

**EXTRA CARE HOUSING – APPLICATION FORM**

**Once completed please return to:**

**North Wales Housing, Plas Blodwel, Broad Street, Llandudno Junction, Conwy, LL31 9HL**

**Alternatively you could email your completed form to :**

[**Dept\_OlderPersons@nwha.org.uk**](mailto:Dept_OlderPersons@nwha.org.uk)

**If you need any assistance completing this application form please contact**

**01492 563287 / 07976 829 252**

**ALL INFORMATION WILL REMAIN CONFIDENTIAL.**

**1 Your Details**

|  |  |  |
| --- | --- | --- |
|  | **Applicant 1** | **Applicant 2** |
| **Title**  **Mr / Mrs /Miss / Other** |  |  |
| **Surname** |  |  |
| **First Name(s)** |  |  |
| **Address** |  |  |
| **Telephone** |  |  |
| **Date of Birth** |  |  |
|  |  | **Relationship to Applicant 1** |
| **National Insurance Number** |  |  |
| **Correspondence (if different from above)** |  |  |
| **Relationship to above** |  |  |

**2 Accommodation**

**What type of accommodation is your current home**

|  |  |
| --- | --- |
| North Wales Housing Tenant |  |
| Owner Occupier |  |
| Living with friends or family |  |
| Renting privately |  |
| Other Housing Association / Local Authority |  |
| Other – please specify |  |

**Please give us your previous addresses for the last 10 years**

|  |  |  |
| --- | --- | --- |
| **Applicant 1** | | |
| **Address** | **Landlord (if relevant)** | **Dates** |
|  |  |  |
|  |  |  |
|  |  |  |

|  |  |  |
| --- | --- | --- |
| **Applicant 2** | | |
| **Address** | **Landlord (if relevant)** | **Dates** |
|  |  |  |
|  |  |  |
|  |  |  |

**Please tick which area you would like to live:**

|  |  |
| --- | --- |
| **Cae Garnedd, Bangor, Gwynedd** |  |
| **Hafod y Parc, Abergele, Conwy** |  |
| **Llys y Coed, Llanfairfechan, Conwy** |  |

**3 Medical / Support Needs**

**Please tell us below the reasons for wanting to live in Extra Care Housing, please continue on an additional piece of paper if necessary.**

|  |
| --- |
|  |

**Do you have any disability or limiting long-term illness? Please tick as many boxes that apply**

|  |  |
| --- | --- |
| Wheelchair user |  |
| Walking difficulties (not in a wheelchair) |  |
| Visual impairment |  |
| Hearing impairment |  |
| Arthritis |  |
| Asthmatic / respiratory problems |  |
| Heart problems |  |
| Diabetes |  |
| Learning disabilities |  |
| Mental health problem |  |
| Drug related problem |  |
| Alcohol related problem |  |
| Other – please specify |  |

**Do you receive any of the following services:**

|  |  |
| --- | --- |
| Local Authority home care |  |
| Private home care |  |
| Meal Delivery Service |  |
| Community nurse |  |
| Care from relatives or friends |  |
| Other – please specify | |

**What type of support would you like from North Wales Housing?**

|  |  |  |  |
| --- | --- | --- | --- |
| Welfare benefits |  |  | Social networks and relationships |
| Paying rent |  |  | Social skills |
| Managing finances |  |  | Domestic skills |
| Health |  |  | Education, training or leisure |
| Filling in forms |  |  | Employment |
| Advocacy |  |  | Managing a tenancy |
| Liaison with other agencies |  |  |  |

**It is anticipated that applicants moving to extra care *may* need help with some of the following on a daily basis.**

Please tick all that apply

|  |  |  |
| --- | --- | --- |
|  | Applicant 1 | Applicant 2 |
| Washing |  |  |
| Bathing |  |  |
| Dressing |  |  |
| Cleaning |  |  |
| Shopping |  |  |
| Preparing a hot meal / drink |  |  |
| Laundry |  |  |
| Getting in and out of bed |  |  |
| Negotiating stairs |  |  |

**Do you / joint applicant have a Social Worker / Domiciliary Care Manager / District Nurse ?**

**Yes**

**No**

**If yes please specify who receives this service and name / contact details of service provider**

|  |
| --- |
|  |

**4 Financial Situation**

**Please complete this section, this will enable us to asses if you are on the benefits you are entitled to.**

|  |  |  |
| --- | --- | --- |
|  | Applicant 1 | Applicant 2 |
| Pension |  |  |
| State Pension |  |  |
| Benefits |  |  |
| Attendance Allowance |  |  |
| Mobility Allowance |  |  |
| Disability Living Allowance |  |  |
| Other – please specify |  |  |
| Total Income |  |  |
| Total amount of savings |  |  |

**5 Additional Information**

**Are you or anyone intending to live with you, an employee or board member or related to an employee or board member of North Wales Housing?**

**Yes**

**No**

**If yes please give details**

|  |
| --- |
|  |

**Have you / joint applicant ever been convicted of a criminal offence that has not yet been “spent”?**

**Yes**

**No**

**If yes please give details**

|  |
| --- |
|  |

**Have you or your partner ever been evicted from a Council or Housing Association property?**

**Yes**

**No**

**If yes please give details**

|  |
| --- |
|  |

**Declaration**

I/We give permission to North Wales Housing to process this application. This may include contacting current and former landlords for a reference, or contacting other Agencies such as Social Services and any other relevant professional bodies who may need to give advice about your housing care and support.

I/We confirm that the information given in this form is correct to the best of my/our knowledge and understand that a false statement made knowingly or recklessly may result in the loss of any tenancy that may have been granted to me/us by North Wales Housing.

|  |  |  |  |
| --- | --- | --- | --- |
| **Applicant 1 signature** |  | **Date** |  |
| **Applicant 2 signature** |  | **Date** |  |

**Important**

If you would like a friend, family member or support staff to be able to contact us to discuss your housing application we need to have your written consent. Please tell us the names of people who may contact us and tell us their relationship to you. Sign below to confirm you are happy for us to discuss your housing application with them.

|  |  |  |
| --- | --- | --- |
| **Name** | **Relationship** | |
| I/We give my/our consent for North Wales Housing to discuss my/our housing application with the person(s) named above. | | |
| **Signature** | | **Date** |

**Data protection**

North Wales Housing will use your personal information provided in this application and any additional information you submit for the sole purpose of processing and administration of your application and tenancy if you are successful.

North Wales Housing may discuss and disclose the information provided to service providers and agencies who co-operate with the Association.

By signing this form you give consent to North Wales Housing to process your information for these purposes.