



Housing Application Form

Retirement Schemes

Ref No.

Thursby House
1 Thursby Road
Croft Business Park
Bromborough, Wirral
CH62 3PW
Tel: 0151 346 1598
Fax: 0151 346 1602

Please see back page for advice on how to complete this form

NI No:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	Housing Benefit No:	<input type="text"/>
NI No:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	Housing Benefit No:	<input type="text"/>

1. YOUR DETAILS

Please give details of yourself, and those who are applying with you.

Title	First name(s)	Surname	Date of Birth	Male/Female
.....
.....

Your present address.....
.....
.....

Postcode..... Telephone no.....

2. EQUAL OPPORTUNITIES

How do you describe your ethnic origin?* (please tick appropriate box)

<u>White</u>	<u>Asian & Asian British</u>	<u>Black & Black British</u>	<u>Other</u>
British <input type="checkbox"/>	Indian <input type="checkbox"/>	Caribbean <input type="checkbox"/>	Chinese <input type="checkbox"/>
Irish <input type="checkbox"/>	Pakistani <input type="checkbox"/>	African <input type="checkbox"/>	Mixed <input type="checkbox"/>
Other <input type="checkbox"/>	Bangladeshi <input type="checkbox"/>	Other <input type="checkbox"/>	Other <input type="checkbox"/>
	Other <input type="checkbox"/>		

If mixed or other please state

*Ethnic origin refers to a 'racial group' defined by section 2.4 of THE RACE RELATIONS ACT 1976 (Amendment) Regulations 2003 as a group of persons described by reference to colour, race nationality, ethnic or national origin.

3. WHERE DO YOU WANT TO LIVE?

Which ALPHA properties / areas are you interested in?

- MANOR HOUSE, OTELEY ROAD, BROMBOROUGH**
- OAKLANDS, PLYMYARD AVENUE, BROMBOROUGH**
- THE COURT, KIRKET LANE, BEBINGTON**
- THE MOUNT, HEATH ROAD, BEBINGTON**
- HESSEWELL COURT, PENSBY ROAD, HESWALL**
- RED DALE, DALE AVENUE, HESWALL**
- EDEL QUINN HOUSE, THE LIMES, UPTON**
- ALPHA COURT, LEASOWE ROAD, WALLASEY**
- GERRARD CORR HOUSE, PENKETT ROAD, WALLASEY**
- ST. COLUMBAS CLOSE, EGREMONT, WALLASEY**
- LAURENCE DEACON COURT, ST ANNE STREET, BIRKENHEAD**
- BEDFORD COURT, HIGHFIELD ROAD, ROCK FERRY**
- WILLOW COURT, BRADBURY ROAD, WINSFORD**
- ROCKLANDS, SECOND AVENUE, NEWCASTLE-UNDER-LYME**
- REGENT COURT, QUEEN STREET, NEWCASTLE-UNDER-LYME**
- ST CLEMENTS COURT, HOBSON STREET, MACCLESFIELD**
- NASEBY COURT, HAMPDEN ROAD, PRESTWICH**
- SAXON COURT, KESWICK ROAD, ST HELENS**
- ST PETERS COURT, DEWSBURY ROAD, LEEDS**
- BARNFIELD, BECKETT ROAD, DEWSBURY**
- ASHLEY COURT, CHAPEL STREET, TELFORD**

4. YOUR HOUSING – DETAILS ABOUT YOUR HOME

Do you own your home? Yes No

If no please give the name and address of your current landlord

.....
.....

How long have you lived at your present address?

5. YOUR HOUSING – THE DESIGN AND LOCATION OF YOUR HOME

Do you have difficulty climbing the stairs or steps in your home? YES NO

If YES, please give details.....

.....

Are you able to get to the shops, post office, doctor? YES NO

If you have any difficulties, please give details.....

.....

Do you have any difficulties travelling, eg. using public or personal transport?

YES NO

If YES, please explain.....

.....

6. YOUR HOUSING – ABILITY TO COPE.

If there is anything else you would like to tell us about your present home which is affecting your ability to remain independent, please give details

.....
.....

Benefits of moving into an ALPHA property

Please tell us how you feel a move into an ALPHA property would benefit you, eg. House Manager service, alarm call system, security, residents lounge, social events, laundry room, hairdressing room.

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.....
.....
.....

7. PERSONAL SUPPORT - NOW AND IN THE FUTURE

Personal Support – You/Partner

Do you receive any help in the home with the following tasks? (please tick)

	Support I presently receive	Support I may need in the future
cleaning house	<input type="checkbox"/>	<input type="checkbox"/>
shopping	<input type="checkbox"/>	<input type="checkbox"/>
food preparation	<input type="checkbox"/>	<input type="checkbox"/>
laundry	<input type="checkbox"/>	<input type="checkbox"/>
medication	<input type="checkbox"/>	<input type="checkbox"/>
walking	<input type="checkbox"/>	<input type="checkbox"/>
gardening	<input type="checkbox"/>	<input type="checkbox"/>
washing	<input type="checkbox"/>	<input type="checkbox"/>
bathing	<input type="checkbox"/>	<input type="checkbox"/>
toilet	<input type="checkbox"/>	<input type="checkbox"/>
dressing	<input type="checkbox"/>	<input type="checkbox"/>
climbing stairs	<input type="checkbox"/>	<input type="checkbox"/>

Who provides this help? eg. family member, meals on wheels, home help

.....

.....

If you have ticked that you require help, please say why and how often

.....

.....

.....

8. FINANCIAL DETAILS

Are you receiving income support?	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO
Are you receiving housing benefit?	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO
Are you receiving any other welfare benefits?	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO

If YES, please give details of benefits you are receiving (eg. attendance allowance)

.....

.....

.....

Would you like to receive further assistance / information on welfare benefits you might be entitled to if you were offered an ALPHA property? YES NO

9. YOUR PERSONAL CIRCUMSTANCES - HEALTH

Is there anything about your health that we may need to be aware of? Please give details including any hospital treatment you are currently receiving.

Your health..... Your partner's health.....

.....
.....
.....

Is there anything about your health that affects your mobility in your home?

YES NO

Your mobility.....

.....
.....

Your partner's mobility.....

.....
.....

	Yes	No
Do you use a wheelchair in your home?	<input type="checkbox"/>	<input type="checkbox"/>
Do you use a wheelchair outdoors?	<input type="checkbox"/>	<input type="checkbox"/>
Do you own a motorised scooter?	<input type="checkbox"/>	<input type="checkbox"/>
Do you consider you have a disability?	<input type="checkbox"/>	<input type="checkbox"/>

If YES, please give details.....

.....
.....

Do you need any special aids, equipment or adaptations? (eg. walking frame, bath rail)

YES NO

If YES, please give details.....

.....
.....

10. ARE YOU AT RISK?

Do you feel particularly at risk in your present home? If so please give details.....

.....
.....
.....

Advice on completing this form

Please note: all information will be treated confidentially and will adhere to the Data Protection Act 2003.

1. Your Details

To apply for sheltered accommodation with ALPHA you would normally have to be retired from full-time employment. However, applications can be accepted from people due to retire in the immediate future. We are able to consider some people who are under retirement age on grounds of disability. Details should be given in section 9. If you prefer ALPHA to discuss your application directly with a relative or friend, please give details. Please ensure you complete your National Insurance number.

2. Equal Opportunities

ALPHA is committed to promoting Equal Opportunities and therefore, it would be helpful if you completed this section for monitoring purposes.

3. Where do you want to live? - Please tick all of the ALPHA properties in which you are interested.

4-6. Your Housing – Details about your home, design & location, and ability to cope

Please provide details of your landlord or tell us if you own your current home and if you have difficulties managing in your home. Please also state any other difficulties you have living in your current home, which may be overcome by a move into an Alpha property.

7-8. Personal Support (Now and in the Future) and financial details

Please tell us what support you currently receive and what support you may want in the future. The information you provide will enable us to advise you on your entitlement to benefits, should you be offered an ALPHA property.

9. Personal Circumstances and health - Please give details of your current health & mobility.

10. Are you at risk?

In this section we are trying to determine whether there are any particular risks which concern you.

You may consider yourself to be homeless because you are living with relatives and they don't have adequate room for you or you are in residential care and you want to live more independently.

11. Additional Information - Please include any other requirements that you may have

12. Declaration

Please provide details of other people, whom you may wish us to contact to support your application i.e. doctor, relative or care worker.