



Extra Care Housing Application Form

1. Personal Details (Applicant 1)

Title (Mr/Mrs/Ms/Miss) _____ Date of Birth _____

First Name _____ Last Name _____

Sex Male Female

Address _____

_____ Postcode _____

Telephone No _____

When did you move in? _____

Personal Details (Applicant 2)

Title (Mr/Mrs/Ms/Miss) _____ Date of Birth _____

First Name _____ Last Name _____

Sex Male Female

Address _____

_____ Postcode _____

Telephone No _____

When did you move in? _____

Others To Be Housed With You

Name	Relationship to you	Date of Birth
_____	_____	_____
_____	_____	_____
_____	_____	_____

People Currently Living With You Who Will Not Be Moving

Name	Relationship to you	Date of Birth
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Is there someone else you wish us to contact to help with your application?

Yes No

Title (Mr/Mrs/Ms/Miss) _____

First Name _____ Last Name _____

Address _____

_____ Postcode _____

Telephone No _____

Relationship to you _____

Do you want this person to be contacted if you are made an offer of housing?

Yes No

**Is anyone who wishes to be re-housed related to a member of Bridgewater's
Committee or Staff?** Yes No

If yes, please advise:

Title(Mr/Mrs/Ms/Miss) _____

First Name _____ Last Name _____

(Please tick which applies)

Committee Member Staff Member

Relationship to applicant _____

Please note below the name and address of your GP

Applicant 1

Doctor's name	
Health Centre	
Telephone number	

Applicant 2

Doctor's name	
Health Centre	
Telephone number	

Your ethnic group – please tick ✓ the cultural background from the list below which best describes you.

		Applicant 1	Applicant 2
White	Scottish	<input type="checkbox"/>	<input type="checkbox"/>
	Irish	<input type="checkbox"/>	<input type="checkbox"/>
	Other British	<input type="checkbox"/>	<input type="checkbox"/>
	Any Other White Background	<input type="checkbox"/>	<input type="checkbox"/>
	Please specify: _____		
Black/Black Scottish/ Black British	Caribbean	<input type="checkbox"/>	<input type="checkbox"/>
	African	<input type="checkbox"/>	<input type="checkbox"/>
	Any Other Black Background	<input type="checkbox"/>	<input type="checkbox"/>
	Please specify: _____		
Asian/Asian Scottish/ Asian British	Bangladeshi	<input type="checkbox"/>	<input type="checkbox"/>
	Pakistani	<input type="checkbox"/>	<input type="checkbox"/>
	Indian	<input type="checkbox"/>	<input type="checkbox"/>
	Chinese	<input type="checkbox"/>	<input type="checkbox"/>
	Any Other Asian Background	<input type="checkbox"/>	<input type="checkbox"/>
Please specify: _____			
Gypsy/Traveller		<input type="checkbox"/>	<input type="checkbox"/>
Mixed Background	Please specify: _____	<input type="checkbox"/>	<input type="checkbox"/>
Any Other Background	Please specify: _____	<input type="checkbox"/>	<input type="checkbox"/>

2. Where You Would Like to Move To

Which of our Extra Care Developments would you like to apply for?
(Please tick your preferences below)

Rashielee, North Barr

Which floor level would you like to live on?

Ground First Second

Blantyre Court, Bargarran

Ground First

What size of flat would you prefer?

1 bedroom 2 bedroom

3. Where You Live Now

Please give details about where you currently live
(please tick one box for each applicant)

Property Type	Main Applicant	Joint Applicant
House	<input type="checkbox"/>	<input type="checkbox"/>
Flat	<input type="checkbox"/>	<input type="checkbox"/>
Bungalow	<input type="checkbox"/>	<input type="checkbox"/>
Maisonette	<input type="checkbox"/>	<input type="checkbox"/>
Caravan	<input type="checkbox"/>	<input type="checkbox"/>
Prison	<input type="checkbox"/>	<input type="checkbox"/>
Hospital	<input type="checkbox"/>	<input type="checkbox"/>
Care Home	<input type="checkbox"/>	<input type="checkbox"/>
Homeless Accommodation	<input type="checkbox"/>	<input type="checkbox"/>

Hostel	<input type="checkbox"/>	<input type="checkbox"/>
Studio/Bedsit	<input type="checkbox"/>	<input type="checkbox"/>
No fixed abode	<input type="checkbox"/>	<input type="checkbox"/>

If none of the above, please describe your accommodation

If you live in a flat, which floor do you live on? _____
 (Please specify basement, ground, first, second etc)

The Size of Property You Live In

Please tell us how many rooms you have in your present accommodation excluding the kitchen, hallways, toilets and bathrooms.

	Living room	Dining room	Bedrooms	
			Single	Double
Applicant 1				
Applicant 2 *				

*(if different address from applicant 1)

Do you have a bedroom of your own? Yes No

Does your home have central heating? Yes No

Present Address

At your present address are you? (please tick ✓ one box)

A Bridgewater Housing Association Tenant?

A tenant with another Housing Association or Housing Co-operative ?

A Renfrewshire Council tenant?

A tenant with another Council

In homeless temporary accommodation

A tenant with a private landlord

Living in Tied Accommodation

Living with relatives

Living with friends

Home owner

If none of the above describes your circumstances please tell us here what they are:

4. Previous Addresses

Apart from your current address, where else have you lived in the last 10 years?

Applicant 1

Address	Date moved in	Date moved out	Type of tenure (eg council tenant, owner, housing association tenant)	Landlord's name and address if applicable	Reason for leaving

Applicant 2

Address	Date moved in	Date moved out	Type of tenure (eg council tenant, owner, housing association tenant)	Landlord's name and address if applicable	Reason for leaving

5. Your Housing Needs

Sharing

Do you, and those who will be moving with you, share a:

Kitchen	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Bathroom/shower room	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Toilet	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>

Amenities

Does where you live have:

Inside toilet	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Bath or shower	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Piped hot water	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Dampness/or your home is in disrepair	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>

If yes, please give details

Community Alarm

Does your currently have a community alarm in your home? Yes No

Stairs

Does your home have:-

	Applicant 1		Applicant 2	
	Yes	No	Yes	No
External stairs which are managed without difficulty	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
External stairs which make going out difficult	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
External stairs which make going out only possible with assistance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Internal stairs which are managed without difficulty	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Internal stairs which make access to bedroom or bathroom difficult	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Internal stairs which make access to bedroom or bathroom only possible with assistance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Garden

	Applicant 1		Applicant 2	
	Yes	No	Yes	No
Does your home have a garden?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is it				
Maintained by you	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Difficult for you to maintain	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Very difficult for you to maintain	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Impossible for you to maintain	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

6. Daily Living

How much help do you need with the following

Applicant 1	None	A little	A lot	Full
Having a bath	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Having a wash	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Using the toilet	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Getting dressed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Eating	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Walking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Getting in and out of bed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Shopping	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Preparing meals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Housework	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Medication	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

If you need other help, please tell us here

Applicant 2

Having a bath

None

A little

A lot

Full

Having a wash

Using the toilet

Getting dressed

Eating

Walking

Getting in and out of bed

Shopping

Preparing meals

Housework

Medication

If you need other help, please tell us here

Walking Aids

Do you use any of the following?

	Applicant 1		Applicant 2	
	Yes	No	Yes	No
Walking stick	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Walking frame/elbow crutches	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Wheelchair when outside	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Wheelchair at all times	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If other, please specify	_____		_____	

Other Services

Are you receiving or attending any of the following?

Applicant 1	Not at all	Less than once a week	Once a week	2-4 days a week	5-7 days a week
Home care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Day centre	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Meals on wheels	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Community nurse	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Community psychiatric nurse	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please give details of other help provided, for example, from family or friends

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Applicant 2

	Not at all	Less than once a week	Once a week	2-4 days a week	5-7 days a week
Home care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Day centre	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Meals on wheels	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Community nurse	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Community psychiatric nurse	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please give details of other help provided, for example, from family or friends.

Health

	Applicant 1		Applicant 2	
Do you have any loss of hearing?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Do you have any loss of sight?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>

Does anyone in the moving group have any physical or mental health difficulties which are relevant to this application? Please give details below.

7. Reason for applying

Why are you applying for housing? (Please tick ✓ any/all that apply)

- | | | | |
|----------------------------|--------------------------|---------------------------|--------------------------|
| Medical/health reasons | <input type="checkbox"/> | Disability | <input type="checkbox"/> |
| Leaving care/hospital | <input type="checkbox"/> | Want near relatives | <input type="checkbox"/> |
| Want smaller accommodation | <input type="checkbox"/> | Want larger accommodation | <input type="checkbox"/> |
| Want higher floor | <input type="checkbox"/> | Want lower floor | <input type="checkbox"/> |
| Don't want a garden | <input type="checkbox"/> | Want own home | <input type="checkbox"/> |
| Mortgage repossession | <input type="checkbox"/> | Harassment | <input type="checkbox"/> |
| Fleeing Violence | <input type="checkbox"/> | To receive support | <input type="checkbox"/> |

Please give brief summary of your reasons for applying

8. How did you hear about our extra care housing?

- | | |
|---|--------------------------|
| A newspaper advert | <input type="checkbox"/> |
| From a Bridgewater member of staff | <input type="checkbox"/> |
| From a Home Carer, district nurse or other support provider | <input type="checkbox"/> |
| You saw the properties being built | <input type="checkbox"/> |
| Word of mouth | <input type="checkbox"/> |
| Other | <input type="checkbox"/> |
- Please give details if 'other' selected

9. Declaration

I/We have completed the form with answers that are true and correct. I/We understand that any tenancy awarded on the basis of this application may be terminated if any of the answers or statements are found to be false or misleading. You should notify Bridgewater Housing Association of any changes to the details you have provided.

Applicant 1

Signature _____

Date _____

Applicant 2

Signature _____

Date _____

Please return to:

**Bridgewater Housing Association
1st Floor, Bridgewater Shopping Centre
Erskine
PA8 7AA**

Telephone number: 0141 812 2237

Bridgewater Housing Association is a recognized Scottish Charity No. SC 035819

Data Protection Act 1998

Bridgewater Housing Association collects personal data for the following purposes:

To carry out research and devise policies and strategies; to repair, maintain and improve our housing stock, including disabled adaptations; to build new houses; to process grants to owners to maintain and improve houses; to provide services to homeless people under our statutory duties; to provide supported accommodation; to allocate temporary accommodation; to ensure compliance with tenancy agreements; to deal with tenancy issues; to facilitate the payment of housing benefit; to maintain and improve the environment; to provide a factoring service; to administer Right to Buy sales; to provide support to elderly and other vulnerable tenants; to allocate houses; to combat racism; to provide references for landlords.

The information may be disclosed to your doctor, social work and benefits authorities, other statutory authorities and our agents, including professional representatives and advisers/partner organisations for the above purposes only.

By signing and submitting the form you are expressly consenting to the use of the information as described.

You can ask for a copy of any information held about you (Bridgewater Housing Association may charge a small fee for this) and have any inaccuracies rectified.

For Office Use Only

	Date	Initials
Reference No:		
Date Received		
Date returned for missing information		
Date received back		
Date sent to Council for assessment		
Date returned		
Outcome		
Date of hearing by Allocation Panel		
Outcome		
Letter sent		
Comments		

(May 2007)