



Application for Sheltered Housing

About you

Applicant

Full Name Mr/Mrs/Ms

Date of Birth

National Insurance No.

Address

Post Code

Telephone No

Second Applicant

Full Name Mr/Mrs/Ms

Date of Birth

National Insurance No.

Address

Post Code

Telephone No

Are you registered disabled Yes No

Please give details of your health, noting any current illness or disability and how your current housing conditions impact on this:

Are you willing to allow your own Doctor to complete a medical questionnaire? Yes No

Name and address of your Doctor

Telephone No

Present Accommodation

Do you own your own home? Yes No If yes go to part (a)

Are you a tenant? Yes No If yes go to part (b)
If no to both go to part (c)

(a) Is your home house/flat/bungalow?

How many rooms in the accommodation?

How long have you lived at this address? Years Months

(b) Please state landlord or managing agent's name

Address

How many people share this home with you?

How many bedrooms are available to you?

How many living rooms are available to you?

(c) Are you living with family?

Are you living in a hostel or tied accommodation?

Are you living as a boarder or lodger?

How long have you lived at this address? Years Months

Do you have to leave your present accommodation? Yes No

If yes, for what reason?

If no, why do you wish to leave

Please give details of your present housing conditions

Housing Requirements

In which area of Croydon do you wish to live?

Are there any supporting relatives in that area? Yes No

No

If yes, please provide their name, address and telephone number

Name

Address

Telephone No

Relationship

Are there any supporting relatives near to your current address? Yes No

No

Name and address of next of kin

Name

Address

Telephone No

Relationship

Are you on a local authority waiting list? Yes No

No

If yes, please give details of name and for how long:

Name:

How long

Are you on a housing association waiting list? Yes No

No

If yes, please give details of name and for how long:

Name:

How long

Financial Circumstances

Are you in receipt of any benefits? If so please detail:

Name of Benefit	Amount	Frequency
State Pension		Weekly <input type="checkbox"/> Monthly <input type="checkbox"/>
Occupational Pension		Weekly <input type="checkbox"/> Monthly <input type="checkbox"/>
Income Support		Weekly <input type="checkbox"/> Monthly <input type="checkbox"/>
Housing Benefit		Weekly <input type="checkbox"/> Monthly <input type="checkbox"/>
Attendance Allowance		Weekly <input type="checkbox"/> Monthly <input type="checkbox"/>
Other (Please state)		Weekly <input type="checkbox"/> Monthly <input type="checkbox"/>

Capital (including equity value of your own property): £

Personal Details and Ethnic Monitoring

Eldon Housing Association Ltd is committed to providing its services fairly to all groups regardless of race, ethnic or national origins, religion, sex, physical disability, appearance, marital status, sexual orientation or gender reassignment.

It will greatly assist us to check that this is being achieved if you answer the following questions.

The information which you give will be treated in the strictest confidence, and will not be used for any other purpose than checking that we are acting fairly.

Your application will not be affected however if you should choose not to answer these questions.

I/we would describe myself/ourselves as:	First Applicant	Second Applicant
Black British	<input type="checkbox"/>	<input type="checkbox"/>
Black African	<input type="checkbox"/>	<input type="checkbox"/>
Black Caribbean	<input type="checkbox"/>	<input type="checkbox"/>
Asian	<input type="checkbox"/>	<input type="checkbox"/>
British or Northern Irish	<input type="checkbox"/>	<input type="checkbox"/>
European	<input type="checkbox"/>	<input type="checkbox"/>
Other (please state)	<input type="checkbox"/>	<input type="checkbox"/>

Are you are your partner related to any member of Eldon HA or its staff? Yes No

Disclosing a Criminal Record

If you or anyone who wants to be rehoused with you has any criminal convictions which are not spent as explained in the Rehabilitation of Offenders Act 1974, you must tell us about them here. You must set out all of the details of the conviction in full.

Spent convictions are those which can be ignored after a specified amount of time, to establish if your record is spent visit www.disclosurecalculator.org.uk

Declaration

I/we authorise Eldon Housing Association Ltd to make any enquiries considered necessary in connection with this application.

I/we declare that the information given in this application is correct, and I understand that any tenancy granted is liable to be terminated forthwith should it subsequently found that the information is false.

Signed (First applicant)

Date

Signed (Second applicant)

Date

Failure to answer all questions will cause a delay in your application

For Office Use

Signed:

Date

Position: