



Housing Application Form

Retirement Schemes

Ref No.

Thursby House
1 Thursby Road
Croft Business Park
Bromborough, Wirral
CH62 6PW
Tel: 0151 346 1598
Fax: 0151 346 1602

Please see back page for advice on how to complete this form

NI No:

Housing Benefit No:

1. YOUR DETAILS

Please give details of yourself, and those who are applying with you.

Title	First name(s)	Surname	Date of Birth	Male/Female	Relationship to applicant
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.....
.....

Your present address

.....

Postcode.....Telephone no.....

2. WHERE DO YOU WANT TO LIVE?

Which ALPHA properties / areas are you interested in?

MANOR HOUSE, OTELEY ROAD, BROMBOROUGH
OAKLANDS, PLYMYARD AVENUE, BROMBOROUGH

THE COURT, KIRKET LANE, BEBINGTON
THE MOUNT, HEATH ROAD, BEBINGTON

HESSLEWELL COURT, HESWALL
RED DALE, DALE AVENUE, HESWALL

EDEL QUINN HOUSE, UPTON

SERVITE HOUSE, WALLASEY VILLAGE
GERRARD CORR HOUSE, CENTRAL WALLASEY
St . COLUMBAS CLOSE, EGREMONT, WALLASEY

LAURENCE DEACON COURT, BIRKENHEAD

3. DO YOU REQUIRE SINGLE OR DOUBLE BEDROOM OCCUPANCY?

Single	<input type="checkbox"/>
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Double	<input type="checkbox"/>
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4. EQUAL OPPORTUNITIES

How do describe your ethnic origin?*(please tick appropriate box)

Black Caribbean	<input type="checkbox"/>	Pakistani	<input type="checkbox"/>
Black-other*	<input type="checkbox"/>	Black African	<input type="checkbox"/>
White	<input type="checkbox"/>	Indian	<input type="checkbox"/>
Irish	<input type="checkbox"/>	Chinese	<input type="checkbox"/>
Bangladeshi	<input type="checkbox"/>		

* Ethnic origin refers to a 'racial group' defined by section 2.4 of THE RACE RELATIONS ACT 1976 (amended 2000) as a group of persons described by reference to colour, race nationality, ethnic or national origin.

5. YOUR HOUSING – DETAILS ABOUT YOUR HOME

Please give the name and address of your current landlord

.....
.....
.....

How long have you lived at your present address?

6. YOUR HOUSING – THE DESIGN AND LOCATION OF YOUR HOME

Do you have difficulty climbing the stairs or steps in your home? YES NO

If YES, please give details.....
.....

Are you able to get to the shops, post office, doctor? YES NO

If you have any difficulties, please give details.....
.....

Do you have a garden? YES NO

If YES, are you able to maintain it?.....
.....

Do you have any difficulties travelling, eg. using public or personal transport?

YES NO If YES, please explain.....
.....

7. YOUR HOUSING – WHO LIVES WITH YOU?

How many people live in your home, including you? adults _____ children _____

How many rooms are in the property? bedrooms _____ living rooms _____
 bathrooms _____ toilets _____

If the property is too small or too large for your needs, please give details.

.....

Do the above factors create any problems for you? YES NO

If YES, please give details.....

8. YOUR HOUSING – ABILITY TO COPE.

If there is anything else you would like to tell us about your present home which is affecting your ability to remain independent, please give details

.....

For office use only 0 1 2
 Your Housing Conditions Total

9. PERSONAL SUPPORT - NOW AND IN THE FUTURE

Personal Support – You/Partner

Do you receive any help in the home with the following tasks? (please tick)

	receive	require		receive	require
	help	help		help	help
cleaning house	<input type="checkbox"/>	<input type="checkbox"/>	washing	<input type="checkbox"/>	<input type="checkbox"/>
shopping	<input type="checkbox"/>	<input type="checkbox"/>	bathing	<input type="checkbox"/>	<input type="checkbox"/>
food preparation	<input type="checkbox"/>	<input type="checkbox"/>	toilet	<input type="checkbox"/>	<input type="checkbox"/>
laundry	<input type="checkbox"/>	<input type="checkbox"/>	dressing	<input type="checkbox"/>	<input type="checkbox"/>
medication	<input type="checkbox"/>	<input type="checkbox"/>	climbing stairs	<input type="checkbox"/>	<input type="checkbox"/>
walking	<input type="checkbox"/>	<input type="checkbox"/>			
gardening	<input type="checkbox"/>	<input type="checkbox"/>			

Who provides this help? eg. family member, meals on wheels, home help

.....

If you have ticked that you require help, please say why and how often.....

.....

Benefits of moving into an ALPHA property

Please tell us how you feel a move into an ALPHA property would benefit you, eg. Warden service, alarm call system, residents lounge, laundry room, hairdressing room.

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.....

10. YOUR PERSONAL CIRCUMSTANCES - HEALTH

Is there anything about your health that is relevant to this application? Please give details including any hospital treatment you are receiving.

Your health..... Your partner's health.....

.....
.....
.....

Is there anything about your health that affects your mobility in your home?

YES NO

Your mobility.....

.....
.....

Your partner's mobility.....

.....
.....

Do you use a wheelchair in your home?

YES NO

Do you have a disability?

YES NO

If YES, please give details.....

.....
Continued/

Do you need any special aids, equipment or adaptations? (eg. walking frame, bath rail)

YES NO

If YES, please give details.....

11. ARE YOU AT RISK?

Do you feel particularly at risk in your present home? If so please give details

.....

.....

.....

For office use only 0 1 2

12. FINANCIAL DETAILS

Are you receiving income support? YES NO

Are you receiving housing benefit? YES NO

Are you receiving any other welfare benefits? YES NO

If YES, please give details of benefits you are receiving (eg. attendance allowance)

.....

.....

.....

Would you like to receive further assistance / information on welfare benefits you might be entitled to if you were offered an ALPHA property? YES NO

13. ADDITIONAL INFORMATION

Do you own a car? YES NO

If YES, would you bring it with you if you were offered accommodation? YES NO

Do you prefer to live on a certain floor? YES NO

If YES, please specify.....

Please note most of our accommodation has a lift and specifying one floor will limit your chance of being offered a flat.

Are you, your partner or any member of your family related to a staff member or voluntary member of ALPHA YES NO

If YES, please give details.....

.....

ALPHA is prevented from offering a tenancy to voluntary members of staff or their close relatives except under certain limited circumstances.

Please attach any further information you may consider relevant to your application.

14. DECLARATION

Please give details of anyone who has helped you complete this form.

Name

Relationship to you.....

Job title (if not relative / friend).....

Telephone no.....

Do you have any objection to ALPHA contacting this person to discuss the application?

YES NO

Please give name and address of your doctor and/or social worker, as we may need to contact them to assist with your application.

Do we have your permission YES NO

Please attach a doctor's letter if you feel this would support your application.

Name..... Address

..... Postcode

Telephone no.....

I certify that the above information is true and complete to the best of my knowledge.

I accept that I may lose any tenancy offered to me if I have knowingly given false information on this form.

Signature(s) **Date**

THANK YOU FOR COMPLETING THIS FORM. WE MAY NEED TO CONTACT YOU TO CONFIRM SOME OF THE INFORMATION YOU HAVE GIVEN US. IF YOUR CIRCUMSTANCES CHANGE, PLEASE LET US KNOW. ALL THE INFORMATION YOU HAVE GIVEN WILL BE TREATED CONFIDENTIALLY AND WILL ONLY BE USED IN ACCORDANCE WITH THE DATA PROTECTION ACT 1984.

WE WILL INFORM YOU OF THE OUTCOME OF YOUR APPLICATION WITHIN 21 DAYS.

s:\MyDocs\DataAlphaForms\HousingApp.Form\KMC-June2009

Application Type				Housing Conditions Total		
L.A.Nom		Direct Applicant		Personal factors total		
Homes		Transfer		At risk total		
				<u>Overall weighing points</u>		

Advice on completing this form

Please note that all information you have given will be treated confidentially and will only be used in accordance with the Data Protection Act 1984.

Please give as much details on the form as possible.

1. YOUR DETAILS

Under title, please put Mr/Mrs/Miss or Ms.

To apply for sheltered accommodation with ALPHA you would normally have to be retired from full-time employment. However, applications can be accepted from people due to retire in the immediate future.

We are able to consider some people who are under retirement age on grounds of disability. Details should be given in section 16.

If you prefer ALPHA to discuss your application directly with a relative or friend, please give details.

2. WHERE DO YOU WANT TO LIVE?

It would be helpful if you could state the name and location of the ALPHA properties in which you are interested.

3. HOW MANY BEDROOMS ARE YOU SEEKING?

The information requested in this section is self-explanatory

4. EQUAL OPPORTUNITIES

ALPHA is committed to promoting Equal Opportunities and therefore, it would be helpful if you completed this section for monitoring purposes.

5. YOUR HOUSING – DETAILS ABOUT YOUR HOME

Current Landlord details.

6. YOUR HOUSING – DESIGN & LOCATION OF YOUR HOME

In this section we are trying to determine how the design and location of your home affects the way you live and your independence.

7. YOUR HOUSING – WHO LIVES WITH YOU?

In this section we are trying to determine whether the size of your home creates any problems for you, eg. sharing a home with relatives may be causing over-crowding or relationship problems.

8. YOUR HOUSING – ABILITY TO COPE

In this section please state any other difficulties you have living in your current home.

9. PERSONAL SUPPORT – NOW AND IN THE FUTURE

In this section we are trying to gain details about your current state of health. Please give details of any illnesses you have which you feel are relevant to this application, or you feel are made worse by your existing home or its location. Space is provided for any other person applying with you.

10. PERSONAL CIRCUMSTANCES – HEALTH

In this section we are trying to gain details about your current state of health. Please give details of any illnesses you have which you feel are relevant to this application, or you feel are made worse by your existing home or its location. Space is provided for any other person applying with you.

11. ARE YOU AT RISK?

In this section we are trying to determine whether there are any particular risks which concern you. You may consider yourself to be homeless because you are living with relatives and they do not have adequate room for you or you are in residential care and you want to live more independently.

12. FINANCIAL DETAILS.

The information you provide for this section will enable us to help and advise you on your entitlement to benefits, should you be offered an ALPHA property.

13. ADDITIONAL INFORMATION

In this section we are trying to determine what other requirements you may have, eg. if you have a small pet.

14. DECLARATION.

In this section we record details of other people, eg relative, doctor or social worker, whom you may wish us to contact to support your application.

ONCE THE FORM HAS BEEN COMPLETED AND SIGNED IT SHOULD BE RETURNED TO THE ALPHA OFFICE STATED IN THE ACCOMPANYING LETTER