



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 017683071184

Or
email:
debra.wilkinson@edenha.org.uk

Full Name:

Address:

.....

Postcode:

Tel No:

ALL APPLICANTS TO COMPLETE

Main Applicant

Male Female

Title (Mr/Mrs/Ms/Miss/Other)

First Name:

Last Name:

Date of Birth:
National Insurance Number:

Address:

Postcode:

Telephone:

Mobile:

e-mail:

Joint Applicant

Male Female

Title (Mr/Mrs/Ms/Miss/Other)

First Name:

Last Name:

Date of Birth:
National Insurance Number:

Address:

Postcode:

Telephone:

Mobile:

e-mail:

What is your relationship to the main applicant?

Spouse Partner

Friend Other

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

Two bed flat Ground floor

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:

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

How many bedrooms does your current home have?

1 2 3 4 5

What type of accommodation do you live in?

Flat Maisonette House Bungalow

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.

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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 No

Do you or any member of your family require any of the following?

Level Access Shower Assisted bath

Do you or any member of your family have difficulty climbing stairs?

Yes No

If yes, please give their name:

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Do you receive regular care from care workers?

Yes <input type="radio"/> No <input type="radio"/>						
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 <input type="radio"/> No <input type="radio"/>						
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	<input type="radio"/>	Is it REGISTERED	<input type="radio"/>			
Is this for FINANCIAL	<input type="radio"/>	or CARE/WELFARE	<input type="radio"/>	or BOTH?	<input type="radio"/>	
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 No

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.

An Assisted Living tenancy will involve the landlord (Eden Housing Association) discharging a duty of care with all tenants and residents. This will include taking steps to ensure, as far as is possible and reasonable, the wellbeing of all tenants and residents in receipt of the Assisted Living service. This service is intrinsic to the tenancy in all circumstances.

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):

- | | |
|---|---|
| <input type="radio"/> White British | <input type="radio"/> Mixed: White and Black African |
| <input type="radio"/> White Irish | <input type="radio"/> Mixed :White and Black Caribbean |
| <input type="radio"/> White - any other White Background | <input type="radio"/> Mixed: White and Asian |
| <input type="radio"/> Black or Black British: Africa | <input type="radio"/> Mixed: Any Other Mixed Background |
| <input type="radio"/> Black or Black British: Caribbean | <input type="radio"/> Other Ethnic Origin: Chinese |
| <input type="radio"/> Black or Black British: Any | <input type="radio"/> Other Black Other Ethnic Origin: other groups |
| <input type="radio"/> Asian or Asian British: Indian | <input type="radio"/> Not stated |
| <input type="radio"/> Asian or Asian British: Pakistani | <input type="radio"/> Gypsy, Romany, Irish Traveller |
| <input type="radio"/> Asian or Asian British: Bangladeshi | <input type="radio"/> Arab |
| <input type="radio"/> Asian or Asian British: Other Asian | |

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



Where did you hear about Mill Gardens?

- | | | | | | |
|---------------|-----------------------|---------------------|-----------------------|--------------------|-----------------------|
| Internet | <input type="radio"/> | Housing Association | <input type="radio"/> | Local Authority | <input type="radio"/> |
| Family Member | <input type="radio"/> | Leaflet | <input type="radio"/> | Newspaper/Magazine | <input type="radio"/> |
| Word of mouth | <input type="radio"/> | Event | <input type="radio"/> | Adult Social Care | <input type="radio"/> |

Other (please specify):