|  |
| --- |
| **Extra Care Housing**  **Application Form** |

**Please state which Extra Care Scheme you are applying for:**

**Eligibility for assistance**

For use in monitoring purposes

**Are you and all members of the household either:**

**British Citizens?**

If yes, please move on to the section entitled **About You** Yes □ No □

or

**Subject to Immigration Control?**

If yes, you will be contacted by a Housing Officer and also

asked to provide your passport or other supporting documentation Yes □ No □

or

**Commonwealth Citizens**

**with the right of abode in the United Kingdom?**

If yes, you will be contacted by a Housing Officer and also

asked to provide your passport or other supporting documentation Yes □ No □

or

**Citizens of a European Union Country or Iceland, Norway**

**or Liechtenstein?**

If yes, you will be contacted by a Housing Officer and also

Asked to provide your passport or other supporting documentation Yes □ No □

**About you**

**Is this a single or joint application?** Single □ Joint □

**1st Applicant**

First Name:……………………………………………………………………. Surname:………………………………………………………………………

Date of Birth: ………………………………………………………………….

How do you prefer to be addressed: Mr □ Mrs □ Miss □ Ms □

National Insurance Number:…………………………………………………

Present Address:……………………………………………………………..  
………………………………………………………………………………….  
………………………………………………………………………………….

Post Code:………………………………..

Date Moved in:…………………………..

**Telephone Number:**

Home:………………………………………   
Work:……………………………………….

Email:…………………………………………………………………………..

**2nd Applicant**

First Name:…………………………………………………………………… Surname:……………………………………………………………………..

Date of Birth: ………………………………………………………………….

How do you prefer to be addressed: Mr □ Mrs □ Miss □ Ms □

National Insurance Number:…………………………………………………

Present Address:……………………………………………………………..  
………………………………………………………………………………….  
………………………………………………………………………………….

Post Code:………………………………..

Date Moved in:…………………………..

**Telephone Number:**

Home:………………………………………   
Work:……………………………………….

Email:…………………………………………………………………………..

**Telephone Number:**

Home:………………………………………   
Work:……………………………………….

Email:…………………………………………………………………………..

**Ethnic origin**

**How would you describe your ethnic origin?**

Please tick one box for yourself and one box for the person who will live with you.

This information is used for monitoring purposes only.

|  |  |  |
| --- | --- | --- |
|  | **You** | **Joint Applicant** (if applicable) |
| **White** | □ | □ |
| British or English | □ | □ |
| Irish | □ | □ |
| Welsh | □ | □ |
| Scottish | □ | □ |
| Other European | □ | □ |
| Eastern European | □ | □ |
| Other (please state)…………………………………………………………………………… | | |
|  | | |
|  | | |
| **Mixed** | □ | □ |
| White and Black Caribbean | □ | □ |
| White and Black African | □ | □ |
| White and Asian | □ | □ |
| Other Mixed Background  (please state)………………………………………………………………………………….. | | |
|  | | |
|  | | |
| **Asian or Asian British** | □ | □ |
| Indian | □ | □ |
| Pakistani | □ | □ |
| Bangladeshi | □ | □ |
| Other (please state)…………………………………………………………………………… | | |
|  | | |
|  | | |
| **Black or Black British** | □ | □ |
| Caribbean | □ | □ |
| African | □ | □ |
| Other (please state)…………………………………………………………………………… | | |
|  | | |
|  | | |
| **Other Ethnic Groups** | □ | □ |
| Arab | □ | □ |
| Chinese | □ | □ |
| Other (please state)…………………………………………………………………………… | | |

Do you require an interpreter? Yes □ No □

**Security details**

Please state your mother’s maiden name

(1st Applicant Only)

**Alternative contact address**

To be used if we are unable to contact you at your present address or if you would prefer us to contact some else who can act on your behalf

**1st Applicant**

Name:………………………………………………………………………………

Address: …………………………………………………………………………..  
………………………………………………………………………………………

Post Code:…………………………………………………………………………

Relationship to you:………………………………………………………………

Telephone Number:………………………………………………………………

**2nd Applicant**

Name:………………………………………………………………………………

Address: …………………………………………………………………………..  
………………………………………………………………………………………

Post Code:…………………………………………………………………………

Relationship to you:………………………………………………………………

Telephone Number:………………………………………………………………

**Next of Kin**

**1st Applicant**Name:………………………………………………………………………………

Address: …………………………………………………………………………..  
………………………………………………………………………………………

Post Code:…………………………………………………………………………

Relationship to you:………………………………………………………………

Telephone Number:………………………………………………………………

**2nd Applicant**Name:………………………………………………………………………………

Address: …………………………………………………………………………..  
………………………………………………………………………………………

Post Code:…………………………………………………………………………

Relationship to you:………………………………………………………………

Telephone Number:………………………………………………………………

**Your household**Please give the details of everyone who will be moving with you;

|  |  |  |  |
| --- | --- | --- | --- |
| **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:……………..  
………………………………………………………………………………………

Do you have you any pets? …………………………………………………….  
  
If yes, please state what kind of pet(s) you have:…………………………...  
……………………………………………………………………………………...

**Please note, we do not currently allow cats or dogs in Extra Care apartments**

**Convictions**

Have you/either of you ever been arrested, convicted or cautioned?   
  
Yes □ No □

If yes, please detail the date, the circumstance and whether this is spent:  
……………………………………………………………………………………….  
……………………………………………………………………………………….  
……………………………………………………………………………………….  
……………………………………………………………………………………….  
……………………………………………………………………………………….  
  
**Your present housing**

|  |  |  |  |
| --- | --- | --- | --- |
| **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:**

…………………………………………………………………………………….

**How much do you pay?**

Mortgage £……………… Rent £………………Board £………………

**Do you owe arrears on your rent/mortgage?** Yes □ No□

If yes, how much is currently owed?.............................................................

**Have you ever entered into an IVA (Individual Voluntary Arrangement) been declared bankrupt or are on a debt management plan?** Yes □ No□  
  
If yes, please detail including any relevant dates; …………………………  
……………………………………………………………………………………  
……………………………………………………………………………………  
…………………………………………………………………………………… **Is your present accommodation:** Permanent □ Temporary □

**What type of property do you live in?**

House □ Flat □ Bungalow □ Other □ …………………..

**How many rooms are there?** (please state number of rooms for each)

Living Rooms……. Bedrooms……..Kitchen…….Bathroom…… Toilets……..

Other (please state):…………………………………………………………………

**If you live in a flat, which floor do you live on?**

Ground □ First □ Second □ Third □ Above Third □

**What floor level is the bathroom on?**..........................................................

**Is the toilet inside or outside?** Inside □ Outside □

How many people live in the property? Adults ……….. Children………

**How do you regard the repair/condition of your home?**   
 Good □ Fair □ Poor □

**Does your home need repairs?** Yes □ No □

If yes, describe:  
………………………………………………………………………………………………  
………………………………………………………………………………………………

………………………………………………………………………………………………

**Does your home have central heating?** Yes □ No □

Please specify other types of heating i.e. gas fire, storage heaters etc.

………………………………………………………………………………………………

………………………………………………………………………………………………

**Do you have heating in all main rooms?** Yes  **□** No  **□**

If No, which room(s) lack any form of adequate heating?

………………………………………………………………………………………………

………………………………………………………………………………………………

………………………………………………………………………………………………

**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;  
Name:………………………………………………………………………………

Address: …………………………………………………………………………..  
………………………………………………………………………………………

Post Code:…………………………………………………………………………

Relationship to you:………………………………………………………………

Telephone Number:………………………………………………………………

**Please tell us about your financial situation.**

**Are you receiving?**

|  |  |  |  |
| --- | --- | --- | --- |
|  | | Applicant’s total weekly amount | Joint applicant’s total weekly amount  (if applicable) |
| **Pension** | | £……………… | £……………… |
| State Pension | | £……………… | £……………… |
| Occupational Pension | | £……………… | £……………… |
| Regular Income from Employment | | £……………… | £……………… |
| What was your main occupation..................................................................................  Name of employer....................................................................................................... | | | |
| **Benefits** | | | |
| 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** | | | |
| **Name** | **Type of Income** |  |  |
| ……………………….. | …………………….… | £……………… | £……………… |
| ……………………….. | ….…………………… | £……………… | £……………… |
| ……………………….. | ………………………. | £……………… | £……………… |
| **Total**  **Weekly Income Total**  **Write down the total amount of savings you have:** | |  |  |
| £……………… | £……………… |
| £……………… | £……………… |
| £…………………………………….. | |

To help us advise you of the widest range of accommodation options that are available we may have to ask for information about you from the Benefits Agency.   
  
**Please sign if you give us permission to do that:**  
 **Signature**:……………………………………………………………………………………..

**Medical Factors**

The information you provide here will help us to assess whether moving to a scheme environment would benefit your health. It is important that we understand your health needs. You do not have to give this information, but if we don’t know your health needs we will not be able to assess your application fully.

**Are you or anyone moving with you receiving support from a Social Worker/ CPN/ Voluntary Sector or Charity Organisation?** If yes, please provide details below;

Name of person receiving support:……………………………………………………….

Name of supporter/ Organisation:………………………………………………

Address: …………………………………………………………………………..  
………………………………………………………………………………………

Post Code:…………………………………………………………………………

Relationship to you:………………………………………………………………

Telephone Number:………………………………………………………………

**Do you or anyone in your household want to move into the scheme for health reasons?** Either physical (arthritis, osteoporosis, angina) or mental (depression, dementia, stress). Yes □ No □  
If yes, who, and what is the problem?   
  
…………………………………………………………………………………………………………  
…………………………………………………………………………………………………………  
………………………………………………………………………………………………………… …………………………………………………………………………………………………………  
………………………………………………………………………………………………………… …………………………………………………………………………………………………………

**Is this medical condition affected by your present housing?** Yes □ No □   
If yes, how?

…………………………………………………………………………………………………………  
…………………………………………………………………………………………………………  
………………………………………………………………………………………………………… …………………………………………………………………………………………………………  
………………………………………………………………………………………………………… …………………………………………………………………………………………………………

**Are you/joint applicant registered blind/partially sighted with Adult Social Care?**

Yes □ No □

**Are you/joint applicant registered disabled?** Yes □ No □

Name and telephone number of your/joint applicant Social Worker;  
Name:…………………………………………………………………………………………   
Telephone Number:…………………………………………………………………………

**1st Applicant**  
Name of G.P/ Dr:…………………………………………………………………………….  
Address of G.P:………………………………………………………………………………  
………………………………………………………………………………………………………..………………………………………………………………………………………….  
Telephone number of G.P:…………………………………………………………………  
  
**2nd Applicant**  
Name of G.P/ Dr:…………………………………………………………………………….  
Address of G.P:………………………………………………………………………………  
………………………………………………………………………………………………………..………………………………………………………………………………………….  
Telephone number of G.P:…………………………………………………………………

**Are you/ joint applicant currently attending appointments with a specialist Doctor/Nurse/Hospital?**Yes □ No □ If yes, who?  
Name:…………………………………………………………………………………………..  
Address:……………………………………………………………………………………….  
………………………………………………………………………………………………….………………………………………………………………………………………………….

Contact Number:………………………………………………………………………………  
May we contact them? Yes □ No □

**Are you/joint applicant currently visited by a District Nurse?** Yes □ No □   
If yes, who?  
  
Name:………………………………………………………………………………………….  
Address:………………………………………………………………………………………  
…………………………………………………………………………………………………Contact Number:……………………………………………………………………………..  
May we contact them? Yes □ No □

**Mobility Factors   
Do you, or anyone moving with you, have difficulties moving around your home due to medical problems or a disability?** Yes □ No □   
  
If yes, name those that have these difficulties and complete this section:  
…………………………………………………………………………………………………………  
…………………………………………………………………………………………………………  
…………………………………………………………………………………………………………  
…………………………………………………………………………………………………………

…………………………………………………………………………………………………………

|  |  |  |
| --- | --- | --- |
| Difficulty in using a lift | Yes □ | No □ |
| Difficulty in climbing stairs | Yes □ | No □ |
| Do you or anybody moving with you use a wheelchair indoors? | Yes □ | No □ |
| Do you or anybody moving with you use a mobility scooter? | Yes □ | No □ |
| Do you or anybody moving with you have to use a commode because you cannot get to the toilet? | Yes □ | No □ |
| Is this because the toilet is upstairs? | Yes □ | No □ |

**Please answer the following about yourself, or anyone moving with you.**  
  
  
Or any other reason (please state):

…………………………………………………………………………………………………………  
…………………………………………………………………………………………………………

|  |  |  |
| --- | --- | --- |
| Are you or anyone moving with you confined to 1 or 2 rooms in your home due to mobility problems? | Yes □ | No □ |
| Do you or anyone moving with you sleep on a chair/couch because you cannot get to a bed? | Yes □ | No □ |
| Have you had to have yours or anyone else’s bed moved downstairs? | Yes □ | No □ |
| Are your doors too narrow to allow a mobility aid through?  (e.g. walking frame) | Yes □ | No □ |
| Do you have sockets or heating switches in such a place that they  cannot be reached safely? | Yes □ | No □ |
| Do you or anyone else moving with you have difficulty using household equipment like taps, fires etc.? | Yes □ | No □ |

If yes, please give details:

…………………………………………………………………………………………………………..  
…………………………………………………………………………………………………………..  
…………………………………………………………………………………………………………..

|  |  |  |
| --- | --- | --- |
| **Is your home currently adapted to improve yours or anyone moving with you, ability to get in it and/or around it?** | Yes □ | No □ |
| Ramps | Yes □ | No □ |
| Stair lift | Yes □ | No □ |
| Other | Yes □ | No □ |

Details of other adaption:………………………………………………………………………… …………………………………………………………………………………………………………..  
…………………………………………………………………………………………………………..  
  
Do you propose to park a car(s) at the scheme? Yes □ No □

If yes, how many cars for your household would need parking ? ...............................

**Previous Accommodation**

**How long have you lived at your present address?** Years:………………………  
  
If less than 3 years, please list your addresses for that period, stating how long you lived at each, and your reason for leaving (continue on another sheet if desired)

Address:……………………………… Address:……………………………………

……………………………………………… …………………………………………………

……………………………………………… …………………………………………………  
……………………………………………… …………………………………………………  
……………………………………………… ………………………………………………...

|  |  |  |  |
| --- | --- | --- | --- |
| Sharing | □ | Sharing | □ |
| Owner Occupier | □ | Owner Occupier | □ |
| Renting Council | □ | Renting Council | □ |
| Renting Private | □ | Renting Private | □ |
| Renting Housing association | □ | Renting Housing association | □ |

From: Month/Year:………………………. From: Month/Year:………………………. To: Month/Year:…………………………. To: Month/Year:………………………….  
Reason for leaving:……………………... Reason for leaving:……………………...  
…………………………………………….. ………………………………………………  
…………………………………………………. …………………………………………………..  
  
Have you ever been given notice to leave by your landlord? Yes □ No □   
If so, why?  
…………………………………………………………………………………………………………..  
…………………………………………………………………………………………………………..  
…………………………………………………………………………………………………………..  
  
  
If you currently do not live in the area of the scheme for which you are applying, please state here if you have a connection to that area (i.e. family living nearby):  
…………………………………………………………………………………………………………..  
…………………………………………………………………………………………………………..  
…………………………………………………………………………………………………………..

**Present Support Arrangements  
  
Do you or anybody living with you receive help with the following from a carer, Home carer, or Family?**We may seek verification of your care/support needs from Adult Services.

|  |  |  |  |
| --- | --- | --- | --- |
|  |  | If yes, how many times per week? | Who gives help? |
| Cleaning | Yes □ No □ | **………………………** | **………………………**  **……………………… ………………………** |
| Shopping | Yes □ No □ | **………………………** | **………………………**  **……………………… ………………………** |
| Personal Care | Yes □ No □ | **………………………** | **……………………… ……………………… ………………………** |
| Bathing | Yes □ No □ | **………………………** | **……………………… ……………………… ………………………** |
| Meals on Wheels | Yes □ No □ | **………………………** | **……………………… ………………………**  **………………………** |
| Medication | Yes □ No □ | **………………………** | **……………………… ……………………… ………………………** |
| Accessing the community for Social activities | Yes □ No □ | **………………………** | **………………………**  **………………………**  **………………………** |

**Do you attend a day centre or Luncheon Club?** Yes □ No □  
 **Please tell us why you would like to move to an emh Care and Support development and any other information to support your application?**

…………………………………………………………………………………………………  
…………………………………………………………………………………………………  
…………………………………………………………………………………………………  
…………………………………………………………………………………………………  
…………………………………………………………………………………………………

…………………………………………………………………………………………………………..  
…………………………………………………………………………………………………………..

**Accommodation Preferences**Number of bedrooms required? One □ Two □  
Are you interested in part rent/part buy? Yes □ No □

If you answered “yes” to the above, we will contact you with further details

**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.**

I (*insert full name*)………………………………….have read the above statement, I (*please delete 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.

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;

|  |  |
| --- | --- |
| * 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) …………………………………

**Please delete any you do not wish us to contact.**

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.

The details on this form are true and I will inform emh of any changes. I understand that false information may result in my application being refused, any offers of accommodation withdrawn or I may lose accommodation I have been granted.

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: | ……………………………. |

Completed applications should be returned to:  
**emh care and support**

**Housing Team  
Longfield House  
Hallam Fields Road  
Ilkeston  
Derbyshire  
DE7 4BR**

If you have any difficulty understanding or completing this application form please contact us one of our housing officers at the correct scheme for which you are applying;

**Oak Court, Blaby: 0116 277 0030  
  
Waterside Court, Loughborough: 07736 822 248  
  
St Marys, Lutterworth: 01455 553 994**