

**North Wales Housing Tai Gogledd Cymru**  
Plas Blodwel, Broad Street,  
Cyffordd Llandudno, Conwy, LL31 9HL

**Tel: 01492 572727**   
[www.nwha.org.uk](http://www.nwha.org.uk)

[Customerservice.mailbox@nwha.org.uk](mailto:Customerservice.mailbox@nwha.org.uk)

**Extra Care Housing – Application Form**

**If you need any assistance completing this application form please contact** [**mary.jones2@nwha.org.uk**](mailto:mary.jones2@nwha.org.uk) **or telephone - 01492 563287 / 07976 829 252**

|  |
| --- |
| **Part 1 - Your Details** |
|  | **Main Applicant** | **Joint Applicant** |
| Title |  |  |
| Surname |  |  |
| First name(s) |  |  |
| Date of Birth |  |  |
| National Insurance number |  |  |
| Relationship |  |  |
|  | **Current Address** | **Current Address – if different from main applicant** |
| House name |  |  |
| House number |  |  |
| Street |  |  |
| Town or village |  |  |
| City |  |  |
| Postcode |  |  |
| Home telephone number |  |  |
| Mobile telephone number |  |  |
| Email address |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Part 2 – Your current accommodation**  **What type of accommodation is your current home?** | | | |
| North Wales Housing Contract Holder  If yes – what is your Contract reference number | | |  | |
| Owner Occupier | | |  | |
| Other Housing Association / Local Authority | | |  | |
| Renting privately | | |  | |
| Living with friends or family | | |  | |
| Residential or Nursing Home | | |  | |
| B and B | | |  | |
| Other – please specify | | |  | |
| **Please give us your previous addresses for the last 10 years**  **Main applicant** | | | | |
| **Address** | | **Landlord (if relevant)** | | **Dates** |
|  | |  | |  |
|  | |  | |  |
|  | |  | |  |
| **Joint Applicant** | | | | |
| **Address** | | **Landlord (if relevant)** | | **Dates** |
|  | |  | |  |
|  | |  | |  |
|  | |  | |  |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Part 3 – your current circumstances**  **Do you have any disability or limiting long-term illness? Please tick as many boxes that apply** | | | | | | |
|  | | Main applicant | Joint applicant | | |
| 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** | Main applicant | | | | Joint applicant |
| Local Authority home care |  | | |  | |
| Private home care |  | | |  | |
| Meal Delivery Service |  | | |  | |
| Community nurse |  | | |  | |
| Care from relatives or friends |  | | |  | |
| Other – please specify | | | | | |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Part 3 – your current circumstances continued**  **Medical and support needs**  **Please tell us by using the space below why you need extra care, give us any information you feel may help your application. Please provide any supporting information and continue on a separate sheet if necessary.** | | | | |
|  | | | | |
| **Do you have the support of one of the following** | **Main applicant** | | **Joint applicant** | |
| Social Worker | |  | |  |
| District Nurse | |  | |  |
| Domiciliary Care | |  | |  |
| If yes please provide the name and contact details of service provider | | | | |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Part 4 – Your housing and support choices**  **Please indicate which Extra Care Scheme you are applying for** | | | | | | |
| Cae Garnedd, Bangor, Gwynedd | | | | |  | | |
| Hafod y Parc, Abergele, Conwy | | | | |  | | |
| Llys y Coed, Llanfairfechan, Conwy | | | | |  | | |
| Preference | | 1 Bedroom |  | 2 Bedroom |  | None |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Part 4 Your housing and support choices – continued**  **Please indicate what type of support would you like from North Wales Housing?** | | | | | |
| Welfare benefit advice |  |  | | Digital inclusion | |
| Managing finances |  |  | | Domestic skills | |
| Filling in forms |  |  | | Social skills | |
| Managing your tenancy |  |  | | Education and training | |
| Health and wellbeing |  |  | |  | |
| Advocacy |  |  | |  | |
|  |  |  | |  | |
|  | | | | | |
| **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** | | | | | |
|  | | | **Main applicant** | | **Joint applicant** |
| Washing / Bathing | | |  | |  |
| Dressing | | |  | |  |
| Cleaning | | |  | |  |
| Shopping | | |  | |  |
| Preparing a hot meal / drink | | |  | |  |
| Laundry | | |  | |  |
| Getting in and out of bed | | |  | |  |
| Negotiating stairs | | |  | |  |
|  | | |  | |  |

|  |  |  |
| --- | --- | --- |
| **Part 4 Financial Situation**  **Please complete this section, this will enable us to assess if you are on the benefits you are entitled to.** | | |
|  | **Main applicant** | **Joint applicant** |
| Pension |  |  |
| State Pension |  |  |
| Benefits |  |  |
| Attendance Allowance |  |  |
| Mobility Allowance |  |  |
| Disability Living Allowance |  |  |
| Other – please specify |  |  |
| Total Income |  |  |
| Total amount of savings |  |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Part 5 – Additional information** | | | | | |
| **Are you related to any Board member or employee 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 / joint applicant ever been evicted from a Council or Housing Association property** | **Yes** | | | | **No** |
|  | | | |  |
| **If yes please give details** | | | | | |

|  |
| --- |
| **Part 6 – Data Protection Information and Privacy Statement** |
| As part of our application process, North Wales Housing (NWH) collects and processes personal data relating to prospective tenants for the purpose of processing and administration of your application and tenancy, if you are successful. Your data will also be used to assess your care and support needs.  Personal data is processed and shared for the purpose of identifying, facilitating and delivering housing, support and care services for older people within an extra care housing scheme.  Where we collect equality and diversity information (race, ethnic origin, religious/philosophical beliefs, disability data and sexual orientation), we rely on Schedule 1 Part 2 (8) of the Data Protection Act 2018 (Equality of opportunity or treatment) as this type of data is used in reporting to Welsh Government and feeding in to the regional strategic approach to promoting equality and diversity through sharing reporting data with the North Wales Registered Social Landlords Equality Partnership (NWREP).  NWH is obliged to seek information about criminal convictions and offences. Where the organisation seeks this information, it does so because it is necessary for it to carry out its obligations and exercise specific rights in relation to social protection.  Once the application process is complete, North Wales Housing will hold your data as follows:   * If your application for accommodation is unsuccessful, we will communicate the outcome and securely destroy your application thereafter;   If your application meets the eligibility criteria, you will then be put on the waiting list. **Please notify us of a change of circumstances or if you no longer wish to be on the list**;   * If your application is successful, personal data gathered during the application process will be transferred to your tenancy account and retained in accordance with our Document and Data Retention Policy.   **Continued**  **Part 6 Data Protection Information and Privacy Statement – continued**  **It is important that you read this statement. Additional information is available on our Older Persons Department Privacy Notice** [**https://www.nwha.org.uk/about-us/data-protection-2/**](https://www.nwha.org.uk/about-us/data-protection-2/)**,** which includes details of who your data is shared with together with other privacy notices and information we may provide on specific occasions when collecting personal data about you. |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Part 7 – Declaration of truth** | | | | | |
| 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 declare that the information provided in this application is, to the best of my / our knowledge, correct and complete. I / We understand that false information or deliberate omission of any material facts may result in withdrawal of any Tenancy that may be granted. | | | | | |
| **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**  **Tel:**  **Email:** | | | **Relationship to applicant** | | | |
| I/We give my/our consent for North Wales Housing to discuss my/our housing application with the person(s) named above. | | | | | | |
| **Signature** | | | | | **Date** | |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Part 8 - Equality & Diversity** | | | | | |
| North Wales Housing are committed to providing equal opportunities for all. to enable us to monitor this policy, please indicate below how you would describe yourself.  All information provided will be kept confidential. | | | | | |
|  | Main Applicant | Joint Applicant |  | Main Applicant | Joint Applicant |
| Gender |  |  | Disability |  |  |
|  |  |  |  |  |  |
| Male |  |  | Yes |  |  |
| Female |  |  | No |  |  |
| Transgender |  |  | Prefer not to say |  |  |
| Prefer not to say |  |  |  |  |  |
|  |  |  | Ethnicity |  |  |
| Marital Status |  |  |  |  |  |
|  |  |  | British |  |  |
| Married / Civil Partnership |  |  | Welsh |  |  |
| Single |  |  | English |  |  |
| Separated / Divorced |  |  | Scottish |  |  |
| Widowed |  |  | Irish |  |  |
| Prefer not to say |  |  |  |  |  |
|  |  |  | Mixed |  |  |
| Religion |  |  | White / Black Caribbean |  |  |
|  |  |  | White / Black African |  |  |
| Christian |  |  | White / Asian |  |  |
| Jewish |  |  | Other |  |  |
| Muslim |  |  |  |  |  |
| Sikh |  |  | Asian |  |  |
| Buddist |  |  | Indian |  |  |
| Hindu |  |  | Pakistani |  |  |
| Other |  |  | Bangladeshi |  |  |
| None |  |  | Other |  |  |
| Prefer not to say |  |  |  |  |  |
|  |  |  | Black /Black |  |  |
| Sexual Orientation |  |  | Caribbean |  |  |
|  |  |  | African |  |  |
| Heterosexual |  |  | Other |  |  |
| Homosexual |  |  |  |  |  |
| Bisexual |  |  | Chinese |  |  |
| Prefer not to say |  |  | Other |  |  |
|  |  |  | Prefer not to say |  |  |

**ALL INFORMATION WILL REMAIN CONFIDENTIAL. PLEASE ANSWER ALL THE QUESTIONS, FAILING TO ANSWER ALL THE QUESTIONS MAY RESULT IN YOUR APPLICATION BEING RETURNED AND CAN DELAY ADMITTING YOU TO THE WAITING LIST.**