

Resident Application Form – Sheltered Housing

Please answer all questions in full – all information will be treated in confidence.
Complete in black ballpoint ink and in block capitals – tick the appropriate boxes.

Your details

Applicant 1	Title	<input type="text"/>
	First name	<input type="text"/>
	Middle name (s)	<input type="text"/>
	Last/family name	<input type="text"/>
	Date of birth	<input type="text"/>
	Email	<input type="text"/>
	Mobile number	<input type="text"/>
Applicant 2	Title	<input type="text"/>
	First name	<input type="text"/>
	Middle name (s)	<input type="text"/>
	Last/family name	<input type="text"/>
	Date of birth	<input type="text"/>
	Email	<input type="text"/>
	Mobile number	<input type="text"/>
	Address	<input type="text"/>
		<input type="text"/>
	Telephone number	<input type="text"/>

If you are not a resident or have never been resident in Gosport, state you reason for wanting to move to the area

Your health and medical circumstances

The Trust has a duty to ensure that accommodation is suitable for you. We must also be certain that all Personal Support Plans take account of health and medical needs in order for us to provide the appropriate type and level of support. In order for the Trust to comply with its legal obligations with regard to the safety, care and support of its residents, it requires details of any long term ailment or disability which may affect independent living.

Applicant 1 Details of long term ailments or disabilities

[Redacted text area]

Can you cook, shop and do housework, garden, climb stairs, bath yourself Yes No

Do you receive any domicillary services, eg home carer or cleaner? Yes No

If yes give details [Redacted text area]

Are you registered disabled? Yes No

Applicant 2 Details of long term ailments or disabilities

[Redacted text area]

Can you cook, shop and do housework, garden, climb stairs, bath yourself Yes No

Do you receive any domicillary services, eg home carer or cleaner? Yes No

If yes give details [Redacted text area]

Are you registered disabled? Yes No

Your support

Give information of close relatives or other persons who give you support

Name [Redacted] Relationship to you [Redacted]

Address [Redacted]

[Redacted]

Telephone [Redacted] Email [Redacted]

Name [Redacted] Relationship to you [Redacted]

Address

Telephone

Email

Your residence in the area

If you are not a resident or have never been resident in Gosport, state your reason for wanting to move to the area

Your present accommodation

Owner/occupier

Private tenant

Council tenant

Lodger

Living with relations

Other

Please give details of the landlord/description of arrangements

Current rent £

per

Length of stay in years

If less than five years, please state your previous address

Do you have a pet

Yes

No

Regrettably, dogs, cats and some other pets are not permitted in our accommodation.

If you wish to bring a pet please check first with our head office.

Your current property

House

Bungalow

Flat

Maisonette

Other

no of bedrooms

If a flat what floor is it on?

Details/description

Inside WC Outside WC Bathroom Lift access (if upper floor flat) Stairlift

Central heating Fuel: gas Electric other -specify

Do you share part of your accommodation with people other than your partner? yes no

If yes please let us have the details

Do you have a house to sell? Yes No

If yes - is the home on the market? Yes No

Are you on the waiting list for any other housing such as council housing? Yes No

Your current council tax

Local council

Address

Your property and capital details

If you own your property, what is its approximate value? £

Is there an outstanding mortgage? If yes how much? Yes No £

Current value of cash savings (bank, building society, PO etc) £

Current value of investments (shares, bonds, trust, property etc) £

Your current income

Total weekly income (including interest on savings)

Details

Are you in receipt of housing benefit or council tax rebate? Yes No

Your current work situation

Are you currently working? Yes No

If yes, state the number of hours per week

Type of work

How did you hear about us?

Advertisement Leaflet Online search engine Friend/family
GP/social worker Current resident Other

Signature of applicant

To the best of my knowledge and belief the statements made in this application are true and correct.

Applicant 1 Date

Applicant 2 Date

We will use your personal information to decide whether to offer you accommodation and care. If successful in becoming a resident at Thorngate Churcher Trust we will use your personal information in order to deliver an efficient and effective service as a registered provider of housing and social care. We may share your personal information with Hampshire County Council, Gosport Borough Council, Adult Services, your GP and/or the NHS only if sharing your personal data complies with our data protection policy. We will not share your personal information, without your consent, with any other organisation except to help prevent fraud or if required to do so by law. You have the right to request a copy of the personal information we hold about you. If you would like a copy of some or all of this please contact us at: Clare House, Melrose Gardens, Gosport, Hampshire PO12 3BZ.

Please fill in your name to authorise being kept on our waiting list and authorise us to keep in contact with you about other services at Thorngate Churcher Trust.

Applicant 1 Applicant 2

Please tick your preferred method of contact

Applicant 1 Email Post Phone

Applicant 2 Email Post Phone

FOR OFFICE USE ONLY

Received by office date Signed

Acknowledgement date Signed

Assessment date Signed

Clare House, Melrose Gardens, Gosport, Hants PO12 3BZ 023 9253 4999 • info@thorngate.org.uk • thorngate.org.uk

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