



APPLICATION FOR TENANCY AT JARVIS COURT

1. Person(s) for whom accommodation is required (applicant first)

Mr/Mrs/ Ms/Miss	Surname	First Name(s)	Date of Birth	Marital Status	Relationship to Applicant
1					
2					

2. (a) Home Address
Postcode.....

(b) How long have you lived at this address?
 Previous Address, if last that 5 years at this address

3. Telephone number at which you may be contacted

4. (a) Next of Kin, Address
Tel No

(b) Do you want them to be notified of any planned visit? YES/NO

5. Are you on Council or Housing Association waiting list? YES/NO

If yes, please specify

6. Are you currently in receipt of Housing Benefit? YES/NO

7. PRESENT ACCOMMODATION

(a) Are you: (Please tick)

An Owner Occupier

A Lodger/Boarder

Tenant of a Private Landlord

Living in residential care

Tenant of local Council

Tenant of Housing Association

Living in a nursing home

Living in Sheltered Housing

Other (please specify)

Name and Address of Owner if not self

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(b) What type of accommodation do you presently occupy? (please tick)

Detached

Semi Detached

Terraced

Flat

Bedsit

Share accommodation

Other (please specify) _____

8. If you live in a flat:

(a) Please specify which floor (e.g. ground, first, second)

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(b) Is there a lift to your flat?

YES/NO

9. Does your house have stairs/steps?

YES/NO

If yes, how many?

Internal _____

External _____

10. In your present house how many bedrooms do you have? _____

Do you have the following:

(a) Inside toilet YES/NO

(b) Shower or bath YES/NO

(c) Hot water system YES/NO

(d) Separate kitchen YES/NO

11. Do you share the accommodation with anyone YES/NO
If yes, please give details

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12. (a) What type of heating does your house have? (Gas/Electric/Coal/Oil)
(b) Is your house centrally heated (full/part)?
(c) Do you find the heating suitable? (if not please say why)

13. Have any alterations and adaptations been carried out to allow you to continue to live in your home? YES/NO

If yes, please specify

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14. Is your house affected by any repair problems or defects? (if yes please give details)

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15. Approximately, how far are you from the shops?

16. Are you able to use public transport? YES/NO

Do you have access to a car? YES/NO

If yes, who drives?

17. Are you responsible for maintenance of a garden area? YES/NO

If yes, what size? Small/Medium/Large

18. Detail any problem you have with your accommodation

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19. Detail any problem you have living in the area

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.....

20. Is your present accommodation linked to a Community Alarm? YES/NO

21. (a) Please give details of any relative/close friends in your present area of residence

Name..... Relationship to applicant

Address.....

Name..... Relationship to applicant

Address.....

(b) Please give details of any relatives/close friends in the area of the Very Sheltered Housing you have applied for (if different from above)

Name..... Relationship to applicant

Address

Name..... Relationship to applicant

Address.....

(c) Do you have any other connections with the area?

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22. Please give the name, address and phone number of your GP/Nurse/Social Worker/Care Manager/Occupational Therapist/Physiotherapist/Home Care Supervisor who knows about your situation

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23. Please state your reason for applying for housing at Very Sheltered Housing and give any further information you may feel relevant to your application

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24. The organisation operates policies designed to ensure all applicants receive equal treatment regardless of race, colour or ethnic origin. You need not answer this section, but to assist the organisation in ensuring that these policies are carried out, please provide the following information. This information will not affect your individual application in any way.

How would you describe your ethnic origins? (please tick)

	Self-Name	Joint Applicant-Name
White Scottish		
White other British		
White Irish		
Other white background		
Any mixed background (Asian, Asian Scottish or Asian British)		
Indian		
Pakistani		
Bangladeshi		
Chinese		
Other Asian background (Black, Black Scottish or Black British)		
Caribbean		
African		
Other Black background (other ethnic background)		
Other background (Households where individual members are of different ethnic groups)		

If other, please describe

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25. Community Support

	Mon	Tues	Wed	Thurs	Fri	Sat	Sun
Day Care							
Meals on Wheels							
Home Care (how many visits per day)							
Day Hospital							
Luncheon Club							
District Nurse							

Other – state what

26. Gaps in Support – is any additional support required?

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27. Support from Family and Friends – Please describe

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28. Significant medical conditions and effect they have on your daily life

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29. Financial Position

If owner/occupier, are all mortgages paid off YES/NO

30. Are you in receipt of:

State Pension	YES/NO
Occupational Pension	YES/NO
Attendance Allowance	YES/NO
DLA	YES/NO
Income Support	YES/NO

31. Please state amount of capital

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32. I/We permit the information from this application to be used in the assessment of this application, and if necessary for the Housing Agency to contact medical or social care staff in confidence for further information

Signature Date

Signature Date

33. I understand that the completion of this form does not imply that I will receive and offer of housing. Please note that before any offer of housing can be made, a needs assessment will be carried out by the Social Work Service.

I certify that the foregoing information is true and complete to the best of my knowledge and, if necessary, I am willing to be interviewed in my own home.

I/We permit the information on this application to be used in the assessment of this application.

Please notify the Association of any change in circumstances.

Signature of Applicant(s)

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Or if not self-completed

Name and Address of person helping with affairs

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When complete please return this form to :

AHP, 22 Abercrombie Court, Arnhall Business Park, Westhill, Aberdeenshire AB32 6FE