



Retirement Housing Application Form

<i>For THA office use only</i>			
Date received by THA	Area Applied For	Property Size Requested	Type of Property Requested
Surname			

If you need help completing this form please contact the Housing Management Team on 020 7440 9440

1. Are you subject to immigration control in the UK?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
2. Are you aged 60 or over and able to live independently? (For schemes in Hull and Stoke on Trent, you must be over 55)	Yes <input type="checkbox"/>	No <input type="checkbox"/>

If you reply **Yes** to question 1 and/or **No** to question 2, it is unlikely that you will be eligible for housing with Teachers' Housing Association (THA). Please read the Eligibility/Exclusions section on page 2 of this form for more details about immigration status and other reasons why you may not qualify to apply. If you do not qualify to apply with THA, you should contact the Housing Needs Team at your Local Authority for advice about alternative housing options.

Teachers' Housing Association Privacy Statement

In order to assess your housing application we need to collect personal information from you. The information will be treated as confidential. However, as part of the application process, we may share your information with other agencies and providers. This is explained fully on our website and on the Declaration page of this application form.

The information will be held for a minimum of two months, or for the time we hold your details on a waiting list or six years beyond the end of your tenancy if you are offered and accept a tenancy with us.

Under Data Protection Law you have a number of rights, these include: the right to access your personal data, the right of rectification (if there is a mistake in your data), the right to have your data deleted and the right to ask us not to process your data. (Each of these rights is explained more fully on our website www.teachershousing.org.uk/about-us/general-data-protection-regulations-gdpr/).

Our Data Protection Officer is our Finance Director whose email is DPO@teachershousing.org.uk
If you want to complain about how we have handled your data you can do so with the Information Commissioner, their website is <https://ico.org.uk/concerns/>

You can use this form to apply for Retirement Housing from THA. Information on where our properties are located can be found on our website <http://www.teachershousing.org.uk/properties/>

Guidance Notes 1 – please read these carefully before you complete this form:

To apply for our retirement housing you must be aged 60 and over (or 55 and over for the schemes in Stoke on Trent and Hull) and able to maintain an independent lifestyle. This means that you must be able to do most or all things for yourself. Our retirement housing is not able to cater for tenants with high support needs. If you indicate that you have high support needs, it is unlikely that we will be able to progress your application.

As part of the application process, your form will be reviewed and the Association may contact people you name on the form to verify information provided. It is important that the information you give to us is correct and failure to provide accurate information may result in your application being rejected. Any information supplied by you in connection with your tenancy application may be shared with other agencies to enable THA to carry out its core duties and responsibilities.

All the information you give us will be held with your application form. THA may share this information with housing associations or other social landlords who could rehouse you. We may also take references from private landlords and contact organisations you tell us about to properly assess your support needs and priority for housing. We may also use your personal information for the prevention or detection of fraud.

You have a right to see information kept on file about your application and to ask for any inaccurate information to be removed. A copy of our Housing Allocations Policy is available upon request by calling the Housing Management Team.

Please note that in some areas the number of applications for housing is greater than the number of properties that can be supplied. In these areas waiting lists are operated but you may need to wait on the list until such time as a property becomes available and you may need to seek alternative accommodation whilst you wait. An application for housing does not guarantee that an offer of accommodation will be made.

Eligibility / Exclusions

To apply for our retirement housing you must be aged 60 and over (or 55 and over for the schemes in Stoke on Trent and Hull) unless you fall into one or more of the groups listed below:

- You are subject to immigration control. If you do not have citizenship in an EU country or indefinite/exceptional leave to remain in the United Kingdom and are subject to a 'no recourse to public funds condition' or you do not have refugee status, exceptional leave or indefinite leave to remain in the UK you do not qualify to apply for social housing. If you are unsure, please provide us with a copy of your immigration status papers so we can assess your eligibility.
- You are under the required age limits.
- You are a homeowner or have financial interest in a property in the UK or abroad.
- You can apply if your household has savings or capital of over £100,000 or more but you may be awarded a low priority as you would be considered to have sufficient funds to secure alternative accommodation.
 - THA reserves the right not to accept applications from people whose tenancy has previously ended due to rent arrears or anti-social behaviour, such as noise nuisance, domestic violence, racial harassment, intimidation, drug dealing, any other social housing fraud offences or if you owe THA money (i.e. through rent arrears, re-charges etc.) If your application is refused because of unacceptable behaviour, you will be told in writing, and this will include the reasons for our decision and details of your right to request a review.

Guidance Notes 2 – please read these carefully before you complete this form:

- Please make sure that you provide us with all the relevant proof documents for you and your household as listed on the next page. Failure to provide all the documentation that we require will prevent us from registering your application.
- If you do not fill in the form properly, give us all the information we need or you do not sign the Declaration at the end of this form, we will return it to you and this will delay your application.
- Please complete the form in ink and as clearly as possible.
- Where a question is not applicable to you, please mark your form N/A.
- Please read the questions carefully and answer all the questions that apply to you.
- Once your application has been received and processed, we will contact you to confirm this by post or if you indicate you prefer email, we will email you. This letter will contain details of your awarded points and any other information that you will need. Please keep this information in a safe place.

It is your responsibility to keep us informed of any changes in your circumstances as this may affect your status on the waiting list, failure to do so may result in your application being closed. Changes of circumstance that you need to tell us about include: a change of address, changes to the people in your household, change of employment, income or assets etc. You should contact us if you have any queries about reporting a change of circumstances. If you withhold information in an attempt to secure accommodation you may be prosecuted, which could result in a large fine, imprisonment or other penalty.

If you do not speak English, or English is not your first language, or you do not understand anything on this form and in the Declaration, please contact a member of the Housing Management Team for assistance.

We will review your application annually and you will be required to confirm any changes to your circumstances. Failure to provide the information when requested may result in your application being removed from our waiting list.

If you sign the Declaration at the end of this form, you are agreeing that you understand and agree with these terms.

Proof Document Checklist

Please send us copies of **all** of the documents that apply to you and your family.
Use the right hand column to 'tick' that you have included documents.
 Failure to provide all the documentation required will prevent us from registering your application.

<p>PASSPORT OR UK BIRTH CERTIFICATE FOR EACH PERSON NAMED ON YOUR APPLICATION</p> <p>You and your partner (if applicable) must have citizenship in an EU country or indefinite/exceptional leave to remain in the United Kingdom with access to public funds. If one or both of you do not have a UK passport, please provide National passports <i>plus</i> Home Office or Immigration documents and work visas (if applicable).</p> <p style="text-align: center;">Drivers licences are not accepted as proof</p>	
<p>NATIONAL INSURANCE NUMBER</p> <p>A recent payslip, N.I. card, DWP/benefit letter, p60, p45 or any other official document that shows a N.I. number for each person on the application over 16 years of age.</p>	
<p>PROOF OF RESIDENCE</p> <p>1. APPLICANT AND PARTNER (if applicable) - Please provide proof for the last 5 years of all addresses where you have lived such as bank statements, utility or Council Tax bill or any other official document with a name, address and a date on it. We accept joint or individual documents.</p> <p>2. ANY OTHER PERSON ON THE APPLICATION <u>OVER 18</u> YEARS OF AGE - Please provide 1 current proof of address such as a bank statement, benefit award letter etc.</p>	
<p>PROOF OF BENEFITS</p> <p>Proof of any Government benefits that you receive such as Job Seekers Allowance, ESA, DLA, PIP, Housing Benefit, Working Tax Credits, Universal Credit, State Pension etc.</p>	
<p>TENANCY AGREEMENT</p> <p>If you have signed a tenancy agreement or other agreement for the property you are currently occupying, please provide us with a copy.</p>	

- **Please note that your application will not be registered without the relevant proof documents.**
- If you are adding a civil partner, husband or wife to your application please provide us with a copy of the registration certificate.
- If your documents are in a language other than English please provide an official English translation.
- Please DO NOT send original documents in the post.

Our office address is on the final page of this application form and we would recommend that you send your documents via Recorded Delivery.

1. ABOUT YOU AND YOUR HOUSEHOLD

If you are applying with a partner, provided your partner is eligible, we will treat it as a joint application meaning that any tenancy granted will be joint.

	Applicant	Partner
Surname/s		
Previous names <i>(if any)</i>		
First name/s		
Date of Birth		
National Insurance No		

Contact details – please provide at least one contact number and indicate your preferred contact method/s by ticking the relevant box:

	Applicant	Partner
Home		
Work		
Mobile		
Email		

Current address:

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Date you moved into this address:

If your partner does not live with you, tell us more about this:

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Give details of why you wish to move:

	Applicant 1	Applicant 2
Current accommodation too large		
Overcrowding / sharing facilities		
Garden unmanageable		
Inadequate heating		
Cannot afford to heat current property		
Lack of hot water		
Arrears in mortgage payment		
Unable to afford / maintain current property		
Property is in need of substantial repair and prejudicial to health		
Property is in poor general state of maintenance		
Property is in damp condition		
Cannot manage stairs within the house		
Cannot manage stairs outside the house / flat		
Requiring scheme manager support / emergency call facilities		
Statutorily homeless		
About to be made homeless		
Remote from / difficult access to public transport		
Remote from / difficult to access shops and post office		
Single elderly living alone		
Isolated from other houses		
Wish to move nearer to relatives / friends		
- who currently live less than 20 miles away		
- who currently live over 20 miles away		
Loneliness / lack of neighbourly company		
Leaving hospital / institution etc.		
At risk of, or victim of, vandalism / burglary		
At risk of harassment or abuse (eg. physical, racial, sexual, emotional, age)		
Problem with neighbours		
Fear within neighbourhood		
Under threat of, or victim of, domestic violence		
Relationship breakdown		
Suffering ill health		
Problem with health / disability		
Other (please specify)		

Are you currently housed in temporary accommodation provided by your Local Authority? Yes No

Are you currently housed in temporary accommodation provided by anyone else? Yes No

If yes, who provided it?

If you live in Temporary Accommodation such as a bed & breakfast or a hostel etc. please tell us how you obtained this accommodation. For example, was it a self-referral, a local authority referral, charity or other organisation? Please provide the full name of the organisation, why you were referred and the approximate length of your stay:

2. ABOUT YOUR CURRENT HOME

Please tick the appropriate box below to show your current housing situation:

Council tenant	<input type="checkbox"/>	Housing Association tenant	<input type="checkbox"/>	Private rented	<input type="checkbox"/>	Hostel / Bed & Breakfast	<input type="checkbox"/>
Home owner	<input type="checkbox"/>	Temporary Accommodation	<input type="checkbox"/>	Living with family/friends	<input type="checkbox"/>	Refuge	<input type="checkbox"/>
Other*	<input type="checkbox"/>	<i>*Please specify</i>					

Are you in tied/serviced accommodation?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Is your tied/serviced accommodation due to end? If yes , when?	Date ending:	

If you or anyone else on your application is a council or Housing Association tenant, please tell us the name of the authority/association:

If you are not the home owner, please provide name and address of the person who owns the property. E.g. Name on the mortgage / title deeds

Do you pay rent? Yes No If 'yes', how much per month? _____

Have you or anyone else on your application ever exercised the Right To Buy? Yes No

If yes, please provide details: *(of any property that you or anyone else on this application has lived in)*

If you are renting your home, please give us your landlord's or agent's name, address and telephone number:

(We may take up references from them when/if offering you a property)

Do you have an agreement about the rent you pay? Yes No

If yes, what sort of agreement is this? e.g.: tenancy agreement, licence, rent book, verbal agreement etc:

If you do not have an address to register from, please let us know where you usually sleep, how long you have been sleeping there and where you keep your personal belongings:

We will usually write to you at your present address. If you do not want us to write to you there, please provide an address where we can write to you and the reasons why we cannot contact you at your registered address: *(Please note that this does not mean that we will accept an alternative address)*

3. YOUR PRESENT ACCOMMODATION

What kind of accommodation are you living in?

Bed & Breakfast		Bungalow		Flat		Hostel	
House		Studio		Maisonette		Other? <i>Please specify:</i>	

How many bedrooms are there in your current property **in total**?

None		Studio flat		1		2		3		4		4	
------	--	-------------	--	---	--	---	--	---	--	---	--	---	--

How many bedrooms do you and the other people on this application have for your **sole/own use**?

None		Studio flat		1		2		3		4		4	
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Do you lack any of the following facilities or share with someone who is **not** part of your household?
 Yes No

If you answered **yes**, please tick which of the following facilities apply to your current housing situation:

	Share	Lack / Do not have
Living / Lounge room		
Toilet (any toilet - in bathroom or separately)		
Bathroom / shower room		
Kitchen and/or cooking facilities		
Bedroom		
Electricity/ Gas supply (you share the same bill)		

If you lack a toilet, washing or cooking facilities or fuel supply, please tell us how you meet these needs:

If you share facilities, please say with whom you share them and how they are related to you. If you share with strangers (i.e. in a hostel or room/house share) please write **other tenants** in *person name* and in *relationship to you* section write the approximate **number of people** you share the facilities with:

Name of the person you share with	Relationship to you
<i>E.G. Bob Smith / Mum and Dad / other tenants</i>	<i>E.G. Friend / Parent / 3 other tenants</i>

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

Basement Ground First Second Third Fourth

Higher (Please specify)

Is there a lift? Yes No

4. PREVIOUS ADDRESSES

Please give details of any addresses where you and your partner (*if applicable*) have lived during the past five years. Start with the address you lived in before your current home and work backwards.

Main Applicant	Lived there from / to	Reason for leaving?	Landlord name & address?
Address 1:			
Address 2:			
Address 3:			

Partner (*if different*)

Partner (<i>if different</i>)	Lived there from / to	Reason for leaving?	Landlord name & address?
Address 1:			
Address 2:			
Address 3:			

If you need more space, please continue on a separate sheet.

Have you and everyone else on this application always lived in the UK? Yes No
 If **no**, tell us who did not and when did you/they enter the UK?

If you do not have a British or EU Passport, do you and your partner (if applicable) have access to public funds? (This will be detailed on your immigration papers)

Applicant: Yes No / Partner: Yes No

5. PREVIOUS SOCIAL HOUSING

Have you or anyone else on this application ever been a tenant of a council or Housing Association property?

Yes No

If **yes**: Who were the tenant/s and who was the landlord, e.g.: name of council or Housing Association?

What was the address of the property? *If more than one property, please detail each address:*

Date the tenancy ceased and why?

Have you ever had action taken against you for breach of tenancy, such as a Notice of Seeking Possession, Notice to Quit, Injunction or Anti-Social Behaviour Order or Possession Order?

Yes No

If **yes**, please give the date and details :

Are you currently or have you ever (or anyone else named on this application) received help from a council or local authority as a homeless applicant?

Yes No

Please give us a brief description of when this happened, why and what was the outcome of this application:

6. YOUR HOUSING REQUIREMENTS

When 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			

7. REPAIRS

Is your home in a state of disrepair?

Yes No

If **yes**, please tick one or more of these boxes to indicate what problems you have in your property:

Damp / mould	<input type="checkbox"/>	Dangerous	<input type="checkbox"/>	Electrical / Faulty wiring	<input type="checkbox"/>	Faulty facilities	<input type="checkbox"/>
Heating/Gas Supply	<input type="checkbox"/>	Leaking roof / leaking other	<input type="checkbox"/>	Rotting woodwork	<input type="checkbox"/>	Pest infestation	<input type="checkbox"/>
Structural problems	<input type="checkbox"/>	Water Supply	<input type="checkbox"/>	Other? <i>Please specify:</i>			

Please provide a brief description of the problem: *If you need more space, please continue on a separate sheet.*

Does your landlord know about these problems?

Yes No

Have you informed your local council's Environmental Health team about the problem?

Yes No

Have they been to assess your property?

Yes No

If you are a council or Housing Association tenant and have concerns about your home, please contact your landlord in the first instance.

If you are seeking extra priority on your housing application due to disrepair, you will need to contact your local Environmental Health team for an independent assessment. We need to receive a copy of their report and the action taken against the landlord to fix the issue before we can make an assessment.

8. EMPLOYMENT AND INCOME

Please answer the following questions about your employment or any paid work. Please complete both sections for the main applicant and your partner (if applicable).

Main Applicant	Partner
Are you in paid employment? Yes <input type="checkbox"/> No <input type="checkbox"/>	Are you in paid employment? Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes , please complete the following questions for employed or self-employed work for you and your partner (if applicable)	
What is your total annual income before tax?	What is your total annual income before tax?
What is your job title?	What is your job title?
How many hours are you contracted to work each week?	How many hours are you contracted to work each week?
Name and address of your employer / registered business:	Name and address of your employer / registered business:
What was your start date for this employment?	What was your start date for this employment?

Government Benefits

Do you or your partner receive any Government benefits?

Yes No

If **yes**, please confirm which benefits you receive and the weekly amount in the grid below:

	Applicant	Partner
Attendance Allowance (AA)		
Carer's Allowance		
Child Benefit		
Disability Living Allowance (DLA) or PIP		
Employment and Support Allowance (ESA)		
Housing Benefit		
Income Support		
Jobseeker's Allowance (JSA)		
Pension Credits		
Tax Credits - Working / Child etc		
Universal Credit		
Private Pension		
Other? <i>Please specify:</i>		

Other income

Is there any other income or capital that has not been declared on this form?

Yes No

If **yes**, please specify type of income (e.g. private pension, trust fund, shares, investments etc) and the monthly value

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Do you, your partner or anyone else on this application have any savings? Yes No
 If **yes**, please specify the total value of savings for each person:

Do you, your partner or anyone else on this application have any debt? Yes No
 If **yes**, please state the approximate total value of debt and type (i.e. credit card/loan etc.):

9. RECEIVING AND GIVING SUPPORT

Have you or anyone else on this application ever had an Adults Social Care Assessment, an NHS Mental Health or care assessment or any other support assessment (such as Drug and Alcohol etc)
 Yes No

If **yes**, who on this application received the assessment?

Please provide the name, address and telephone number of the organisation/s and the name of your personal care co-ordinator / support worker:

Do you or anyone else on this application need or already receive support for any of the following reasons? *You can tick more than one box*

	Need	Receive
Mental health		
Drugs/Alcohol		
Domestic violence		
Learning disabilities		
Physical disabilities or ill health		
Sensory disabilities		
Refugee		
Other, please specify:		

Do you or anyone else on this application need or receive support from any of the following?

	Need	Receive
Community Psychiatric Nurse		
District Nurse / other home care / Health Visitor		
Key Worker / Support Worker		
Occupational Therapist		
Probation Service		
Resettlement or Tenancy Sustainment Officer		
Social Worker		
Other, please specify:		

Giving support

Do you or anyone else on this application provide support to someone else? Yes No

If **yes**, please provide the name, address and relationship to the person who receives your support and the reason you need to support them. *Please provide supporting documentation and continue on a separate sheet if required.*

10. MEDICAL CIRCUMSTANCES

Is your current accommodation directly affecting the health or mobility of you or anyone else on this application? Yes No

Please send any supporting documents from your GP, medical professional or hospital about the condition and treatment received. You will need to provide details for each person in your household whose health is affected by your accommodation.

Accessibility

Do you or anyone else on this application have any mobility or sensory requirements? Yes No

If **yes**, please give details:

Does your current property have any adaptations to aid your disability? Yes No

If **yes**, please give details:

Please tick any of the following adaptations or facilities that you require in your future accommodation:

Bathroom adaptations		Ground floor accommodation		Kitchen adaptations		Level access downstairs toilet	
Wet room / adapted shower		Wheelchair adaptations		Other? <i>Please specify:</i>			

Your Health

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

Applicant 1: Applicant 2:

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Details of any medication taken by either applicant:

Applicant 1: Applicant 2:

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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:

Applicant 1: Applicant 2:

.....

.....

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?

	Applicant 1		Applicant 2	
	Yes	No	Yes	No
Shopping				
Housework				
Cooking				
Laundry				
Bathing / showering				
Administering medication				
Dressing				
Walking				
Climbing stairs				
Household maintenance				

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

	Applicant 1		Applicant 2	
	Yes	No	Yes	No
Home help				
Meals-on-Wheels				
Health Visitor				
Occupational Therapist				
District Nurse				

Do you have any visits from any other welfare agencies? Applicant 1 Applicant 2

If **yes**, please give details: Yes No Yes No

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Do you attend a day centre? Applicant 1 Applicant 2

If **yes**, please give details: Yes No Yes No

.....

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)

Doctor's Name and Surgery Address:

Telephone Number:

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

Cats or dogs are not permitted in any THA property except assistance pets.

Please tell us if you have any assistance pets and how they assist you. (e.g.: guide dog etc.)

Do you have any other pets? Yes No

If **yes**, are you willing to rehouse them? Yes No

Is there anything else about your present accommodation or your circumstances that you wish to add or that we should know?

If you need more space, please continue on a separate sheet.

Language

Do you require an interpreter? Yes No

If **yes**, which language?

Do you have a friend or representative who can translate on your behalf? If **yes**, what is their name, relationship to you and their telephone number?

Declaration

Please read the Declaration below and then sign at the bottom.

If you do not sign and date this form we will return it to you and this will delay your application.

- The details I have given on this form are correct and complete. I will inform THA if there are any changes to my household, employment, medical condition, or housing situation and I understand that any changes may affect my entitlement to housing. If my circumstances have changed and I am offered a property, the offer may be withdrawn if my household or circumstances do not match the information on this Housing Application.
- The Association may use the information provided on this form for the prevention and detection of fraud. It may also share this information with other bodies responsible for auditing or administering public funds for these purposes.
- I agree that you may undertake checks with my employer and other public and private sector organisations to assess my application.
- I agree that THA can contact all the organisations where I have held previous council or housing association tenancies as part of the assessment of my application for social housing.
- I agree that any relevant information may be given to these organisations to help them consider my case.
- I understand that references may be obtained from private sector landlords.
- I agree that my information can be shared, with other people or organisations involved in my care or caring role. I agree that any agency I have listed in the section relating to 'Receiving and giving support' may be contacted.
- I understand that my application may be cancelled if I give false or misleading information, if I withhold information or fail to tell you if my circumstances change.
- If I am granted a tenancy as a result of my giving false or misleading information, or because of information I have withheld, I understand that my tenancy may be terminated, I may have to pay a fine and I could face prosecution action.
- I understand that it is an offence to knowingly make a false statement or withhold information.

Applicant's signature **Date**.....

Partner's signature..... **Date**.....

If this form has been completed by anyone other than the main applicant, please tell us who completed it and why the applicant was not able to:

Thank you for completing this form. Once you have read and signed the Declaration, please return the form with the necessary proof documents to:

Teachers' Housing Association, Rugby Chambers, 2 Rugby Street, London WC1N 3QU
Telephone: 0207 440 9440 Fax: 0207 404 3322
Email: enquiries@teachershousing.org.uk