APPLICATION FORM for Mill Gardens

A unique development of 19 one and two bed apartments in Kirkby Stephen ***for persons over 55*** *with a care need.*

Eden Housing association working in partnership with Cumbria County Council

Please fill in your application in **BLOCK CAPITALS** and **Black ink**. Please make sure **all** sections of your application are fully complete and that you have provided us with any relevant supporting documentation before posting it to the address below:

Extra Care Co-ordinator
The Office
Mill Gardens
Hartley Road
Kirkby Stephen
Cumbria
CA17 4RU

For further information **ring**
Debra on **017683 71184**
Or **email:**
Debra.wilkinson@edenha.org.uk

Full Name: .....

Address: .....

.....

Postcode: .....

Tel No: .....

ALL APPLICANTS TO COMPLETE

Main Applicant	Joint Applicant
Male O Female O	Male O Female O
Title (Mr/Mrs/Ms/Miss/Other)	Title (Mr/Mrs/Ms/Miss/Other)
First Name:	First Name:
Last Name:	Last Name:
Date of Birth: National Insurance Number:	Date of Birth: National Insurance Number:
Address:	Address:
Postcode:	Postcode:
Telephone:	Telephone:
Mobile:	Mobile:
e-mail:	e-mail:

What is your relationship to the main applicant?			
Spouse	O	Partner	O
Friend	O	Other	O

Please indicate if you are interested in a one bed flat or a two bed flat and whether you require ground floor

One bed Flat O

Two bed flat O Ground floor O

Owing to planning restrictions the properties may only be occupied by people who have a local connection to Kirkby Stephen and surrounding area or need to move to the area for family support. Please list all of your previous addresses over the last 5 years and indicate whether you rented or owned the property.

Address	From	To	Landlord/ Owned	Reason for leaving

Your current home:

- O Owned Outright
- O Owned With Mortgage
- O Rented
- O Living with friends / family

How many bedrooms does your current home have?
1 O 2 O 3 O 4 O 5 O

What type of accommodation do you live in?
Flat O Maisonette O House O Bungalow O If other (please state)
If you are a private tenant, council or housing association tenant, please state the name, address and telephone number of your landlord. We will use this information to contact your Landlord for a standard tenancy reference: Name: ..... Address: ..... Postcode: ..... Telephone No: .....

Who else will be living with you?	
Name:	Relationship:

Employment Details if Applicable

Main Applicant	Joint Applicant
Job Title / Occupation / Retired:	Job Title / Occupation / Retired:
Employers Name:	Employers Name:
Employers Address:	Employers Address:

We need to ensure that all applicants have the financial resources needed to pay rent and weekly service charges – please complete the following sections:

Income / Savings / Expenditure

Main Applicant	Joint Applicant
Savings or Shares £	Savings or Shares £

	Private pensions £ per week	Weekly State Pensions and Benefits Benefits Type	 Amount £
Applicant			

	Private pensions £ per week	Weekly State Pensions and Benefits Benefits Type	Amount £
Joint applicant			
Other Household Member			

ALL APPLICANTS MUST COMPLETE THIS SECTION:
Care and Support Needs

Do you or does anyone in your family have a disability? If yes, please give name, details of the disability and any adaptations that you require in your home.	
Name:	
Details:	
Adaptations required:	
Do you currently have a 24 hour emergency alarm fitted?	

Do you need to move to give or receive support (e.g move closer to a family member who can support you)? If yes, please give details.

Do you or anyone in your family have medical problems? If yes, please give name of person and details of the medical problem (you will need to provide evidence such as a Doctor's letter).	
Name:	
Details:	
Name:	
Details:	

Do you or any member of your family use a wheelchair?	
Yes O No O	
Do you or any member of your family require any of the following?	
Level Access Shower O	Assisted bath O
Do you or any member of your family have difficulty climbing stairs?	
Yes O No O	
If yes, please give their name:	

Do you receive regular care from care workers?

Yes O No O						
If yes, how many days a week do you receive care?						
How many hours per day?						
Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
What sort of care do you receive e.g. help with washing/dressing; help with cleaning or shopping – please give details. (Information can be recorded on the next sheet if more space is needed):						
Do you receive help from your family?						
Yes O No O						
What sort of help does your family give you e.g. help with washing/dressing; help with cleaning or shopping – please give details (Information can be recorded on the next sheet if more space is needed):						
Do you have a social worker? Please print their name:						
Do you receive any input from other health professionals e.g. Community Mental Health Team, Occupational Therapists, District Nurse? Please give details:						
Does anyone have Power of Attorney for you? Please print their name and contact details:						
Is this LASTING	O	**Is it REGISTERED**	O			
Is this for FINANCIAL	O	**or CARE/WELFARE**	O	**or BOTH?**	O	
Is there anyone who you would like us to discuss your application with? Please print their name and contact details:						

ALL APPLICANTS TO COMPLETE

Please use this section to provide any information that may help support your application. Tell us how you will benefit from living in Mill Gardens and give details of any care or support that you require to live a full life there.

DECLARATION

1. Do you, or anyone on your application work for Eden Housing Association or are you, or anyone on your application related to any Board Member or employee of the Association?

Yes O No O

If yes, please give detail _____

2. Please sign and return the form to the address on the front. Please remember to enclose any medical or other evidence as necessary.

I confirm that the details I have given on this application are true. I understand that if I have knowingly given false information my application may be refused, points may be deducted, any offers withdrawn, or I may lose any tenancy I am granted. I acknowledge that the Association is entitled to make any enquires about an applicant's background. I authorise any landlord, former landlord, local authority, police authority or any relevant third party to disclose any relevant information. This may include information about previous tenancies or criminal convictions.

Signature of main applicant: ……....

Date: ……...

Signature of joint applicant: ……...

Date: ……...

If this form has been completed by someone else on your behalf, please can they complete the following:

Name: ……

Address: .....……

Contact
Phone number: ……

I certify that the information contained in this form is a true record to the best of my knowledge:

Signature: ……

3. ***For full details on how as an Association we collect, process and store your data please go to our website www.edenha.org.uk/privacy or request a copy of our privacy statement.***

We will only share the information you provide with agreed parties as per our privacy statement. You have the right to refuse to provide certain information if there is no legal obligation to disclose this. However some of the information you provide will enable us to develop and tailor our services, and without certain information it may impact our ability to provide some services

Signature of main applicant: ……

Date: ……

Signature of joint applicant: ……

Date: ……

EQUAL OPPORTUNITIES

This information will only be used to check that the Association's Equality and Diversity policy is working and help us ensure that everyone is treated fairly. It will not be used for any other purpose. Please tick one box only in each part.

PART 1:
I would describe my ethnic origin as (please tick appropriate box):

O White British
O White Irish
O White - any other White Background

O Black or Black British: Africa
O Black or Black British: Caribbean
O Black or Black British: Any

O Asian or Asian British: Indian
O Asian or Asian British: Pakistani
O Asian or Asian British: Bangladeshi
O Asian or Asian British: Other Asian

O Mixed: White and Black African
O Mixed :White and Black Caribbean
O Mixed: White and Asian
O Mixed: Any Other Mixed Background

O Other Ethnic Origin: Chinese
O Other Black Other Ethnic Origin: other groups

O Not stated
O Gypsy, Romany, Irish Traveller
O Arab

We will do what is reasonable to provide information in alternative formats on request, including tape, Braille, large print and translations. If we encounter difficulties meeting your request, we will discuss the best solution for you.

যদি আপনি এই ডকুমেন্ট অন্য ভাষায় বা ফরমেটে চান অথবা যদি আপনার একজন ইন্টারপ্রেটারের প্রয়োজন হয়, তাহলে দয়া করে আমাদের সাথে যোগাযোগ করুন।

本文件可以翻译为另一语文版本，或制作成另一格式，如有此需要，或需要传译员的协助，请与我们联系。

Jeżeli chcieliby Państwo otrzymać ten dokument w innym języku lub w innym formacie albo jeżeli potrzebna jest pomoc tłumacza, to prosimy o kontakt z nami.

Bu belgenin Türkçe'sini edinmek ya da Türkçe bilen birisinin size yardımcı olmasını istiyorsanız, bize başvurabilirsiniz.

Please return your completed form to:

Eden Housing Association
Blain House
Bridge Lane
Penrith
Cumbria
CA11 8QU

EDEN
HOMES
AND COMMUNITIES

Where did you hear about Mill Gardens?

Internet	O	Housing Association	O	Local Authority	O
Family Member	O	Leaflet	O	Newspaper/Magazine	O
Word of mouth	O	Event	O	Adult Social Care	O

Other (please specify):