



# Solihull Care Housing Association Limited

## Application Form for an Apartment at Phoenix House Extra Care Scheme



This form is to be completed by the applicant(s). Please read through this form carefully before completing it and answer every question. We recognise that we seek a lot of information from you but can assure you that any information given will be dealt with in the strictest of confidence by SCHA.

### 1. Details about you

Surname ..... First Name(s) .....

#### **If Joint Application:**

Surname ..... First Name(s) .....

Address .....

..... Postcode .....

Tel Number ..... Mobile .....

Date of Birth ..... Date of Birth (2<sup>nd</sup> person) .....

Marital Status .....

### 2. Pensions or benefits

Please give details of all other monies you receive and include details of the type of benefit, the amount and how often it is received.

Type..... Amount £..... How often .....

Type..... Amount £..... How often .....

Type..... Amount £..... How often .....

Type..... Amount £..... How often .....

Type..... Amount £..... How often .....

### **3. Present Housing**

- Which type of accommodation do you live in at present? Please circle below:

House / Flat / Bungalow / Bedsit / Shared House / Hospital

Other – please specify .....

- Please give details of who owns your present accommodation (e.g. Owner Occupier, Local Authority, Private Landlord)

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- How much do you pay each week for your accommodation? £.....

- Do you have any outstanding rent or mortgage arrears? Yes / No

If Yes, please give details .....

- Do you give consent for us to contact your previous Landlord or Local Authority? Yes / No

If Yes, please give name and telephone number .....

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- How long have you lived at your present address? .....years .....months

### **4. Medical Information**

Name of your Doctor .....

Name of Doctors Surgery .....

Address of Doctors Surgery .....

..... Postcode .....

Do you have any physical health problems? (please give details)

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Are you a registered disabled person? Yes / No

**5. Convictions**

Do you have any unspent convictions? Yes / No (If Yes, please give details)

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**6. Pets**

Do you have any pets? Yes / No (If Yes, please give details)

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**7. Additional Information**

Please add any additional information that you feel is important to your application as this forms part of your initial assessment carried out by SCHA and our nominated Care Provider and is also used when your application for an apartment goes to our Allocations Panel

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Please give the name, Team address and telephone number of your Social Worker or other Key Worker

Name .....

Team Address .....

..... Postcode .....

Tel Number ..... Mobile .....

continued overleaf...

**8. Supporting People Agreement**

Residents will be required to enter into a Support Agreement to assist with their housing and living skills, geared to individual needs.

I agree to sign a Support Agreement which will be based on my needs and requirements from the Care & Support Team and the Estate Manager.

Signed ..... Date .....

(2<sup>nd</sup> person, if applicable)

Signed ..... Date .....

We require your permission to discuss this application with your Social Worker or other Key Worker. Any information provided will be treated in the strictest confidence.

**Declaration of Applicant**

I give my permission for information to be given by my Social Worker or other Key Worker to SCHA for them to make an assessment of my housing and housing support needs.

Signed ..... Date .....

(2<sup>nd</sup> person, if applicable)

Signed ..... Date .....

I have read and understood all of the questions on this form and as far as I know all of the answers I have given are true and correct.

Signed ..... Date .....

(2<sup>nd</sup> person, if applicable)

Signed ..... Date .....