

Older People's Housing Application Form



enabling independent living

Please complete this form if you are 55 or over (60 for some schemes), retired and want to join our Older People's Housing waiting list. You can find details of our schemes in our Housing for Older People brochure.

We can supply this form in large print or a staff member can complete it with you, in person or over the phone. Just call us on 01206 244700.

1) About You

Title:	Mr / Mrs / Miss / Ms / Dr / Prof or other:		
First name:		Surname:	
Telephone numbers:		Email:	
Date of birth:		National Insurance No:	

Your Partner's Details (leave blank if this is application is for one person):

Title:	Mr / Mrs / Miss / Ms / Dr / Prof or other:		
First name:		Surname:	
Telephone numbers:		Email:	
Date of birth:		National Insurance No:	

Emergency Contact (in case we can't get hold of you):

Name:			
Address:			
Telephone number(s):		Their relationship to you:	

Completion of this page is optional but the more information you give us, the better placed we will be able to help and support you. This information isn't used to identify you – it ensures we treat everyone fairly.

	1st applicant	2nd applicant	
Ethnic origin	<input type="checkbox"/>	<input type="checkbox"/>	White British
	<input type="checkbox"/>	<input type="checkbox"/>	White Irish
	<input type="checkbox"/>	<input type="checkbox"/>	White Other
	<input type="checkbox"/>	<input type="checkbox"/>	Mixed White & Black Caribbean
	<input type="checkbox"/>	<input type="checkbox"/>	Mixed White & Black African
	<input type="checkbox"/>	<input type="checkbox"/>	Mixed White & Asian
	<input type="checkbox"/>	<input type="checkbox"/>	Mixed Other
	<input type="checkbox"/>	<input type="checkbox"/>	Asian or Asian British/Indian
	<input type="checkbox"/>	<input type="checkbox"/>	Asian or Asian British/Pakistani
	<input type="checkbox"/>	<input type="checkbox"/>	Asian or Asian British/Bangladeshi
	<input type="checkbox"/>	<input type="checkbox"/>	Asian or Asian British/Other
	<input type="checkbox"/>	<input type="checkbox"/>	Black or Black British Caribbean
	<input type="checkbox"/>	<input type="checkbox"/>	Black or Black British African
	<input type="checkbox"/>	<input type="checkbox"/>	Black or Black British Other
	<input type="checkbox"/>	<input type="checkbox"/>	Chinese
	<input type="checkbox"/>	<input type="checkbox"/>	Gypsy/Romany/Irish Traveller
	<input type="checkbox"/>	<input type="checkbox"/>	Other ethnic group
	<input type="checkbox"/>	<input type="checkbox"/>	Prefer not to answer

Nationality _____ *Please write here*

Sexual orientation	<input type="checkbox"/>	<input type="checkbox"/>	Heterosexual
	<input type="checkbox"/>	<input type="checkbox"/>	Homosexual (gay)
	<input type="checkbox"/>	<input type="checkbox"/>	Bi-sexual
	<input type="checkbox"/>	<input type="checkbox"/>	Prefer not to answer

Religion or belief _____ *Please write here*

Prefer not to answer

Pets

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Our residents' views influence whether pet ownership is encouraged or allowed in a scheme and it often depends on the layout of the building and individual homes. In bungalows, it is usually not a problem. However in some blocks of flats pets are not allowed.

Do you have any pets that you will want to have living with you in future?

Yes - if so complete the section below No

Type of animal:		Breed:	
Age:		Size (approx):	

We ask all our residents to sign a "responsible pet ownership contract" as a condition of receiving permission to keep a pet. Please ask for details.

Retirement status

Our Older People's Housing is for people who have retired from their main employment. Are you still undertaking paid work?

Yes – if so complete the section below No

Job title:		Employer:	
Hours worked:		Salary:	

Do you intend to keep working if you are offered Older People's Housing?

Yes No



Your income

Please tell us about your income and your savings. Give weekly figures.

Salary:	£	State or private pension(s):	£
Disability Living Allowance (under 65's only):	£	Income support /Jobseekers allowance/ Universal Credit:	£
Other:	£	Total weekly income:	£

Do you currently receive housing benefit towards your rent or mortgage payments?

Yes - £ _____ per week

No

To the nearest £100, please tell us the total value of your savings: £ _____

2) Your Current Home

Address (including post code):

When did you move in?

Which of these best describes your housing circumstances at the moment?

I rent from a private landlord

I rent from the council

I'm a lodger

I rent from a housing association

My home comes with my job

I live with friends or family

I have no fixed address

I am in hospital/residential care

Other – please tell us your arrangements: _____

Do you owe any money for the accommodation you live in i.e. rent or mortgage arrears?

Yes – if so tell us how much below

No

£ _____ which is _____ number of weeks / months* (*delete as applicable)

If you have an agreement to clear this debt, please tell us about it – include how much you pay, how often and how long you have had the arrangement. Please note that we might need proof of this arrangement before we offer you housing.

For all tenants/lodgers and those staying in a care home or hospital – please tell us the detail of the person or agency that owns or manages your home:

Name:			
Address:			
Telephone number(s):		Email:	

For homeowners – please tell us:

How much is left to pay on the mortgage?	£	The estimated value of your home?	£
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Your previous home(s)

If you have lived at your current address for less than 3 years, please tell us where you lived before. Tell us about anywhere you have lived over the last 3 years.

Address (including post code):			
When did you move in?		When did you move out?	
Your present landlord's contact details: (references will be sought)	Name: Address: Email: Phone:		
Address (including post code):			
When did you move in?		When did you move out?	

Address
(including post
code):

When did you
move in?

When did you
move out?

The size of and facilities in your current home

What type of property do you
currently live in e.g. house,
bungalow, maisonette, single room?

How many bedrooms does your
home have?

Do you have a kitchen, bath or
shower room (including WC) and
bedroom for your private use?

Yes

No

If not, who do you share with?

Which rooms do you share?

Existing Colne tenants only – how
many spare bedrooms do you have?

Please tell us anything else we ought to know about where you currently live and why it is no longer suitable for you. Write here:



3) The Home You Want

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Tell us where you want to live and the type of property you would like to live in.

Area	Scheme	Property Types
Colchester area	Alderman Howe Lodge, High Woods	<input type="checkbox"/> 1 bed flats <input type="checkbox"/> 2 bed flats (very rarely)
	New Farm Lodge, Stanway	<input type="checkbox"/> 1 bed flats <input type="checkbox"/> 2 bed bungalows (very rarely)
	Orchard Lodge, Tiptree	<input type="checkbox"/> 1 bed flats
Maldon area	Colne House, Heybridge	<input type="checkbox"/> 1 bed flats
	Knights Close, Tolleshunt Knights	<input type="checkbox"/> 1 bed bungalows (very rarely) <input type="checkbox"/> 2 bed bungalows (very rarely)
	Priors Court, Southminster	<input type="checkbox"/> 1 bed bungalows (very rarely)
Tendring area	Coppins Road, Clacton	<input type="checkbox"/> 1 bed bungalows (very rarely)
	Fiske Court, Clacton	<input type="checkbox"/> Studios (single people only) <input type="checkbox"/> 1 bed flats
	Ironside Walk, Manningtree	<input type="checkbox"/> 1 bed flats
	John King Court, Brightlingsea	<input type="checkbox"/> 1 bed flats

Other Schemes

We are the managing agent for Witham Housing Association who have 2 schemes in the town – tick here if you would like to find out more about their schemes.



Care, support and assistance

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Do you currently receive any care services?

From your family? Yes No

From a carer Yes No

From another person? Yes No

What sort of care do they provide and how often?

Walking stick(s)? Yes No

Walking frame? Yes No

A wheelchair sometimes? Yes No

A wheelchair all the time? Yes No

A mobility scooter? Yes No

Oxygen cylinders? Yes No

Any other specialist equipment? Yes No

Please tell us what mobility or assistance equipment you use and how often:

Will you need any of the following in your new home?

Grab rails in the bath/shower room? Yes No

A level access shower/wet room? Yes No

Other:

Why do you want to move? Please tell us:

- Why your current home is no longer suitable for you
- Why moving to another home would help
- Why you want to move to Older People's Housing particularly

We may award some priority points based on the information you give here. If you wish to be awarded higher medical points you should get a letter of support from your GP, nurse or consultant. Unfortunately we cannot do this for you or meet any costs.

Write here:



Please enclose any letters of support from your doctor, occupational therapist, support worker or similar professional. Tick here if the letter(s) will follow.

4) Local Connections

If you currently live away from the area and want to move to be closer to family or friends tell us their details.

Name:			
Address:			
Telephone number:		Their relationship to you:	

Name:			
Address:			
Telephone number:		Their relationship to you:	

If you have a long standing connection to the area, please tell us the background and why you want to move back.

Write here:

5) Declarations

Are you related to any member of staff or member of Colne Housing's Board?

Yes No

If yes, please tell us who and your relationship:

Have you ever been convicted of a criminal offence?

(Declare unspent convictions only)

Yes No

If yes, please tell us the date and nature of the offence:

In the last 2 years, have you had any action taken against you for anti-social behaviour?

Yes No

If yes, please tell us the dates, details and outcome:

You should read the following carefully. Please sign to confirm that:

- The information you have given is correct to the best of your knowledge.
- You will tell us if your circumstances change or you want to be removed from the list.
- You give permission for us to use the information you have given to process your application and use your personal data if you become a tenant. We will only use this information for this purpose and for statistical reports where you will not be identified. This is in accordance with the Data Protection Act.
- You give your permission for us to verify the details you have given.
- You understand that if you deliberately give false or misleading information, you may be disqualified from the waiting list. Furthermore if you are offered housing on this basis, action may be taken to end your tenancy.

Signed by applicant 1: _____

Signed by applicant 2: _____

Dated: _____

If someone has helped you complete this form, please give us their details:

Please be aware that the named applicants must always sign their own application form. We cannot accept applications signed by family members.

How did you hear? – We are interested in knowing how you found out about Colne Housing and our Older People's Housing Schemes. Please tell us here how you heard about us:

Please return this form and any supporting evidence to:

Colne Housing
Block G, Parkside
Knowledge Gateway,
Nesfield Road, Colchester
Essex
CO4 3ZL
Tel: 01206 244700

We will assess your application against our criteria and tell you whether you have been accepted onto the list and with how many points. If we have not been able to offer you accommodation in six months, we will contact you to ask if you want to stay on the list.

Please get in touch with any queries or questions. We will be happy to help.

Registered with Homes England (LH1651) and under the Co-operative and Community Benefit Societies Act 2014 (20799R) with exempt charitable status.

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living

