

Retirement Housing Application Form

If you require any assistance in filling out this form, please telephone our head office.

In order to assess your housing application and help us deliver efficient services, we need to collect relevant personal details. We comply with the Data Protection Act 1998 when dealing with personal data. This means that your personal data will be processed in accordance with the law. Please note we may share personal data with other organisations where appropriate. By signing this form you are consenting to Teachers' Housing Association processing your personal data. Teachers' Housing Association is an Equal Opportunities organisation and all applications will be dealt with equally and fairly. No applicant will be treated less favourably on grounds of their age, colour, race, religion, gender, class, disability, marital status, or sexual orientation.

Please tick all boxes which apply to you and your household. This form must be completed in full in order for us to process your application. If there is any additional information which you want to give us to support your application, please staple it to this form.

PLEASE WRITE CLEARLY IN BLOCK CAPITALS

FOR OFFICE USE ONLY

Applicant's Ref No.:

Scheme applied for:

.....

Date application received:

Size of accommodation requested:

.....

Points awarded:

SECTION A: PERSONAL DETAILS

APPLICANT 1:

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

Surname:

First Names:

.....

Date of Birth: / /

Sex: MALE FEMALE

National Insurance No.

Present Address:

.....

.....

..... Postcode:

Landline Telephone Number:

Mobile Telephone Number:

Email:

APPLICANT 2:

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

Surname:

First Names:

.....

Date of Birth: / /

Sex: MALE FEMALE

National Insurance No.

Present Address:

.....

.....

..... Postcode:

Landline Telephone Number:

Mobile Telephone Number:

Email:

What is your relationship to Applicant 1?

.....

Please supply the name and contact details of a friend or relative who we can contact if we are unable to contact you:

Name

Landline Telephone Number:

Mobile Telephone Number:

SECTION B: DETAILS OF YOUR PRESENT ACCOMMODATION

This section is about your present housing. Details will be confirmed during a home visit before you are offered accommodation.

Length of time at present address:yearsmonths

Description of present accommodation:

FLAT HOUSE MAISONETTE BUNGALOW ROOM IN SHARED ACCOMMODATION OTHER

Type of accommodation:

Applicant 1

Applicant 2

Home Owner / Mortgagee	<input type="checkbox"/>	<input type="checkbox"/>
Renting from a private landlord	<input type="checkbox"/>	<input type="checkbox"/>
Council Tenant	<input type="checkbox"/>	<input type="checkbox"/>
Housing Association Tenant	<input type="checkbox"/>	<input type="checkbox"/>
Living in Bed & Breakfast Accommodation	<input type="checkbox"/>	<input type="checkbox"/>
Living with Family	<input type="checkbox"/>	<input type="checkbox"/>
Living in short life accommodation, or have a temporary agreement to occupy	<input type="checkbox"/>	<input type="checkbox"/>
Living in accommodation tied to your job	<input type="checkbox"/>	<input type="checkbox"/>
Living in a hostel	<input type="checkbox"/>	<input type="checkbox"/>
Lodging in house or hotel	<input type="checkbox"/>	<input type="checkbox"/>
Staying temporarily with friends / relatives	<input type="checkbox"/>	<input type="checkbox"/>
Completely homeless, i.e. sleeping outdoors	<input type="checkbox"/>	<input type="checkbox"/>
Living in a mobile home or caravan	<input type="checkbox"/>	<input type="checkbox"/>
Hospital / prison / other institution	<input type="checkbox"/>	<input type="checkbox"/>
Living in a care / nursing home	<input type="checkbox"/>	<input type="checkbox"/>
Other:	<input type="checkbox"/>	<input type="checkbox"/>
(please describe)		

If you currently live in rented accommodation, what type of tenancy do you hold?

SECURE ASSURED ASSURED SHORTHOLD TIED LICENCE OTHER

Is this a joint tenancy? YES NO

If yes, give name and current address of joint tenant:

.....

.....

.....

If you have a landlord, please provide their full name and address?

.....

.....

.....

Teachers' Housing Association reserves the right to contact your present landlord (if applicable) to verify the accommodation details given on this form and to provide a tenancy reference.

Give details of the rooms you and your current household have the right to use:

Bedrooms	Number:.....	<input type="checkbox"/> Sole Use	<input type="checkbox"/> Shared Use
Living Rooms	Number:.....	<input type="checkbox"/> Sole Use	<input type="checkbox"/> Shared Use
Separate Kitchen	Number:.....	<input type="checkbox"/> Sole Use	<input type="checkbox"/> Shared Use
Bathroom	Number:.....	<input type="checkbox"/> Sole Use	<input type="checkbox"/> Shared Use
Separate Toilet	Number:.....	<input type="checkbox"/> Sole Use	<input type="checkbox"/> Shared Use

Is your accommodation self-contained? YES NO

If sharing, how many other people are you sharing accommodation with?.....

Are any of these other people related to applicant 1 or applicant 2?.....

On which floor level(s) is your accommodation situated?

BASEMENT GROUND FIRST SECOND THIRD FOURTH HIGHER (please specify).....

Is there a lift? YES NO

State the type of heating in your home:

.....

Efficiency of heating? POOR ADEQUATE GOOD EXCELLENT

Does the state of repair of your present accommodation present a problem? YES NO

If yes, give details:
.....
.....

Does the level of amenities at your present accommodation present a problem? YES NO

If yes, give details:
.....
.....

Please list your previous home addresses for the past five years and reasons for leaving:

Address	Date Moved In	Date Moved Out	Reason for Leaving
.....
.....
.....
.....

Please give details of why you wish to move:

Applicant 1

Applicant 2

Current accommodation too large	<input type="checkbox"/>	<input type="checkbox"/>
Overcrowding / sharing facilities	<input type="checkbox"/>	<input type="checkbox"/>
Garden unmanageable	<input type="checkbox"/>	<input type="checkbox"/>
Inadequate heating	<input type="checkbox"/>	<input type="checkbox"/>
Cannot afford to heat current property	<input type="checkbox"/>	<input type="checkbox"/>
Lack of hot water	<input type="checkbox"/>	<input type="checkbox"/>
Arrears in mortgage payment	<input type="checkbox"/>	<input type="checkbox"/>
Unable to afford / maintain current property	<input type="checkbox"/>	<input type="checkbox"/>
Property is in need of substantial repair and prejudicial to health	<input type="checkbox"/>	<input type="checkbox"/>
Property is in poor general state of maintenance	<input type="checkbox"/>	<input type="checkbox"/>
Property is in damp condition	<input type="checkbox"/>	<input type="checkbox"/>
Cannot manage stairs within the house	<input type="checkbox"/>	<input type="checkbox"/>
Cannot manage stairs outside the house / flat	<input type="checkbox"/>	<input type="checkbox"/>
Requiring scheme manager support / emergency call facilities	<input type="checkbox"/>	<input type="checkbox"/>
Statutorily homeless	<input type="checkbox"/>	<input type="checkbox"/>
About to be made homeless	<input type="checkbox"/>	<input type="checkbox"/>
Remote from / difficult access to public transport	<input type="checkbox"/>	<input type="checkbox"/>
Remote from / difficult to access shops and post office	<input type="checkbox"/>	<input type="checkbox"/>
Single elderly living alone	<input type="checkbox"/>	<input type="checkbox"/>
Isolated from other houses	<input type="checkbox"/>	<input type="checkbox"/>
Wish to move nearer to relatives / friends		
- who currently live less than 20 miles away	<input type="checkbox"/>	<input type="checkbox"/>
- who currently live over 20 miles away	<input type="checkbox"/>	<input type="checkbox"/>
Loneliness / lack of neighbourly company	<input type="checkbox"/>	<input type="checkbox"/>
Leaving hospital / institution etc.	<input type="checkbox"/>	<input type="checkbox"/>
At risk of, or victim of, vandalism / burglary	<input type="checkbox"/>	<input type="checkbox"/>
At risk of harassment or abuse (eg. physical, racial, sexual, emotional, age)	<input type="checkbox"/>	<input type="checkbox"/>
Problem with neighbours	<input type="checkbox"/>	<input type="checkbox"/>
Fear within neighbourhood	<input type="checkbox"/>	<input type="checkbox"/>
Under threat of, or victim of, domestic violence	<input type="checkbox"/>	<input type="checkbox"/>
Relationship breakdown	<input type="checkbox"/>	<input type="checkbox"/>
Suffering ill health	<input type="checkbox"/>	<input type="checkbox"/>
Problem with health / disability	<input type="checkbox"/>	<input type="checkbox"/>
Other:..... (please specify)	<input type="checkbox"/>	<input type="checkbox"/>

Supporting documentation should be supplied if applicable

SECTION C: YOUR HOUSING REQUIREMENTS

How soon do you require housing?.....

State which Teachers' Housing Association scheme you wish to be considered for, and the size of accommodation that you require. Please tick the appropriate box, stating 1st, 2nd, and 3rd choice if you wish to be considered for more than one housing scheme:

Retirement Housing Scheme	Size of Accommodation		
	Studio	One Bed	Two Beds
The Anchorage, Christchurch			
The Dene, Brighton			
Dunham Gardens, Hull			
New Park Gardens, Stoke-on-Trent			
Peter Kennedy Court, Croydon			
Queen Mother Court, Birmingham			
Romaleyn Gardens, Paignton			

SECTION D: YOUR FINANCES

Please give income credit details for applicant 1 and 2 (Please state £ per week / £ per month):

	Applicant 1	Applicant 2
Payments for work undertaken (gross)
Interest on savings / investments
State Retirement Pension
Occupational Pension
Private Pension
Widow's Pension
Attendance Allowance
Disability Living Allowance
Income Support
Housing Benefit
Council Tax Benefit
Other
(please specify)		

INCOME

Savings and / or Investments

Do you have any savings or investments?

Applicant 1 Applicant 2
 YES NO YES NO

If yes, please give details and amounts:

.....

SAVINGS

Rented Property

If you pay rent, how much do you currently pay?

Applicant 1

£.....weekly / monthly

Applicant 2

£.....weekly / monthly

Owned / Mortgaged Property

Do you own, or have you ever owned, any residential property?

Applicant 1 Applicant 2
 YES NO YES NO

Does anyone else have a financial interest in your property?

YES NO YES NO

If you own your own home, state it's current market value:

£..... £.....

If you pay a mortgage, how much do you currently pay:

£.....monthly £.....monthly

State how much is outstanding on any mortgage:

£..... £.....

EXPENDITURE

State amount of debts, if any:

	Applicant 1	Applicant 2
Rent / mortgage arrears	Total £ / Repayment £ monthly / weekly	Total £ / Repayment £ monthly / weekly
Bank loans / credit card debts	Total £ / Repayment £ monthly / weekly	Total £ / Repayment £ monthly / weekly
Other	Total £ / Repayment £ monthly / weekly	Total £ / Repayment £ monthly / weekly

SECTION E: EMPLOYMENT HISTORY

	Applicant 1	Applicant 2
Are you currently employed?	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
If yes, please give details:		
Job Title:	.....	.....
Employer's Name:	.....	.....
Employer's Address:	.....	.....

Employer's Telephone Number:	.....	.....
Full Time / Part Time:	.....	.....
Number of hours worked per week:	.....	.....
Permanent / temporary contract:	.....	.....
If no:		
Have you ever been in employment associated with education?	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
State occupation before retirement:	.....	.....

SECTION F: YOUR HEALTH

Details of any recent serious illness, operation, physical infirmity (e.g. sight or hearing) or long term illness:

Applicant 1	Applicant 2
.....

Details of any medication taken by either applicant:

Applicant 1	Applicant 2
.....

Is either applicant registered disabled?

Applicant 1 YES NO
 Applicant 2 YES NO

If yes, please give a brief description of disability and registration number:

.....
.....

Comments on general health:.....

.....

Do any members of the proposed household have any medical or health problem(s) which would be improved by moving to a new home?

YES NO

If yes, please give details:

.....

Do you have any difficulty with the following?

- Shopping
- Housework
- Cooking
- Laundry
- Bathing / showering
- Administering medication
- Dressing
- Walking
- Climbing stairs
- Household maintenance

Applicant 1

- YES NO
- YES NO
- YES NO
- YES NO
- YES NO
- YES NO
- YES NO
- YES NO
- YES NO
- YES NO

Applicant 2

- YES NO
- YES NO
- YES NO
- YES NO
- YES NO
- YES NO
- YES NO
- YES NO
- YES NO
- YES NO

Your use of support services. Do you have visits, on a regular basis, from any of the following

- Home Help
- Meals-on-Wheels
- Health Visitor
- Occupational Therapist
- District Nurse

Applicant 1

- YES NO
- YES NO
- YES NO
- YES NO
- YES NO

Applicant 2

- YES NO
- YES NO
- YES NO
- YES NO
- YES NO

Do you have any visits from any other welfare agencies?

Applicant 1

- YES NO

Applicant 2

- YES NO

If yes, please give details:

Do you attend a day centre?

Applicant 1

- YES NO

Applicant 2

- YES NO

If yes, please give details:

Give details of any aids or adaptations (fitted or free standing) used around the house, or whilst out in the community (e.g. hearing aid, walking stick / frame, mobility scooter, wheelchair, grab rails in bathroom, stair lift etc):

.....
.....

Name of Doctor:

Doctor's Surgery Address:

.....

.....

Telephone Number:.....

Please note, we reserve the right to contact your doctor to confirm any details given above.

SECTION G: OTHER INFORMATION

Have you ever been housed by Teachers' Housing Association in the past? (formerly know as Teachers' Benevolent Fund Housing Association)

- YES NO

If yes, please give details:

.....

Do you have any pets?

YES NO

If yes, please give details:

If yes, please confirm whether or not you will make arrangements for your pet(s) in the event that you cannot take it / them with you if you are re-housed.

YES NO

Citizenship / Immigration Status

Is your residency in the UK subject to any restrictions

YES NO

If yes, please attach copies of any relevant documents to show your immigration status.

If you are subject to any form of immigration, documentation will be required to assess your eligibility for re-housing.

Please state your first language, if not English:

How did you hear about Teachers' Housing Association?

.....

SECTION H: DECLARATION

Please check that all the information that you have given is correct to the best of your knowledge. You should inform us immediately if you move, or if your circumstances change, as this may affect your chances of being offered accommodation with Teachers' Housing Association. The completion of this form is not a guarantee of accommodation. Further relevant questions will be asked during an interview with a representative of the Association prior to accommodation being offered.

Are you, or any other member of your family, related to any Board member or employee currently working for Teachers' Housing Association

YES NO

If yes, please give details:

Person's name:

Their relationship to you:

The name of the Teachers' Housing Association board member or employee that they are related to:

Housing Associations are forbidden by law to offer tenancies to their employees, board members or close relatives, except in certain limited circumstances.

All the information I have given is true and complete to the best of my knowledge. I understand that any false, or misleading, information may lead to me being prosecuted and being evicted from any accommodation provided. I understand that it is an offence to make a false statement, or to withhold information, in order to get accommodation or assistance.

Signature:

Applicant 1: Date:

Applicant 2: Date:

When fully completed, please return this form to:

Teachers' Housing Association, Rugby Chambers, 2 Rugby Street, London WC1N 3QU

What Next?

Your application will be assessed within 28 days. If you are eligible for housing with Teachers' Housing Association, and when a property becomes available, a representative of the Association will contact you to arrange a convenient time to visit you at home to discuss your housing circumstances in greater detail and to arrange for you to view the property. The visit will enable us to assess your priority for re-housing. Allocations are made strictly on the basis of housing need in accordance with our points scheme. If accepted for re-housing with Teachers' Housing Association, but no suitable accommodation is currently available, you will be placed on our waiting list. Acceptance on our waiting list does not guarantee that an offer of accommodation will be made.

Teachers' Housing Association is a charitable housing association registered with the Housing Corporation.