our decision.4. If you need to contact us after you have applied please contact: PO Box 471, Dover, CT16 9FN.  Telephone: **0808 800 0631****You must keep us informed of any changes to the information that you have provided.** |

1. Under Paragraph 9 of Schedule 10 to the Immigration Act 2016 [↑](#footnote-ref-2)