



Application for Extra Care Housing

To help you as much as possible, we need you to give the following information. If you need help with the form please contact us.

Part A - Your Details

	Main Applicant	Joint Applicant
Title	<input type="text"/>	<input type="text"/>
First Name	<input type="text"/>	<input type="text"/>
Other Names	<input type="text"/>	<input type="text"/>
Surname	<input type="text"/>	<input type="text"/>
Date of Birth	<input type="text"/>	<input type="text"/>
Gender	<input type="text"/>	<input type="text"/>
National Insurance Number	<input type="text"/>	<input type="text"/>
Relationship to Main Applicant	<input type="text"/>	<input type="text"/>
	Current Address (Main Applicant)	Correspondence Address (If different from main applicant)
House Name	<input type="text"/>	<input type="text"/>
House Number	<input type="text"/>	<input type="text"/>
Street	<input type="text"/>	<input type="text"/>
Town or Village	<input type="text"/>	<input type="text"/>
City	<input type="text"/>	<input type="text"/>
Post Code	<input type="text"/>	<input type="text"/>
Home telephone number	<input type="text"/>	<input type="text"/>
Mobile telephone number	<input type="text"/>	<input type="text"/>
(We need at least one contact number)		
Email Address	<input type="text"/>	<input type="text"/>
Where would you like us to send any letters of information? (Please tick)		
Current Address	<input type="checkbox"/>	Correspondence Address <input type="checkbox"/>

Part A - Your Details (Continued)

Please provide details of other household members (other than the Main and Joint Applicant) who will live with you in your new home.

Name	Relationship to Applicant	Date of Birth	Gender
1.			
2.			
3.			
4.			
5.			

Part B - Your Circumstances

Please answer all the questions in this part. For every person moving in with you, including yourself, please indicate which of the following apply:

Name	Working	Not Working	Child Under 16	Student	Retired
Main Applicant	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Are there any medical reasons for wanting to move? Yes No If 'yes' please give details:

Name:	Details:
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Name:	Details:
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Name:	Details:
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Name:	Details:
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Name:	Details:
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Please give G.P.s details below:

G.P.s Name

Address

Part B - Your Circumstances (continued)

Is anyone in your household registered disabled? Yes No

Is anyone in your household living with Dementia? Yes No

If 'yes' please give details:

How does this impact on your current housing?

Difficulty with the stairs Yes No

Difficulty accessing property Yes No

No wheelchair access Yes No

Difficulty accessing bathing facilities Yes No

Difficulty accessing toilet facilities Yes No

Difficulty preparing food Yes No

Other (Please specify)

Are you currently receiving a service from a District Nurse? Yes No

Are you currently receiving a service from a Memory Clinic? Yes No

Are you currently receiving a service from a Community Psychiatric Nurse? Yes No

Are you currently receiving care or support? Yes No

Who is providing the service? Family Member Paid Service

How many hours are being provided?

What type of care/support is given?

Part C - Your Current Home

Brief description of your current home:

Are you...

Main Applicant

Joint Applicant

A Council/Housing Association Tenant Yes No Yes No

Living with family/friends Yes No Yes No

Living in a home provided by employer Yes No Yes No

An owner occupier Yes No Yes No

A private tenant Yes No Yes No

Living in a B&B Yes No Yes No

Residential/Nursing Home Resident Yes No Yes No

If you are a tenant, what type of tenancy do you hold? Council-Secure

Council Introductory Assured Tenancy Assured Shorthold Tenancy

Other (Please specify)

If you own your own home: 1. What is it worth?

2. How much mortgage is outstanding?

3. What will happen to it if you are offered a home by ClwydAlyn?

Part C - Your Current Home (Continued)

Please tell us where you (and your joint applicant) have been living for the past 5 years, including your current home.

Name	Address	Landlord	Date From	Date to
<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"/>	<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"/>	<input type="text"/>	<input type="text"/>

How many bedrooms does your household have sole use of now? Double Single

Is the property you live in a flat/maisonette? Yes No

Is it above ground floor level? Yes No Is there a lift? Yes No

If 'yes' what floor is it on?

Part D - Your Housing Choices

Please tell us the kind of home you would like to rent (Please tick)

Preference: 1 Bedroom Apartment 2 Bedroom Apartment

Please indicate what care needs you require help with:

Dressing	<input type="checkbox"/>	Toileting	<input type="checkbox"/>	General Housework	<input type="checkbox"/>
Getting in/out of bed	<input type="checkbox"/>	Food Preparation	<input type="checkbox"/>	Shopping	<input type="checkbox"/>
Bathing	<input type="checkbox"/>	Cleaning	<input type="checkbox"/>	Medication	<input type="checkbox"/>
General Checks	<input type="checkbox"/>	Other (Please specify)	<input type="text"/>		

Please indicate which Extra Care scheme(s) you are interested in:

Gorwel Newydd (Rhyl) Llys Eleanor (Shotton) Llys Raddington (Flint)

Hafan Gwydir (Llanrwst) Tan y Fron (Llandudno) Plas Telford (Acrefair)

Maes y Dderwen (Wrexham) Hafan Cefni (LLangefni)

Other (Please specify)

Do you have local connections with the area(s) you have chosen? Yes No

If yes, please give details (eg. residence in area, church, work, school, family, day centre)
If you are not currently living in the area you have chosen, priority will not be given to you.

Because of your age, ill health or disability do you need any of the following?

A flat designed for the elderly/disabled with (Please tick one or more):

a) Scheme Manager b) Community alarm system c) Care staff on site

d) A home which is fully accessible e) Wheelchair facilities

f) Assisted bathing facilities g) Level access shower

Part D - Your Housing Choices (Continued)

Other information about your application

Please use this space to give us any other information which you feel may help your application. Please provide supporting documentation and continue on the separate sheets on page 6 & 7 if necessary.

Part E

Are you related to any present or past Board Member or employee of ClwydAlyn?

Yes No

Name

Relationship

Part F

THIS INFORMATION WILL REMAIN CONFIDENTIAL. It is important that we can assess if you are in receipt of benefits you are entitled to. If not we can arrange to assist you in completing benefit forms and help you through the process. Please tell us your financial situation.

Do you receive	Applicant's total weekly amount	Joint applicants' total weekly amount (if applicable)
Pension	<input type="text"/>	<input type="text"/>
State Pension	<input type="text"/>	<input type="text"/>
Occupational Pension	<input type="text"/>	<input type="text"/>
Benefits	<input type="text"/>	<input type="text"/>
Income Support	<input type="text"/>	<input type="text"/>
Attendance Allowance	<input type="text"/>	<input type="text"/>
Mobility Allowance	<input type="text"/>	<input type="text"/>
Housing Benefit	<input type="text"/>	<input type="text"/>
Council Tax Benefit	<input type="text"/>	<input type="text"/>
Disability Living Allowance / Personal Independence Payments (P.I.P)	<input type="text"/>	<input type="text"/>
Other Benefits/Income? (Please state which)	<input type="text"/>	<input type="text"/>

Any Other

Including income from investments or property for yourself and anyone who is going to be living with you.

Name

Type of Income

Weekly Amount

Total Income

Total

£

Weekly Income

£

Write down the total amount of any savings you have

£

Rehabilitation of Offenders Act 1974 (Declaration of Criminal Convictions).

Please give details of any convictions (date of individual conviction, sentence, whether suspended and identify the court of conviction) which are not spent under Rehabilitation of Offenders Act 1974.

ClwydAlyn recognises that where a person has been convicted of a criminal offence and received a sentence not exceeding 30 months in custody, and the relevant rehabilitation period for the offence has expired, he/she must be treated as if the offence has never been committed and the applicant is not obliged to reveal any such conviction (spent conviction).

Date of Individual conviction Sentence
Suspended Yes No Court of conviction

Further information in support of your application may be given below or you can attach supporting documentation

Declaration

Here at ClwydAlyn Housing Ltd we take your privacy seriously and will only use your personal information to administer any account you have with us and to provide the products and services you have requested from us.

However, from time to time we would like to contact you with details of other housing-related products or services we provide. If you consent to us contacting you for this purpose, please tick to say how you would like us to contact you:

Post Email Telephone Text message Automated call

We may also like to pass your details onto other housing-related product or service companies, so that they can contact you by post with details of goods and services that they provide. If you consent to us passing on your details for that purpose, please tick to confirm:

I agree

If you have changed your mind about being contacted for marketing purposes, please contact our Customer Services Team on 0800 1835757 (freephone from a landline) or 01745 536800 to update your preferences.

Our full privacy notice is available at: www.clwydalyn.co.uk/privacy-policy/

Declaration

The information supplied by you at sections 1-10 above will be held by ClwydAlyn Housing Ltd in accordance with our obligations under the General Data Protection Regulation. We will use this information for the purpose of processing your application. We will also use this information in anonymised form to help us plan and deliver our services. We will also use your contact details to advise you of any new products or services provided by ClwydAlyn. We will treat your information as confidential and will not share your information with any organisation outside ClwydAlyn unless you agree or unless disclosure is permitted or required by law. For more information about how we use your data please ask to see our privacy policy or view it online at www.clwydalyn.co.uk

Please show this notice to anyone else whose details are included on this form

Please read the Declaration below and sign to confirm that we may store and use the information you have supplied in the way we have described above.

- I/we confirm the details and information provided on this form are to the best of my knowledge true, and that legal action may be taken against any person who obtained accommodation as a result of giving false or misleading information.
- I/we authorise ClwydAlyn Housing Ltd to make any enquiries necessary to confirm the accuracy of the details supplied on this form.
- I/we authorise ClwydAlyn Housing Ltd to contact other persons/organisations to obtain verification of any details provided in this application, or to obtain further information relevant to this application, including Housing Benefit information.

Signature of Applicant

Date

Please print your name in full

Date

Signature of Partner

Date

Please print your name in full

Date

If this form has been completed for you by another person, please give that person's details here: **Signature of person completing the form**

Please print your name in full

Relationship to Applicant

ALL INFORMATION IS KEPT STRICTLY PRIVATE AND CONFIDENTIAL. PLEASE ANSWER ALL QUESTIONS. IF THERE ARE ANY OMISSIONS, THE APPLICATION MAY BE RETURNED TO YOU FOR COMPLETION AND A DELAY WILL OCCUR IN ADMITTING YOU TO THE WAITING LIST.

ClwydAlyn is a Charitable Registered Society