

**Almshouse (Accommodation for Older People) Application Form**

Bristol Charities aims to assist the people in the greatest need living in Bristol. To qualify for Haberfield House Extra Care Housing, you will need to show that:

* You are 60 years or over. Applicants aged between 55 and 60 who are registered disabled will be considered.
* Require and agree to the minimum level of 5 hours of care/welfare support per week. Applicants will need a local authority care assessment unless they intend to fund their own care.
* The level of support and/or care required is not greater than that which can be offered and sustained within the scheme.
* Agree to participate in Support & Care plans plus an annual review.
* Need the facilities offered by an Extra Care Housing Scheme which are not available in other types of Sheltered Housing.
* You do not own your own home or have capital or assets in excess of £75,000 and can demonstrate that affordability prevents you from securing an ECH shared ownership property rather than a rented one.
* Couples are eligible to apply where one or both meet the criteria set out in our eligibility and both meet the age criteria.
* You live in the Bristol area or have a strong local connection.
* Applicants living outside of the Bristol City Council area will need to pay for their own care. The local authority will not fund eligible applicants who have lived within their boundary for less than six months.

***If you feel you meet these criteria, please complete the application form as fully as possible.***

Bristol Charities Extra Care Almshouse Criteria – Haberfield House

How long have you lived in the Bristol area?

When did you move to this address?

Current address including post code:

Sex:

National Insurance number:

Date of birth:

Place of birth:

Last name:

First name(s):

Email address:

Mobile number:

Telephone number:

**PART 1: Personal Details -** About you and your household

**PART 1: Personal Details *(continued)***

If applicable, your partner’s details

Last name:

First name(s):

Date of birth:

Place of birth:

Sex:

National Insurance number:

Next of Kin contact details:

Current address including post code:

Email address (if applicable):

Mobile number:

Telephone number:

Relationship to you:

Last name:

First name(s):

**PART 2: Referral agency (where applicable)**

Email address (if known):

Agency name:

Referral contact name:

Telephone number:

Mobile number:

Current address including post code:

**PART 3: Income Details**

Your partner (if applicable)

You

Net wage:

£

£

£

£

£

£

£

£

£

£

£

£

£

£

£

Details of other state benefits:

£

£

Details of other income:

£

£

Pension credit:

£

Company pension:

State pension:

Attendance allowance:

Disability allowance:

Housing benefit

Other state benefits:

Other income:

TOTAL WEEKLY INCOME:

Do you have any other savings, investments or other capital?

You

Your partner

£

£

**PART 4: Accommodation Details**

**If you own property:**

If you own any other residential properties, please detail them here:

Please give a simple description of the property you own and its current value.

How much money do you still need to repay on a mortgage associated with this property? If there is no such mortgage, please write NONE.

**If you rent property:**

How much do you pay per week?

£

Who do you rent from?

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Private landlord |  | Housing association |  | Local authority |  |

Please provide the name and address of your current landlord:

Do you owe any rent or service charges? If so, please detail below.

Tick the option that describes your living situation:

|  |  |  |  |
| --- | --- | --- | --- |
| Renting a home |  | Staying in a hotel room |  |
| Staying in a boarding home |  | Living with relatives |  |
| Living with friends |  | Other (specify): |  |

**PART 5: Current circumstances**

Please tell us about your present circumstances. It would be helpful if you could list any health or other factors you would like considered when your application is assessed.

Do you think you may lose your home within the next 12 months?

If so, please explain why:

Do you receive support from any other services? Please provide details and contact information below.

Please indicate if you have any specific requirements e.g., ground floor accommodation.

If there is any other information that you believe may support your application, please state it here:

**PART 6: Risks**

Have you ever been subject of any action due to anti-social behaviour?

Do you have a history of violent or aggressive behaviour? If so, please give details of any contact with police, probation or social services.

**PART 7: References**

Name:

Address:

Phone number & email address

Relationship to you:

How long have they known you?

Reference 1

Reference 2

Please provide references for your last 5 years of accommodation. If you only have one landlord for this period, please provide a character reference for Reference 2 instead.

Phone number & email address

**PART 8: Pets**

Do you have any pets? Yes [ ]  No [ ]

If yes, please give details below.

**PART 9: Declaration**

I certify that the details given in this form are correct to the best of my knowledge and that this application is submitted in good faith. I confirm that I can look after myself, with the assistance of family and Health & Social Care if necessary. I acknowledge that if I am appointed it will be as a licensee and I shall not be a tenant.

If you have any queries regarding this application form, please contact the Service Manager for Housing Services on **0117 930 0301** or email:

info@bristolcharities.org.uk

You can also write to us at the following address:

**Bristol Charities**

**17 St. Augustine’s Parade**

**Bristol**

**BS1 4UL**

Dated:

Signed:

Print name (capital letters):

**We keep records of the ethnic origin of anyone who applies to us for accommodation for older people. This is to ensure that our service is provided on an equal basis without discrimination on the grounds of race, ethnicity, sexuality, gender or disability. Any information you choose to give us will be treated in confidence and used for monitoring purposes only. It will not affect your application for support.**

**ETHNICITY**

**Equal opportunities and diversity monitoring**

**White:**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| British |  | Irish |  | Other |  |

**Mixed race or dual heritage:**

|  |  |  |  |
| --- | --- | --- | --- |
| White & Black Caribbean |  | White & Black African |  |
| White & Asian |  | Other |  |

**South Asian or Asian British:**

|  |  |  |  |
| --- | --- | --- | --- |
| Indian |  | Pakistani |  |
| Bangladeshi |  | Other |  |

**Black or Black British:**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Caribbean |  | African |  | Other |  |

**Chinese or other ethnic group:**

|  |  |  |  |
| --- | --- | --- | --- |
| Chinese |  | Other |  |

**SEXUALITY**

|  |  |  |  |
| --- | --- | --- | --- |
| Bisexual |  | Heterosexual |  |
| Gay |  | Lesbian |  |
| Prefer not to say |  |  |  |

**DISABILITY**

Do you consider yourself disabled?

Yes [ ]  No [ ]

Are you registered disabled?

Yes [ ]  No [ ]



**Bristol Charities (Orchard Homes)**

**Data Protection Consent Form**

**Application for Housing**

Bristol Charities is committed to meeting the requirements of the Data Protection Act 1998 and the General Data Protection Regulation EU 2016/679.

We will only ask for personal information from you for the purpose of allocation of housing.

The information requested will be used to assess whether you meet the criteria for housing within one of the charity’s properties.

Any personal information you provide to us whilst making an application for housing will be maintained in private files on our internal systems for the duration of your stay in our property and for a period of seven (7) years after that. If your application for housing is unsuccessful your information will be destroyed.

You can withdraw your consent at any time by emailing: info@bristolcharities.org.uk or by phone on the following number: 0117 930 0301.

I agree to the use of my personal information for an application for housing

I do not agree to the use of my personal information

Information Sharing with a Third Party

We will need to contact your G.P to provide information around your suitability for our housing and your previous landlord for a reference.

I do not agree to my details being shared with my current or previous landlord

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I agree to my details being shared with my current or previous landlord.

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

**Date: ­­­­­­­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**