

**Extra Care Housing Application Form**

# 1. Personal Details (Applicant 1)

Title (Mr/Mrs/Ms/Miss) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Birth \_\_\_\_\_\_\_\_\_\_\_\_

First Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Last Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Sex Male  Female 

Address

Postcode

Telephone No

When did you move in? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

## Personal Details (Applicant 2)

Title (Mr/Mrs/Ms/Miss) Date of Birth

First Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Last Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Sex Male  Female 

Address

Postcode

Telephone No \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

When did you move in? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

## Others To Be Housed With You

Name Relationship to you Date of Birth

## People Currently Living With You Who Will Not Be Moving

Name Relationship to you Date of Birth

**Is there someone else you wish us to contact to help with your application?**

## Yes  No 

Title (Mr/Mrs/Ms/Miss) Mr \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

First Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Last Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Postcode \_\_\_\_\_\_\_\_\_\_

Telephone No: \_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Relationship to you: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Do you want this person to be contacted if you are made an offer of housing?**

**Yes**  **No** 

## Is anyone who wishes to be re-housed related to a member of Bridgewater’s Committee or Staff? Yes  No

If yes, please advise:

### Title(Mr/Mrs/Ms/Miss) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

First Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Last Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Please tick which applies)

Committee Member  Staff Member 

Relationship to applicant

**Please note below the name and address of your GP**

## Applicant 1

|  |  |
| --- | --- |
| **Doctor’s name** |  |
| **Health Centre** |  |
| **Telephone number** |  |

## Applicant 2

|  |  |
| --- | --- |
| **Doctor’s name** |  |
| **Health Centre** |  |
| **Telephone number** |  |

**Your ethnic group – please tick**  **the cultural background from the list below which best describes you.**

**Applicant 1 Applicant 2**

White Scottish  

Irish  

Other British  

Any Other White  

Background

Please specify:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Black/Black Scottish/ Black Caribbean  

British

African  

Any Other Black  

Background

Please specify:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Asian/Asian Scottish/ Bangladeshi  

Asian British

Pakistani  

Indian  

Chinese  

Any Other Asian  

Background

Please specify:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Gypsy/Traveller  

Mixed Background Please specify:  

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Any Other Background Please specify:  

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

# 2. Where You Would Like to Move To

**Which of our Extra Care Developments would you like to apply for?**

**(Please tick your preferences below)**

## Rashielee, North Barr 

Which floor level would you like to live on?

Ground  First  Second 

## Blantyre Court, Bargarran 

Ground  First 

**What size of flat would you prefer?**

1 bedroom  2 bedroom 

# 3. Where You Live Now

Please give details about where you currently live

(please tick one box for each applicant)

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Property Type** | |  |  |  | **Main Applicant** | | **Joint Applicant** | |
| House |  |  |  |  |  |  |  |  |
| Flat |  |  |  |  |  |  |  |  |
| Bungalow |  |  |  |  |  |  |  |  |
| Maisonette |  |  |  |  |  |  |  |  |
| Caravan |  |  |  |  |  |  |  |  |
| Prison |  |  |  |  |  |  |  |  |
| Hospital |  |  |  |  |  |  |  |  |
| Care Home |  |  |  |  |  |  |  |  |
| Homeless Accommodation | | | |  |  |  |  |  |

Hostel  

Studio/Bedsit   No fixed abode  

If none of the above, please describe your accommodation

If you live in a flat, which floor do you live on? Ground\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Please specify basement, ground, first, second etc)

## The Size of Property You Live In

**Please tell us how many rooms you have in your present accommodation excluding the kitchen, hallways, toilets and bathrooms.**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  | | **Living room** | **Dining room** | **Bedrooms** | | | |
|  | |  |  | **Single** | **Double** | | |
| Applicant 1 | |  |  |  |  | | |
| Applicant 2 \* | |  |  |  |  | | |
| \*(if different address from applicant 1) | | | | |  |
| Do you have a bedroom of your own?   Yes | | | | | No  |
| Does your home have central heating?  Yes    **Present Address**  **At your present address are you? (please tick**  **one box)** | | | | | No  |
| A Bridgewater Housing Association Tenant? | | | | |  |
| A tenant with another Housing Association or Housing Co-operative ? | | | | |  |
| A Renfrewshire Council tenant? | | | | |  |
| A tenant with another Council | | | | |  |

|  |  |  |
| --- | --- | --- |
| In homeless temporary accommodation |  |  |
| A tenant with a private landlord |  |  |
| Living in Tied Accommodation |  |  |
| Living with relatives |  |  |
| Living with friends |  |  |
| Home owner |  |  |

**If none of the above describes your circumstances please tell us here what they are:**

|  |
| --- |
|  |

# 4. Previous Addresses

**Apart from your current address, where else have you lived in the last 10 years?**

## Applicant 1

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Address** | **Date moved**  **in** | **Date moved**  **out** | **Type of tenure (eg council tenant, owner, housing association tenant)** | **Landlord’s name and address if applicable** | **Reason for leaving** |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

## Applicant 2

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Address | Date moved in | Date moved  out | Type of tenure (eg council tenant, owner, housing association tenant) | Landlord’s name and address if applicable | Reason for leaving |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

# 5. Your Housing Needs

## Sharing

**Do you, and those who will be moving with you, share a:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Kitchen | Yes |  | No |  |
| Bathroom/shower room | Yes |  | No |  |
| Toilet      **Amenities**    **Does where you live have:** | Yes |  | No |  |
| Inside toilet | Yes |  | No |  |
| Bath or shower | Yes |  | No |  |
| Piped hot water | Yes |  | No |  |
| Dampness/or your home is in disrepair    If yes, please give details | Yes |  | No |  |

## Community Alarm

Does your currently have a community alarm in your home? Yes  No 

|  |  |  |
| --- | --- | --- |
| **Stairs** |  |  |
| **Does your home have:-** |  |  |
|  | **Applicant 1**    **Yes No** | **Applicant 2**    **Yes No** |
| External stairs which are managed without difficulty |   |   |
| External stairs which make going out difficult |   |   |
| External stairs which make going out only possible with assistance |   |   |
| Internal stairs which are managed without difficulty |   |   |
| Internal stairs which make access to bedroom or bathroom difficult |   |   |
| Internal stairs which make access to bedroom or bathroom only possible with assistance |   |   |
| **Garden** | **Applicant 1** | **Applicant 2** |
| Does your home have a garden? | Yes No  | Yes No  |
| **Is it** |  |  |
| Maintained by you | Yes No  | Yes No  |
| Difficult for you to maintain | Yes No  | Yes No  |
| Very difficult for you to maintain | Yes No  | Yes No  |
| Impossible for you to maintain | Yes No  | Yes No  |

# 6. Daily Living

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **How much help do you need with the following:** |  |  |  |  |  |
| **Applicant 1** |  | None | A little | A lot | Full |
| Having a bath |  |  |  |  |  |
| Having a wash |  |  |  |  |  |
| Using the toilet |  |  |  |  |  |
| Getting dressed |  |  |  |  |  |
| Eating |  |  |  |  |  |
| Walking |  |  |  |  |  |
| Getting in and out of bed |  |  |  |  |  |
| Shopping |  |  |  |  |  |
| Preparing meals |  |  |  |  |  |
| Housework |  |  |  |  |  |
| Medication |  |  |  |  |  |

If you need other help, please tell us here:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Applicant 2** | None | A little | A lot | Full |
| Having a bath |  |  |  |  |
| Having a wash |  |  |  |  |
| Using the toilet |  |  |  |  |
| Getting dressed |  |  |  |  |
| Eating |  |  |  |  |
| Walking |  |  |  |  |
| Getting in and out of bed |  |  |  |  |
| Shopping |  |  |  |  |
| Preparing meals |  |  |  |  |
| Housework |  |  |  |  |
| Medication |  |  |  |  |

If you need other help, please tell us here

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

# Walking Aids

|  |  |  |
| --- | --- | --- |
| **Do you use any of the following? Applicant 1 Applicant 2**    **Yes No Yes No**    Walking stick        Walking frame/elbow crutches       Wheelchair when outside        Wheelchair at all times        If other, please specify \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | |
| **Other Services**  **Are you receiving or attending any of the following?** |  |  |
| **Applicant 1**  Not at all Less than  once a  week | Once a 2-4 days a week week | 5-7 days a week |
| Home care   |   |  |
| Day centre   |   |  |
| Meals on wheels   |   |  |
| Community nurse   |   |  |
| Community psychiatric nurse |  |  |
| Other  |   |  |

Please give details of other help provided, for example, from family or friends

|  |
| --- |
|  |

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|  |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Applicant 2** |  | Not at all | Less than once a week | Once a week | 2-4 days a week | 5-7 days a week |
| Home care |  |  |  |  |  |  |
| Day centre |  |  |  |  |  |  |
| Meals on wheels |  |  |  |  |  |  |
| Community nurse |  |  |  |  |  |  |
| Community  psychiatric nurse |  |  |  |  |  |  |
| Other |  |  |  |  |  |  |

Please give details of other help provided, for example, from family or friends.

|  |
| --- |
|  |

# Health

|  |  |  |
| --- | --- | --- |
|  | Applicant 1 | Applicant 2 |
| Do you have any loss of hearing? | Yes No  | Yes  No  |
| Do you have any loss of sight? | Yes No  | Yes  No  |

Does anyone in the moving group have any physical or mental health difficulties which are relevant to this application? Please give details below.

|  |
| --- |
|  |

# 7. Reason for applying

## Why are you applying for housing? (Please tick  any/all that apply)

|  |  |  |  |
| --- | --- | --- | --- |
| Medical/health reasons |  | Disability |  |
| Leaving care/hospital |  | Want near relatives |  |
| Want smaller  accommodation |  | Want larger accommodation |  |
| Want higher floor |  | Want lower floor |  |
| Don’t want a garden |  | Want own home |  |
| Mortgage repossession |  | Harassment |  |
| Fleeing Violence |  | To receive support |  |

Please give brief summary of your reasons for applying

|  |
| --- |
|  |

**8. How did you hear about our extra care housing?**

A newspaper advert 

From a Bridgewater member of staff 

From a Home Carer, district nurse or other support provider 

You saw the properties being built 

Word of mouth 

Other 

Please give details if ‘other’ selected

# 9. Declaration

I/We have completed the form with answers that are true and correct. I/We understand that any tenancy awarded on the basis of this application may be terminated if any of the answers or statements are found to be false or misleading. You should notify Bridgewater Housing Association of any changes to the details you have provided.

|  |  |  |  |
| --- | --- | --- | --- |
| **Applicant 1** Signature |  | Date |  |
| **Applicant 2** Signature |  | Date |  |

**Please return to:**

**Bridgewater Housing Association, India of Inchinnan, Greenock Road, Inchinnan, Renfrew, PA4 9LH**

**Telephone number: 0141 812 2237**

**Bridgewater Housing Association is a recognized Scottish Charity No. SC 035819**

## Data Protection Act 1998

Bridgewater Housing Association collects personal data for the following purposes:

To carry out research and devise policies and strategies; to repair, maintain and improve our housing stock, including disabled adaptations; to build new houses; to process grants to owners to maintain and improve houses; to provide services to homeless people under our statutory duties; to provide supported accommodation; to allocate temporary accommodation; to ensure compliance with tenancy agreements; to deal with tenancy issues; to facilitate the payment of housing benefit; to maintain and improve the environment; to provide a factoring service; to administer Right to Buy sales; to provide support to elderly and other vulnerable tenants; to allocate houses; to combat racism; to provide references for landlords.

The information may be disclosed to your doctor, social work and benefits authorities, other statutory authorities and our agents, including professional representatives and advisers/partner organisations for the above purposes only.

By signing and submitting the form you are expressly consenting to the use of the information as described.

You can ask for a copy of any information held about you (Bridgewater Housing Association may charge a small fee for this) and have any inaccuracies rectified.

## For Office Use Only

|  |  |  |
| --- | --- | --- |
|  | Date | Initials |
| Reference No: |  |  |
| Date Received |  |  |
| Date returned for missing information |  |  |
| Date received back |  |  |
| Date sent to Council for assessment |  |  |
| Date returned |  |  |
| Outcome |  |  |
| Date of hearing by Allocation Panel |  |  |
| Outcome |  |  |
| Letter sent |  |  |
| Comments |  |  |

(May 2007)