



# Sheltered Housing Application Form



## Confidential When Completed

To be completed by applicant. Please use black ink and block capitals. Use guidance notes at end of form.

CESSA Housing Association is committed to treating everyone fairly. To help us do this we need to know some details about you. Your answers will allow us to ensure your needs are met as far as possible.

### APPLICANT DETAILS

1. Applicant Name/s:

2. Partner's Name/s :

3. Date of Birth DD/MM/YY:

4. Date of Birth of Partner if applicable DD/MM/YY:

5. Contact Telephone number/s:

6. Contact Address (Include Postcode):

7. Email Address:

Our address:

CESSA Housing Association, 1 Shakespeare Terrace, 126 High Street, Portsmouth, PO1 2RH

CESSA Housing Association (A Charitable Housing Association) working with:

CESSAC (Church of England, Soldiers, Sailors and Airman's Clubs (Registered Charity No 226684)

Tel: 02392 829319

Website: [www.cessaha.co.uk](http://www.cessaha.co.uk)

## SERVICE HISTORY

8. Please tick one of the following: RN  RM  ARMY  RAF  MOD/RFA

9. Term of Service : Entry Date:- \_\_\_\_\_ Discharge Date:- \_\_\_\_\_

No of Years:- \_\_\_\_\_

10. Who Qualifies as Ex Service?

Self  Partner  Parent (Not Greenwich Hospital)  Child (not Greenwich Hospital)

## CURRENT HOUSING DETAILS

11. What type of property are you currently living in?

House  Flat  Other (Please state)

12. Do you share a home with relatives? Yes  No

Please comment:

13. How many bedrooms do you have?

14. Do you have use of a lift? Yes  No

15. What type of tenancy do you hold?

16. Who is your Landlord/Housing Association?

17. What is your current rent?

£  Week/Month (Delete as appropriate)

18. If you are a Home Owner what is the current market value of your property?

£

19. Please state any problems with current property i.e. Maintenance or Anti social behaviour etc.

**Health and Disability**

20. Do you consider yourself or partner to have a disability as defined in the Disability Act 1995. The Act defines disability as: “a Physical or mental impairment which has substantial and long-term effects on a person’s ability to carry out normal day to day activities”.

Yes  No  If ‘Yes’ who is affected and how?

21. Do you or your Partner suffer from ill health or disability that affects their ability to manage in their present home?

Yes  No  If ‘Yes’ who is effected and how?

22. Do you or your Partner use a mobility scooter? No  Self  Partner  Both

23. Do you own a car? Yes  No

**ETHNIC ORIGIN**

24. Please state your ethnic origin. Tick as appropriate. Prefer not to state

<b>Ethnic Origin</b>	<b>Self</b>	<b>Partner</b>
White British		
White Irish		
Any other White background		
Black or Black British: Black African		
Black or Black British: Black Caribbean		
Any other Black background		
Asian or Asian British: Indian		
Asian or Asian British: Pakistani		
Asian or Asian British: Bangladeshi		
Any other Asian Background		
Mixed White and Black African		
Mixed White and Black Caribbean		
Mixed White and Asian		
Any other Mixed background		
Chinese		
Other Ethnic Origin (Please State):		

**YOUR SEXUALITY**

25. Please tick the relevant box for you or your Partners sexuality:

<b>SEXUALITY</b>	<b>YOU</b>	<b>PARTNER</b>
Heterosexual		
Gay		
Lesbian		
Bisexual		
Prefer not to state		

“This may seem very personal but we are required to ensure that we are accessible to all parts of the community”

**FAMILY DETAILS**

26. Please state the name and address and contact details of your Next of Kin and their relationship to you e.g. Son, Daughter etc.

27. Explain briefly what (if any) family support you may have.

## TYPE OF ACCOMMODATION YOU ARE APPLYING FOR & WHERE

28. Studio  1 person flat  2 person flat (Couples only)  Disability Flat

A studio flat is a flat where the bed area is part of the living space. All have their own kitchen and bathroom. Dhekelia Court is our only scheme with studio flats for single tenants. Studios have their own kitchen and bathroom.

**N.B. We operate a 'no pets' policy for all our accommodation.**

29. Location preference: Any  Portsmouth  Gosport  Fareham

If Portsmouth please state scheme preference/s (See accompanying leaflet for scheme details):

Ex RN, RM, WRNS only

Saltash (Cornwall)  London (Greenwich)  Greenwich Court (Portsmouth)

30. Please use this space to provide as much information about your current situation i.e. Housing, Family situation, and any other needs.

### Guidance Notes

- It is important to give as much information as possible on your current circumstances i.e. environment, neighbourhood, family support etc.
- If you are the widow/widower of a qualifying applicant, please give details of his/her service in H M Forces or MOD unless you yourself have qualifying service.
- If you own property it would be helpful to have an estimate of current value – This will not be a Barr to qualifying.
- Applicants who apply for a specific Scheme must be made aware that they will not be given preference over an applicant who ticks the any box.

The information given in this application will be verified at interview prior to any offer of accommodation being given.

The information I have given is accurate. I understand that if I obtain accommodation by giving inaccurate information, CESSA Housing Association may take legal action to recover the property.

I also agree to give CESSA Housing Association authority to contact any organisation it needs to for information in connection with this application.

**Signed (Your Signature)**

**Date**

To help us to assess the effectiveness of our marketing strategy, please indicate below where you heard about us.

Leaflet  Magazine  Newspaper  Internet

Other  Please give details.....

Any other useful information you feel may help your application:

**If you require confirmation of receipt of this application a stamped addressed envelope should be enclosed with the correct postage applied.**