



# Application Form

To process your application efficiently, it helps us if you complete this form with as much detail as possible. Please tick relevant boxes as required. If you require any help to complete it, please contact the office on 0117 989 2020.

Please tick which house you are applying for:

Kirwin (sheltered)       Lansdowne (independent)

## 1) FIRST APPLICANTS DETAILS:

Mr/Mrs/Miss: \_\_\_\_\_

Surname: \_\_\_\_\_

First Names: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Marital status: \_\_\_\_\_

Are you retired? \_\_\_\_\_

If you are not retired, please give details of when retirement is expected: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

## 2) DETAILS OF SECOND APPLICANT IF APPLICABLE:

Mr/Mrs/Miss: \_\_\_\_\_

Surname: \_\_\_\_\_

First Names: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Relationship to first applicant: \_\_\_\_\_

Are you retired? \_\_\_\_\_

If you are not retired, please give details of when retirement is expected: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

### 3) YOUR PRESENT ACCOMODATION:

Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Postcode: \_\_\_\_\_ Phone: \_\_\_\_\_

Please tick which of the following applies to your present home:

Owner Occupier       Local Authority tenant       Housing Association tenant

Lodger       Lodging with family       Tied accommodation       Other

Name of Local Authority (Council) where you live: \_\_\_\_\_

How long have you lived there: \_\_\_\_\_

What is your connection with the area in which you wish to be housed?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

If you rent your home, please give your Landlord's/Landlady's name and address:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Do you live in a:

House       Bungalow       Flat       Bedsitting Room       Rooms

Mobile Home       Warden assisted dwelling       Residential/Nursing Home

Other (please describe)  \_\_\_\_\_  
\_\_\_\_\_

Is your accommodation self-contained?      Yes       No

If you have a flat, which floor is it on? \_\_\_\_\_

How many rooms are there in your home? \_\_\_\_\_

Bedroom(s):      None       One       Two       Three       Four

Living Room(s):      None       One       Two

Kitchen:      Yes       No

Bathroom:      Yes       No

Do you share any rooms? Yes  No

If yes, please give details: \_\_\_\_\_

Are your bathroom and toilet upstairs or downstairs:

Bathroom Upstairs  Downstairs

Toilet Upstairs  Downstairs

Is your home centrally heated? Yes  No

If no, please describe the type of heating in your home: \_\_\_\_\_

Do you have any pets? Yes  No

If yes, please give details? \_\_\_\_\_

What is the state of repair of your home? Excellent  Fair  Poor

Please describe any repairs needed:

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#### 4) MEDICAL/MOBILITY DETAILS:

Do you have any illness or disability: Yes  No

If yes, please give details: \_\_\_\_\_

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Are there stairs up to, or in your home, with which you have difficulty? Yes  No

If yes, please give details: \_\_\_\_\_

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Do you use a zimmer frame? Yes  No

Do you use or are you confined to a wheelchair? Yes  No

## 5) FINANCIAL DETAILS PLEASE COMPLETE ALL DETAILS

In order to comply with Housing Corporation regulations we are required to ask the following financial information. This information will only be used to help us to advise you about Housing Benefit etc. This information will remain confidential. (If this is a joint application please state joint income).

	Week	Month
State Retirement Pension:	£.....	£.....
Housing Benefit/Income Support:	£.....	£.....
Private/Occupational Pensions:	£.....	£.....
Total income per month		£.....

If you own your present home, please give its approximate value: £.....

How much remains to be repaid on your mortgage? £.....

Please state the total value of the savings held by you (including Bank and Building Society Accounts, investments etc. and any property other than your present home).

Total value of savings/investments £.....

Annual income from other investments £.....

Details of any other income: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## 6) PREVIOUS ADDRESSES

Please give details of your addresses for the last five years if different from your existing address:

Address	Dates	Type of accommodation	Reasons for leaving

Have you ever owned your own home?

Yes

No

If yes, please give details: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Have you ever held a Council or Housing Association Tenancy:

Yes

No

If yes, please give details: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## 7) FURTHER INFORMATION

Please give your reasons for wanting to apply now for Sheltered housing / Independent Living and any more information you would like to give in support of your application:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

When would you be looking to move into requested accommodation: \_\_\_\_\_

\_\_\_\_\_

Have you applied to other Housing Associations or to the Council for rehousing: Yes  No

If yes, please give details, including your Registration Number: \_\_\_\_\_

\_\_\_\_\_

Do you have family or close friends in the area in which you wish to be housed? \_\_\_\_\_

\_\_\_\_\_

Next-of-Kin or someone, who can be contacted in an emergency:

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_ Phone: \_\_\_\_\_

## 8) RELATIONSHIP TO WEFHS STAFF OR BOARD MEMBER

Housing Associations are not allowed to offer tenancies to their employees, Board Members or to their close relatives.

Are you related to a Board Member or employee of the Association?      Yes      No

If yes, please give details: \_\_\_\_\_

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## 9) ETHNIC ORIGIN

The Association is committed to equality of opportunity and will seek to ensure equality regardless of ethnic origin. WEFHS is committed to a system of regular Equal Opportunities monitoring and all applicants are requested to provide information on their ethnic origin. It is important to note that this is to ensure the effectiveness and the monitoring of our Equal Opportunities policy. However you do have an option to refuse.

The organisation will ensure that all information is kept confidential and where it appears that Equal Opportunities are not being offered the circumstances will be investigated.

For the purpose of Equal Opportunities monitoring, would you please provide the following information:

How would you describe the ethnic origin of your household?

Please tick as appropriate:

### Part 1

Asian

South East Asian

Caribbean

African

British/European

Irish

Combination

Other

### Part 2

Black

White

Other

Mixed

Please specify: \_\_\_\_\_

# 10) CONVICTIONS

Have you ever been formally cautioned or convicted of a criminal offence?

Yes  No

If yes please give details:

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**11) Thanks you for your assistance in completing this form.  
Please would you sign below to verify the information as being a true and accurate record. If this is a joint application, would both applicants please sign.**

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Please remember, even if your name is added to our waiting list, we cannot guarantee that a new home will eventually be offered.

Please return this form to: Waiting List Administrator, WEFHS LTD, Avenue House,  
5 Cotham Park North, Cotham, Bristol, BS6 6BH.

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**For Office Use:**

Date Applied:

Quaker:

Assessment Date:

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