

**HOMESDALE (WOODFORD BAPTIST HOMES) LTD  
SHELTERED HOUSING APPLICATION FORM**

Title \_\_\_\_\_ Surname \_\_\_\_\_ First Name \_\_\_\_\_

Title \_\_\_\_\_ Surname \_\_\_\_\_ First Name \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_ Post code \_\_\_\_\_

Telephone Number \_\_\_\_\_

Age \_\_\_\_\_ Date of Birth \_\_\_\_\_

Age \_\_\_\_\_ Date of Birth \_\_\_\_\_

NI number \_\_\_\_\_ NI number \_\_\_\_\_

Have you viewed the Complex and/or a flat or bedsit ? YES/NO

Do you know anyone currently living here ? YES/NO

How did you hear about Homesdale (WBH) Ltd

\_\_\_\_\_

\_\_\_\_\_

**CURRENT HOUSING SITUATION**

Do you own your own property ? YES/NO

What type of property do you live in and what size is the property ?  
eg house/flat/bungalow/Sheltered Housing etc & number of bedrooms

\_\_\_\_\_

\_\_\_\_\_

What date did you move in \_\_\_\_\_

What is the condition of the property ? \_\_\_\_\_

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Are there any specific problems with the property relating to your ability to stay there ?  
Eg Steps to entrance, stairs to toilet/bathroom, general maintenance, expensive utilities or rent,  
medical conditions, disability, special needs

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Are you currently on a housing list with a Local Authority or other Housing Association ? YES/NO  
If Yes please give details

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If your current home is outside the borough, why do you need to move here ?

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**HEALTH**

Present state of health  
Please give details of medical conditions and medication

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Are you Disabled (please specify mobility/hearing/visual/learning/mental health/other)

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Other Comments on general healthcare Eg sight, hearing etc

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How mobile are you. Do you use a stick, walking frame, wheelchair, mobility scooter etc

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Have you had any recent involvement with a social welfare organisation (eg social services, community psychiatric nurse)

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**DAILY LIVING**

Can you wash, bathe and dress yourself ? Do you have help ?

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Do you cook, clean, shop and do your laundry ? Do you have help ?

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Can you move round your local area ? Do you go out on your own ?

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## **SUPPORT**

Do your family live locally ? YES/NO  
Please give details

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Do you currently have a Carer ? YES/NO  
If Yes please give details (eg number of hours & duties)

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Are you involved in local clubs, organisations or Church ? Please give details

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Are you in need of company, lonely or isolated ? YES/NO

Are you experiencing any form of harrassment or violence? YES/NO

## **FINANCE**

Are you in receipt of welfare benefits? (eg Housing Benefit, Pension Credit, Disability Living Allowance, Attendance Allowance)  
Please specify

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## **GENERAL**

Do you or any person included on your application have any criminal convictions ? YES/NO  
If yes, please give details

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Have you been evicted from any previous address ? YES/NO  
If yes, please give details of the address and reason for eviction

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