

CWL HOUSING

Sheltered Accommodation for the Elderly

Application for entry onto Waiting List.

Please read the following notes carefully before completing this form.

1. Write clearly.
2. Complete all questions in full. If you do not provide all the information requested there may be a delay in processing your application.
3. Before returning your form, please make sure that you have enclosed any supporting documentation.
4. Note that the Association does not acknowledge receipt of applications. You are welcome to telephone the office to ensure the arrival of your application. (01702 510523)
5. The Association regrets that it is unable to anticipate when a vacancy will occur. When a flat becomes vacant, all applications on file are considered.
6. Return your completed form to:

The Housing Manager
CWL Housing
594 Rayleigh Road
Eastwood, Leigh-on-Sea
Essex SS9 5HU

7. An Interviewing Panel will assess each applicant on the following criteria:

- ø Present Accommodation
- ø Physical Independence
- ø Suitability for `Sheltered Accommodation`
- ø Family or Next of Kin location



HOUSING HISTORY

In relation to your current accommodation are you:

Owner Occupier Council tenant Private tenant

Other - give details _____

What type of accommodation is it ?

Flat House

Other - give details _____

PREVIOUS ADDRESSES

Include any addresses where you/your joint applicant have lived in the last 5 years (starting with your current address first).

Address	From	To	Landlord details (if applicable)

Continue on an additional sheet if necessary.

REASON FOR MOVING

In order to assess your application please provide information about why you want to move. We also need to know if you have ever lost accommodation due to non-payment of rent, criminal convictions or anti-social behaviour.

HOUSING REQUIREMENTS

What kind of flat would you need?

Single

Ground floor

Double

First floor

Would you need any adaptations/alterations or wheelchair access to your flat?
(e.g. grabrails by shower etc.)

Yes

No

If yes give details:

Do you have any local connections?

Yes

No

If yes give details:

MEDICAL ASSESSMENT

Do you have a medical condition, disability or illness that supports your need for sheltered housing.
If so, give details below.

Continue on an additional sheet if necessary

Are there any other circumstances relating to your application that you would like us to consider? If so, give details below.

If you are currently receiving any support, please indicate below:

Activity	Support provided by:		
	Friends/family	Social Services	Other
Housework			
Laundry/ironing			
Bathing/dressing			
Help with medicine			
Meals on wheels			
Mobility			
Stairs			
Getting in and out of bed			
Shopping			
Public transport			
Other, please specify			

Will this support continue when if move? Yes/No

If you currently receive support from Social Services please provide the name and contact details of your Social Worker

Name: _____

Telephone number: _____

Please provide the name and address of your GP:

Name _____

Address _____

Telephone number _____

IMMIGRATION STATUS

a) Are you a person subject to immigration control?

Note : You will be a person subject to immigration control if you are not a British Citizen or a Commonwealth Citizen who has right of abode in the United Kingdom or a Citizen of a Member Country within the European Economic Community.

Please tick:

	YES	NO
You	<input type="checkbox"/>	<input type="checkbox"/>
Your Partner/Joint Applicant	<input type="checkbox"/>	<input type="checkbox"/>

b) Are you a person who is not habitually resident in the Common Travel Area?

Note : The Common Travel Area means the U.K Republic of Ireland, The Channel Islands and the Isle of Man

Please tick:

	YES	NO
You	<input type="checkbox"/>	<input type="checkbox"/>
Your Partner/Joint Applicant	<input type="checkbox"/>	<input type="checkbox"/>

c) Are you a person who is an European Economic Area national other than a person who is habitually resident in the Common Travel Area?

Please tick:

	YES	NO
You	<input type="checkbox"/>	<input type="checkbox"/>
Your Partner/Joint Applicant	<input type="checkbox"/>	<input type="checkbox"/>

Please note: If you have answered 'Yes' to any of the above questions it will be necessary for the Association to request further information from you.

DISCLOSURE OF CRIMINAL CONVICTIONS

It is the Association's policy to require all applicants to disclose any previous criminal convictions. The information provided will be treated as strictly confidential. Disclosure of convictions does not necessarily mean you will not be considered for a placement.

Please give details below:

ETHNIC MONITORING

For the purposes of monitoring equal opportunities and accessibility to our services, could you please tick the box that describes your ethnic origin.

- | | |
|--------------------------------------|---|
| <input type="checkbox"/> White | <input type="checkbox"/> Black |
| <input type="checkbox"/> Irish | <input type="checkbox"/> Arab |
| <input type="checkbox"/> Asian | <input type="checkbox"/> Gypsy/Irish Traveller/Romany |
| <input type="checkbox"/> Indian | <input type="checkbox"/> Chinese |
| <input type="checkbox"/> Pakistani | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Bangladeshi | <input type="checkbox"/> I do not wish to give this information |

Are you related to any Board Member or employee of CWL Housing? Yes/No
If yes, give details:

IMPORTANT NOTES

- a) An application will not be processed until all the requested information is provided, including supporting documentation where applicable.
- b) You must notify the Association of any changes in your circumstances as soon as possible
- c) The Association regrets that it does not allow pets in its accommodation

DECLARATION TO BE SIGNED BY APPLICANTS (Please read carefully before signing)

To the best of my knowledge and belief the information I have provided in this application is true. I am aware that to provide false information knowingly or recklessly may result in the Association cancelling this application or recovering any tenancy that is granted to me and in certain circumstances I may be liable to prosecution (Housing Act 1985). I understand that I may also lose any accommodation if I am awarded a tenancy on the basis of false information.

I understand that if accommodation is offered it will be subject to favourable references from two personal references and a reference from my current landlord (if applicable).

I agree to any necessary enquiries made in relation to my application for housing and confirm my agreement to relevant information being disclosed to CWL Housing upon request.

Signed Date

Signed (Your partner/Joint application)..... Date.....