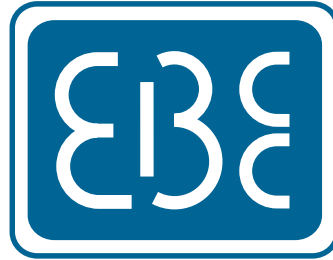


For office Use only

Ref No:



APPLICATION FORM FOR SHELTERED HOUSING

In order to qualify for older people housing you must satisfy all the items below”

- Be aged 60 or over
- Be capable of living independently
- Be living now and for the previous two years in the London Borough of Ealing
- Be of limited financial means

UNDER WHICH CATEGORY FOR HOUSING ARE YOU APPLYING?

Locata Direct Waiting List

1. MAIN APPLICANTS PERSONAL DETAILS

Title: Mr./Mrs./Miss/Ms/Dr/Other (please specify) _____

Name: _____ Date of Birth: _____

Do you or anyone who will live with you, have a disability? Yes No

Do you or anyone who will live with you use a wheelchair? Yes No

Do you have a pet? Yes No

Are you and anyone else included in this application, a citizen of the UK or a citizen of a country in the European Economic Area? Yes No

If you have answered 'No' to the above question, please complete the Immigration Status Detail Form enclosed (Appendix I)

2. SECOND APPLICANT &/OR MEMBER OF HOUSEHOLD

Name	M/F	Relationship to You	Date of Birth
_____	<input type="checkbox"/> / <input type="checkbox"/>	_____	<input type="text"/> / <input type="text"/> / <input type="text"/>

Name	M/F	Relationship to You	Date of Birth
_____	<input type="checkbox"/> / <input type="checkbox"/>	_____	<input type="text"/> / <input type="text"/> / <input type="text"/>

3. INCOME AND SAVINGS

If you and/ or second applicant included in this application are in full or part time work please provide details: -

Name of Person in Work	Employers Name and Address	Weekly Income
_____	_____	_____
_____	_____	_____

Please enter your National Insurance Number: -

You - - -

Other Applicant - - -

3. INCOME AND SAVINGS (CONTINUED)

	Amount (You)	Amount (Other Applicant)
Savings and Capital (excluding property)		
Property (less mortgage)		
Investment Income (stocks, shares etc)		
State Retirement Pension		
Private Occupational Pension		
Disability Living Allowance		
Attendance Allowance		
Income Support		
Housing Benefits		
TOTAL		

4. ABOUT YOUR PRESENT HOME

Address: _____

_____ Post Code _____

Is the above property located in the London Borough of Ealing? Yes No

How long have you lived at this address? Years Months

*If less than two years please provide separate details of where else you lived and in which local authority area the property was located.

Telephone Number Home _____ Mobile _____

Is your present home a: Flat House Room in a shared house

Other (give details) _____

Are you: an Owner Occupier Council Tenant Private Tenant Lodger

Other (give details) _____

How much rent do you pay (if any) and to whom £ _____ per week per month

Landlord's Name _____

Landlord's Address _____

Are you in rent arrears Yes No If so, how much £ _____

Do you share any of the below with others

Bedroom Bathroom Kitchen Toilet Living-room Garden

EMERGENCY CONTACT - NEXT OF KIN

Name _____ Name _____

Address _____ Address _____

Relationship to you _____ Relationship to you _____

Tel No _____ Tel No _____

5. REHABILITATION OF OFFENDERS ACT 1974

Have you been convicted of a criminal offence (spent convictions as defined by the Rehabilitation of Offenders Act 1974 being specifically excluded) Yes No

If yes, please specify the date and nature of the conviction

Have you ever been evicted from your home Yes No

Have you ever caused anti-social behaviour Yes No

6. ETHNIC MONITORING

To assist us in monitoring our fair access to housing policy, please describe your ethnic origin by ticking the appropriate box in each column. If any other person included in this application is of another ethnic origin please select the appropriate box.

White:

- British
 Irish
 Other white please state

Mixed:

- White & Black Caribbean
 White Asian
 White & Black African
 Any other mixed background
 please state

Chinese or other ethnic group:

- Chinese
 Ethnic
 Other ethnic group
 please state

Asian and Asian British:

- Indian
 Pakistani
 Bangladeshi
 Any other Asian background
 please state

Black or Black British:

- Black Caribbean
 Black African
 Any other black background
 please state

7. HEALTH DECLARATION

It is essential that all residents are able to live independently. Please state any medical problems or chronic illnesses from which you or anyone who will be living with you, suffer.

Medical Condition

You

Applicant 2

You are now required to ask your Doctor to confirm that in his or her opinion you & anyone else who is part of this application are capable of independent living and that the above information which you have supplied is accurate.

You

Doctor's Details

Practice Details

Doctor's Name & Signature

Address or stamp

Date

Applicant 2

Doctor's Name & Signature

Address or stamp

Date

8. HOW DID YOU HEAR ABOUT EBCC?

The Post Office Local Library Internet Shelter
AgeConcern Locata Resident Trustee
Employee of EBCC Other please specify _____

9. DECLARATION

I/ we declare that the statements made by me/ us in the whole of this application are true and I/ we agree to advise The Ealing and Brentford Consolidated Charity of any changes as soon as they occur. I/ we understand that if I/ we are found to have falsified information and therefore obtained housing by deception I/ we may be taken to court and may lose our home.

I/ we agree that if I/ we are offered accommodation I/ we shall occupy it as a beneficiary of the Charity and not as a tenant. Any monthly or weekly sum I/ we pay will be regarded as a maintenance contribution and not rent.

Applicant 1 (print name): _____

Signed: _____

Date: _____

Applicant 2 (print name): _____

Signed: _____

Date: _____

IMPORTANT

Please ensure that you have answered every question and that your current GP has completed the relevant section of the form.

Incomplete forms will be returned and this will delay your application.

Please send the completed form to the address below:

The Ealing & Brentford Consolidated Charity

The Trust Office, 65 Tawny Close, Ealing W13 9LX

Tel: 020 8579 7411 Fax: 020 8579 3811