



SHELTERED HOUSING APPLICATION FORM

Dear Applicant

- Answer all the questions as fully as possible and enclose appropriate supporting letters or evidence. An incomplete or unsigned form will be returned to you.
- If you require assistance in completing this form please contact our office.
- All information provided in this application will be treated in the strictest of confidence, in line with the Data Protection Act and will not be passed on to anyone else.
- Please note: SHELTERED HOUSING is for people over 55 years unless the application is for a couple where only one partner must be over 55 years old or the applicant qualifies as disabled under the 1970 Disabled Persons Act and is over 40 years old.
- When completed this form should be returned to:

**Lyn Gilzean Court
St Anns Wells Road
St Anns
Nottingham
NG3 3GF**

Telephone (0115) 9503977

For Office Use Only

Date Issued

Date Received

Reference No



National
Housing
Federation
Member

Registered under the
Industrial & Provident Societies Act 1965
No. 26310R

Registered with the
Housing Corporation L3808

PERSONAL DETAILS

1st Applicant : **MR** **MRS** **MISS** **MS** (delete as appropriate)

Name Age Date of Birth

Address:

.....

..... Postcode.....

Tel No (Home) (Work)

(Mobile)

National Insurance Number

Are you a UK or other EU/EEA citizen Yes No

UK (currently resident) UK (returning from abroad)

Europe (name country)

If no, what is your status

Refugee Limited leave to remain Exceptional leave to remain

Applied, awaiting Home Office decision

If none of the above apply, please give details

2nd Applicant : **MR** **MRS** **MISS** **MS** (delete as appropriate)

Name Age Date of Birth

Address

.....

..... Postcode.....

Tel No (Home) (Work)

(Mobile)

National Insurance Number

Are you a UK or other EU/EEA citizen Yes No

UK (currently resident) UK (returning from abroad)

Europe (name country)

If no, what is your status

Refugee Limited leave to remain Exceptional leave to remain

Applied, awaiting Home Office decision

If none of the above apply, please give details

CURRENT HOUSING

Please tick one box that best describes the accommodation that you are currently living in.

				Name of Landlord
Bed & Breakfast / Hotel		Council Tenant		
Hostel / Refuge		Housing Association Tenant *		
Lodgings		Private Landlord		
Institution (i.e. prison, care homes)		Owner-Occupier		
Hospital		Living with Family		
Sleeping Rough		Living with Friends		
Accommodation attached to Job		Other		

Bedroom 1	
Bedroom 2	
Bedroom 3	
Bedroom 4	
Bedroom 5	

Does your present home have the following:

Do you share these facilities with anyone who is not a member of your household?

Living Room **YES / NO**

YES / NO

Kitchen **YES / NO**

YES / NO

Bathroom **YES / NO**

YES / NO

Inside Toilet **YES / NO**

YES / NO

CONDITION OF YOUR PRESENT ACCOMMODATION

Does your property require major repairs ***YES / NO**

Do you consider the property you live in to be:

DAMP		LEAKING ROOF/WALLS	
FAULTY ELECTRICS		LACK OF HEATING	
ROTTEN DOORS, WINDOWS ETC			

Unfit, as determined by Environmental Health **YES / NO** (if yes, please provide proof)

*Please give details

Does the area or property you live in affect your physical/mental health? ***YES/ NO**

Please give details

.....

.....

.....

YOUR PREVIOUS ADDRESSES OVER THE LAST 5 YEARS

Property Address	Landlord's Name, Address and Telephone Number	From	To

Have you or your partner had a previous tenancy with Tuntum Housing Association? **YES / NO**

If yes, in what year and at what address?

.....

EMPLOYMENT DETAILS

If any person applying for housing is employed, please provide the following information:

Name	
Occupation	
Name & Address of Employer	
Salary / Wage	

FINANCIAL CIRCUMSTANCES

Please note that this information is required in order to assess your ability to pay rent. Information provided will be treated in the strictest of confidence.

Please answer fully

YOU

PARTNER

What is your household's weekly income?

£.....

£.....

How much rent or mortgage do you pay?

£.....

£.....

Are you in arrears with your rent or mortgage?

YES / NO

YES / NO

If yes, how much?

£.....

£.....

Have you made arrangements to pay the balance?

YES / NO

Please provide name of landlord/mortgage company

.....

Are you or any members of your household in receipt of any of the following?

YOU

**AMOUNT
WEEKLY (£)**

PARTNER

**AMOUNT
WEEKLY (£)**

Income Support

YES / NO

.....

YES / NO

.....

Job Seekers Allowance	YES / NO	.....	YES / NO	.....
Incapacity Benefit	YES / NO	.....	YES / NO	.....
Working Tax Credit	YES / NO	.....	YES / NO	.....
PIP	YES / NO	.....	YES / NO	.....
Child Benefit	YES / NO	.....	YES / NO	.....
State Retirement Pension	YES / NO	.....	YES / NO	.....
Private Pension	YES / NO	.....	YES / NO	.....
Disability Living Allowance	YES / NO	.....	YES / NO	.....
Housing Benefit	YES / NO	.....	YES / NO	.....
Employment Support Allowance				

HEALTH AND MOBILITY

Are you or any person to be re-housed with you disabled? YES / NO

If yes, who are they and what is their disability?

.....

Does anyone in your household have a medical condition that means:

- Present accommodation affecting their medical condition **YES / NO**
- Medical condition is severe or deteriorating **YES / NO**
- Unable to use basic household facilities **YES / NO**
- You need ground floor accommodation only **YES / NO**
- You or others to be housed with you wheelchair users **YES / NO**
- Are there any special adaptations required to the property **YES / NO**

If you have said yes to any of the above, please give brief details

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.....

Do you attend any outpatients clinics? **YES / NO** If yes which one and how often

.....

Please provide the name of the doctor/consultant.....

Please provide details of any recent illnesses or accidents.....

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Please provide details of any medications that you are taking

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Do you or your partner suffer from any mental health issues? **YES / NO** (if yes provide further details)

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Do you or you partner have alcohol, drug or substance abuse related issues? **YES / NO** (if yes provide further details)

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ADDITIONAL INFORMATION

Do you currently receive home care services? **YES / NO** (If yes, how often , if no, do you feel you need them)

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Do you attend a day centre on regular basis **YES / NO** (if yes please provide the name and how often you attend)

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Do you have any hobbies or attend regular activities **YES / NO** (if yes provide further details)

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.....

Are there any issues around violence, abuse(verbal /physical), general conduct **YES / NO** (if yes provide further details)

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.....
.....

Are you subject to any anti-social behaviour orders, probation etc and/or convicted of a criminal offence or have any outstanding criminal charges or police action against you or someone in your household **YES / NO** (if yes provide further details)

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If you are applying on medical grounds you will need to supply a supporting letter from one or more of the following: DOCTOR / HEALTH VISITOR / KEY WORKER / SOCIAL WORKER etc. This will be required prior to an offer being made.

TYPE OF ACCOMMODATION REQUIRED

Please note: **SHELTERED HOUSING** is for people over 55 years unless the application is for a couple where only one partner must be 55 years old or the applicant qualifies as disabled under the 1970 Disabled Persons Act and is over 40 years old.

Which scheme do you wish to move to?

Balisier Court **Lyn Gilzean Court**

Any Floor		Able to Manage Stairs	
Ground Floor Only		Able to Use Lift	

HOUSING CIRCUMSTANCES

Please answer ALL that apply to you

- Desire to move nearer family to give or receive support **YES / NO**
- Poor housing conditions **YES / NO**
- Being repossessed or evicted (please give details) **YES / NO**
- Require a smaller property **YES / NO**
- Relationship Breakdown **YES / NO**
- Are you homeless (or will be within 28 days) **YES / NO**
- Are you at risk from abuse/harassment **YES / NO**
- Hospital discharge **YES / NO**
- Landlord selling property **YES / NO**

If you have answered yes to any of the above, please provide details below:

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.....

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ADDITIONAL INFORMATION

Please provide contact name, address and telephone number of the following people, if applicable:

DOCTOR'S NAME **SURGERY**

ADDRESS

POSTCODE **TEL No**

SOCIAL WORKER **TEL No**

KEY WORKER **TEL No**

COMMUNITY PSYCHIATRIC NURSE **TEL**

CARE ASSISTANT/AGENCY **TEL**.....

PROBATION OFFICER **TEL**.....

We may contact any of the above, prior to an offer being made. The information provided will assist us in assessing your application.

Are you a member of Tuntum Housing Association's staff or Board of Management or are you related to anyone who is? YES / NO

(please give details)

.....

Do you wish correspondence to be sent to any address other than that stated on this form? YES / NO

(please state the address)

.....

.....

Please give details of any additional information that is relevant and will support your application for housing.

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.....

ETHNIC ORIGIN

In order to ensure that we are providing a fair housing service, please assist us by ticking the box that best describes yourself and your household.

(please tick one only)

a White

- British Irish Other

..... **b**

Mixed

- White & Black Caribbean White & Black African White & Asian Other

..... **c**

Asian or Asian British

- Indian Pakistani Bangladeshi Other

..... **d**

Black or Black British

- Caribbean African Other

..... **e**

Chinese or other ethnic group

- Chinese Other

.....
 f Do not wish to give this information

AUTHORISATION TO DISCLOSE

In order that we are able to fully assess your application for accommodation within our sheltered housing, it is necessary for us to contact other agencies that you are involved with. In most cases this is to simply to confirm the information that you have already provided, or to seek a reference.

It is important that we receive all relevant information so that we can make sure that our sheltered housing is the right place for you.

The information will only be used to support, assess and inform as necessary with other housing departments, health and social welfare agencies or bodies that may come into direct contact with you.

I..... hereby give my authority for a member of Tuntum Housing Association staff to contact you regarding my involvement with your organisation.

I authorise that all relevant information held in connection to myself, can be discussed to them to aid their decision making process for my application for accommodation.

Signed..... Date.....

Applicant's name (Block capitals).....

Address
.....

Post Code

DECLARATION

Tuntum Housing Association must comply with the Housing Act 1996.

To enable us to do this we are asking all applicants to complete one of the following declarations. Please sign below either statement 1 or 2, whichever applies to you.

- 1 The applicants named on this form were residents in the United Kingdom before the 20th January 1997. All applicants have no restrictions on their residency in the United Kingdom.

..... **Signature**

or

- 2 The applicants named on this form have been granted refugee status or applied for Asylum or have an immigration hearing pending.

..... **Signature**

You may be asked to supply evidence to support this

Failure to complete this declaration will mean that your application is not complete and will not be processed until the declaration has been filled out.

Thank you for your co-operation.

Name

Address

..... Date

Declaration

I/We understand that by completing this form it does not guarantee that I/We will be offered a property.

If I/We have given false or misleading information, I/We understand that Tuntum Housing Association has the right to cancel my/our application, or take action to repossess any property I/We obtain by deliberately giving false information.

I agree to keep the Association informed of any change to my circumstances.

Signature Date

Signature Date

All information will be treated in the strictest of confidence and in accordance with the Data Protection Act 1998.