APPLICATION FORM for HEYSHAM GARDENS & HEYSHAM MEADOWS

*A unique development of apartments, bungalows and houses in Carlisle **for persons over 55** with a care need. This is the only one of its kind in Cumbria.*

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:

Rachael Thomson
Extra Care Coordinator
Heysham Gardens
CARLISLE
Cumbria
CA2 7RN

E Mail: rachael.thomson@edenha.org.uk
Tel: 01228 402208

Please indicate if you wish to purchase a property or rent:

Buy: ☐

Rent: ☐

Full Name: .....

Address:.....

.....

Post Code.....

Telephone: .....

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

SALES APPLICANTS ONLY TO COMPLETE

Which sale option are you applying for? You can tick more than one

- Shared Ownership for the Elderly 75% of an apartment ☐
- Outright Leasehold Sale ☐

If you are applying for a particular property, please state which one:

Heysham Gardens Apartment ☐

Heysham Meadows Bungalow ☐ House ☐

How do you intend to finance the purchase of your home?

- ○ Mortgage (bank or building society)
- ○ Savings
- ○ Sale of current property
- ○ Other – please state below:

	Yes	No
Have you ever been in the Armed Forces	☐	☐

If you have lived elsewhere in the last 3 years, please list all of your previous addresses:

Address	Date from	Date to	Reason for leaving

ALL APPLICANTS TO COMPLETE:

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?

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:

Name:

Address:

Postcode:

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 (where applicable) and weekly service charges – please complete the following sections:

Income / Savings / Expenditure

Main Applicant	Joint Applicant
Total Annual Income before deductions £	Total Annual Income before deductions £

	Private pensions £ per week	Weekly State Pensions and Benefits Benefits Type	Amount £	Savings & Shares
Applicant				
Joint applicant				
Other members of household				

ALL APPLICANTS TO COMPLETE

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:	
Is this disability registered?	

Do you need to move to give or receive support? If yes, please give details.

Please supply written evidence from the person who is giving or receiving support.

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 doctors letter).

Name:	
Details:	
Name:	
Details:	

Do you or any member of your family use a wheelchair? O Yes O No

Does any member of your family require any of the following?

O Level access showers O Assisted bath

Does any member of your family have difficulty climbing stairs? O Yes O No

If so, please give their name _____

Do you receive regular care **Formal** **Private**						
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:					

SALES APPLICANTS ONLY TO COMPLETE THIS SECTION

Due to planning restrictions the properties may only be occupied by people who have a local connection to the area in which the property is located, or need to return to the area for family support.

Where do you currently live?	Main Applicant	Joint Applicant
Area		
How long have you lived there?		
If you are returning to the area for family support, how long have your family lived in the area?		
Please give an example of the family support you will have		

RENTAL APPLICANTS ONLY TO COMPLETE THIS SECTION

Due to planning restrictions the properties may only be occupied by people who have a local connection to the area in which the property is located, or need to return to the area for family support. Please give your previous addresses for the last 5 years:

Address	Landlord	Date from	Date to	Reason for leaving

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?**

   O Yes O No

   If yes, please give details _____

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:……

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/lease 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/lease 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):

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 Office
Heysham Gardens
CARLISLE
Cumbria
CA2 7RN

EDEN
HOMES
AND COMMUNITIES

Where did you hear about Heysham Gardens and Heysham Meadows?

Internet		Housing Association		Local Authority	
Estate Agent		Leaflet		Newspaper/Magazine	
Word of mouth		Event		Adult Social Care	

Other (please specify)

ALL APPLICANTS TO COMPLETE
Additional Information - please use this section to provide any information that may help support your application, including any care or support that may be required. If not completed fully, we will return the form to you and your application will be delayed.