

## PRIVACY STATEMENT

We receive personal information about you from you directly, however occasionally we ask for further information from people who know you in a professional capacity. These people may be a Social Worker, or someone who has provided you with health and social care services.

We use your information to provide care, housing and other services to you, correspond with you, and to meet our legal obligations as your care provider. We only give your personal information to third parties for our limited business purposes or when the law tells us to. We don't share your information with third party advertisers. We store information for specified periods for our limited business purposes.

Any information provided to emh care & support/emh homes by you will be processed in accordance with the terms of emh group Data Protection Policy which is available to you upon request. The information obtained is treated in strictest confidence and managed in accordance with the requirements of the Human Rights Act (1998) (article 8), the Freedom of Information Act (2000), the Data Protection Act (2018) and the Common Law Duty of Confidence.

You have certain rights as a result of data protection laws; examples of such rights include the right to request access, correction or deletion of your information. To exercise any of your rights or for general advice about how we use your information or a full copy of our privacy notice please contact our Data Protection Officer using the below details:

Email: [dataprotection@emhgroup.org.uk](mailto:dataprotection@emhgroup.org.uk)

Post: Data Protection Officer, Quality & Standards Team, Memorial House, Stenson Road, Coalville, Leicestershire, LE67 4JP.

Telephone: 01530 276000

## Which development are you applying for:

Development name:

### Would you like to:

Rent Buy Not sure

### Is this a single or joint application?

Single Joint

### About you:

### Applicant 1:

### Applicant 2:

First name:

Surname:

Date of birth:

How do you prefer to be addressed:

Mr Mrs Miss Ms

Mr Mrs Miss Ms

Address:

Postcode:

Date moved to area:

Home telephone:

Work telephone:

Mobile number:

Email address:

### Your household:

Please give the details of everyone who will be moving with you:

Is anyone expecting a baby?

Yes

No

Full name:

Date of birth:

Relationship to you:

Present address:

Are you or any person who is going to live with you, related to any Board Member or Staff Member of emh Care & Support, emh Group, emh Homes?

Yes

No

If yes, please give details including their relationship to you:

## Present housing circumstances:

Current housing situation; are you:				
A Local Authority tenant		A business tenant		
A Housing Association tenant		A lodger		
A resident in a residential/nursing home		A private tenant		
A home owner		In sheltered accommodation		
If you are a housing association tenant, please state the name of the housing association:				
Do you owe arrears on your rent/mortgage?	Yes	No	If yes, then how much is currently owed?	£
Is your present accommodation:	Permanent		Temporary	
Are you on a Local Authority waiting list? if YES which one:				
What type of property do you live in?	House	Flat	Bungalow	Other
How many people live in the property?	Adults:		Children:	
How many bedrooms does your current home have?				
Do you have you any pets?	Yes	No		
If yes, please state what kind of pet(s) you have:				
Have you ever been given notice to leave by your landlord?	Yes	No		
If so please explain why?				

**Present housing circumstances continued:**

**Applicant 1:**

**Applicant 2:**

<p>Your reason for applying for extra care housing?</p> <p>Choose all that apply:</p>	<p>Poor health</p> <p>Partner of deceased service personnel</p> <p>Poor condition of property</p> <p>Harassment or neighbourhood dispute</p> <p>Threatened with homelessness</p> <p>Relationship breakdown</p> <p>Extreme financial difficulty</p> <p>Overcrowding in present home</p> <p>Job relocation from or to another part of the country</p> <p>None of the above</p>	<p>Poor health</p> <p>Partner of deceased service personnel</p> <p>Poor condition of property</p> <p>Harassment or neighbourhood dispute</p> <p>Threatened with homelessness</p> <p>Relationship breakdown</p> <p>Extreme financial difficulty</p> <p>Overcrowding in present home</p> <p>Job relocation from or to another part of the country</p> <p>None of the above</p>
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**Current home owners:**

**Applicant 1:**

**Applicant 2:**

<p>Are you on the deeds or mortgage of a property in the UK or abroad?</p>	<p>Yes    No</p>	<p>Yes    No</p>
<p>Please specify the amount of equity you have / will receive:</p>		
<p>Is this the same as your current address:</p>	<p>Yes    No</p>	<p>Yes    No</p>
<p>Address:</p>		
<p>Property type?</p>		

## Eligibility statements:

## Applicant 1:

## Applicant 2:

Do you have a gross household income of less than £80,000 per annum?	Yes	No	Yes	No
Have you ever had a home repossessed within the last six years?	Yes	No	Yes	No
Have you ever been declared bankrupt in the last six years?	Yes	No	Yes	No
Have you ever had any County Judgements (CCJ's) within the last six years?	Yes	No	Yes	No
Have you ever failed to keep up payments on a loan or any form of credit agreement within the last six years?	Yes	No	Yes	No
Are you a council or housing association tenant who has been in arrears within the last twelve months?	Yes	No	Yes	No

## Equality and diversity:

## Applicant 1:

## Applicant 2:

Are you a British or EU / EEA citizen?	Yes	No	Yes	No
What is your country or origin?				
How would you describe your ethnic origin?				
Do you consider any member of your household to be disabled?	Yes	No	Yes	No
How would you describe your sexuality:				
How would you describe your religion or religious denomination?				
Where did you hear about us? Please supply details e.g. which newspaper or radio station etc.				

## Employment details:

## Applicant 1:

## Applicant 2:

Your current employment status:		
Job title:		
Your job commencement date:		
Are you permanently employed?	Yes    No	Yes    No
Company name of employer:		
Employer's address:		

## For MOD employee or surviving partners:

## Applicant 1:

## Applicant 2:

Are you a MOD employee or surviving partner?	Yes    No	Yes    No
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## Income:

This information will be treated as confidential. It is important that we assess if you are in receipt of benefits that you are entitled to. We will help you claim benefits and help you throughout the process.

Do you have a Financial Appointee/Power Of Attorney?	Yes    No    (If yes, please give details below:)
Full name:	Relationship to you:
Address:	Postcode:
	Telephone number:

## Household total gross income:

What is your household total gross annual income?	£
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## Please tell us about your financial situation. Are you receiving the following?

### Applicant 1: Total weekly amount:

### Joint applicant's total weekly amount (if applicable):

Regular income from employment:	£	£
<b>Pension:</b>		
State pension:	£	£
Occupational pension:	£	£
<b>Benefits:</b>		
Universal credit:	£	£
Income support/pension credit:	£	£
Attendance allowance:	£	£
Mobility allowance:	£	£
Housing benefit or housing elements of universal credits:	£	£
Disability living allowance / personal independence payment:	£	£
Other benefits (Please state which):		

## Other income from investments / property or from yourself and anyone who will be living with you:

### Applicant 1: Total weekly amount:

### Joint applicant's total weekly amount (if applicable):

Name:	Type of income:		
		£	£
		£	£
		£	£
	<b>Total:</b>	£	£
	<b>Weekly income total:</b>	£	£
<b>Write down the total amount of savings you have:</b>		£	£

Please note that false information could result in your application being turned down, or if you were rehoused, could result in you losing your home. As far as I know, the answers I have given on this form are true and permission is given to confirm this with my landlord.

Any information provided to emh care & support / emh homes by you will be processed in accordance with the terms of emh group Privacy Notice which is available to you upon request.

## Submit my application:

## Applicant 1:

## Applicant 2:

I/we (insert full name) have read the above statement:

I/we (please delete below as appropriate) **give / do not give** consent for emh care and support/emh homes staff to contact, discuss or hold information from my current and/or former landlord(s) and any organisations that are supporting me.

Please tick as applicable:

Give

Do not give consent

Give

Do not give consent

I understand that this may mean that proper checks cannot be done to assess if I meet the requirements of the scheme, such as the organisations listed below;

Please tick as applicable any you do not wish us to contact:

Social Services / Health

GP / Health Visitor / CPN

Police

Probation service

Landlords including previous / current supported housing

Housing and Welfare benefit services (including local authority, DWP, etc.)

Other specialist support services (e.g. Drug / alcohol services, counselling service)

Other relevant agencies (please specify)

We may not be able to assess your application fully and make an informed decision on whether the scheme will be suited to your needs without this information.

We will not normally share your information with anyone else. However, there a certain circumstances where we will be required to share your information with other organisations because of the law. We will comply with Data Protection law when disclosing this information. Such disclosures may be permitted by specific laws including the Prevention of Terrorism Act (2002), Health & Social Care Act (2000) and the Regulation of Investigatory Powers Act (RIPA) (2000).

Your signature:

Signature  
(joint applicant):

Date:

Date:

Email address:

Email address:

Do you wish to receive details of affordable homes that may be of interest to you?

Yes

No

If you have any additional notes for this application form, please enter it here:



If someone has completed this application for you please give their name, address and contact details:

Full name:

Address:

Postcode:

Telephone number:

Email address:

If you have any questions or need assistance in completing this form  
please contact us on 0300 123 3538

or email: [info@emhcareandsupport.org.uk](mailto:info@emhcareandsupport.org.uk)

**Completed applications should be returned to:**

**By post:**

emh care and support  
Housing Team  
Longfield House  
Hallam Fields Road  
Ilkeston  
Derbyshire  
DE7 4BR

[www.emhcareandsupport.org.uk](http://www.emhcareandsupport.org.uk)