



Sheltered Housing Application Form C20H

Confidential When Completed

This form should be completed by the applicant when applying for housing with CESSA Housing Association (CESSA HA) and/or Greenwich Hospital (managed by CESSAC). **Please complete the form using black ink and block capitals, and mark all relevant boxes with an “X”.**

CESSA HA and CESSAC are committed to treating all applicants fairly and equitably. To support this, we ask for certain personal details. The information you provide will help us assess your eligibility and ensure that your needs can be met as far as possible. Please refer to the full Privacy Statement at the end of this form for further information.

Please note that the organisation’s sheltered accommodation does not provide residential care or nursing home services. Only limited “good neighbour” support is available during the working week. Applicants must therefore be able to live independently at the time of application.

Guidance Notes

1. It is important to give as much information as possible on your current circumstances i.e. environment, neighbourhood, family support etc.
2. If you are the widow/widower of a qualifying applicant, please give details of his/her service in HM Forces or MOD unless you yourself have qualifying service.
3. If you own the home you live in or another property it would be helpful to have an estimate of current value – This will not be a bar to qualifying, **but you will need to sell when taking up a tenancy and its sale subsequently verified.**
4. If you require confirmation of receipt of this application, a stamped addressed envelope should be enclosed with the correct postage applied. Details on page 6.

Applicant Details

Applicant Full Name/s:

Partner's Full Name/s:
(only if applying to reside in accommodation)

Date of Birth (DD/MM/YY):

Age:

Date of Birth of Partner if applicable (DD/MM/YY):

Age:

Contact Telephone number/s:

Contact Address (Include Postcode):

Email Address:

Please select the relevant box for you and your partner (if applicable):

Gender	Self	Partner
Male		
Female		
Prefer not to state		
Self-identify as		

Section One: Service History

1. Please tick one of the following: RN RM ARMY RAF

MOD RFA

If Army, provide Regiment / Corps:

2. Term of Service : Entry Date: Discharge Date:

No of Years:

Note: N.B. Documentary evidence of Service will be required at the interview stage. Offer of accommodation cannot proceed if evidence cannot be produced. Examples of evidence are: Service record or book, Marriage Certificate, Service letters in your name. Photographs alone cannot be accepted as evidence.

3. Who Qualifies as Ex Service?

My Self

My Partner

A Parent

(Not eligible for Greenwich Hospital)

A Child

(Not eligible for Greenwich Hospital)

Section Two: Current Housing Details

Note: Proof of "Right To Rent" must be shown at interview. This can be in the form of your Birth Certificate, Passport or Right of Residency Permit (from the Home Office).

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

House

Flat

Other (Please state)

5. How many bedrooms do you have?

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

If yes, please describe your living arrangement (e.g. who you live with and their relationship to you):

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

8. If you rent, what type of tenancy do you hold?

9. And who is your Landlord/housing provider e.g. name of Housing Association?

10. What is your current rent?

£

Week/Month (Delete as appropriate)

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

£

12. Please describe any support you receive from family or friends (e.g. frequency of visits, practical help, emotional support)

12b. Are you going to be homeless in the next 6 months?

Yes

No

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

14. Do you own a car? Yes No

Section Three: Family Details

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

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

Section Four: What type of accommodation you are applying for and where?

17. 1 person flat 2 person flat (*Couples only*) Disability Flat

N.B. We operate a 'no pets' policy for all our accommodation with the exception of registered assistance dogs (e.g. Guide Dogs for the Blind)

18. Scheme Preferences:

CESSAC House
(*Gosport*)

Dhekelia Court
(*Portsmouth*)

St George's Court
(*Southsea*)

Glamis Court
(*Fareham*)

Trafalgar Court
(*Southsea*)

18b. Ex RN, RM, WRNS only;

Greenwich Place (*Cornwall*)

Trafalgar Quarters (*Greenwich*)

Greenwich Court (*Portsmouth*)

Section Five: Health and Disability

19. Do you consider yourself or partner to have a disability as defined in the Equality Act 2010? 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?

20. 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 affected and how?

Section Six: Declaration

Declaration and Consent:

By completing, signing, and submitting this application, I confirm that I consent to CESSA HA (or CESSAC) collecting and processing the information provided, including sensitive information such as health details, for the purpose of assessing my eligibility for sheltered housing and identifying suitable accommodation.

I understand that providing false or misleading information may result in legal action and the recovery of any accommodation offered.

I understand that I may withdraw my consent at any time before accepting a tenancy, in which case my application and personal data will be destroyed. If consent is not withdrawn, my application will be held securely and confidentially for up to three years, with key details recorded electronically to allow consideration for suitable vacancies. I agree to inform the office of any changes to my circumstances, particularly my contact details. If I wish to remain on the list after three years without accepting a tenancy, I will contact the office to confirm this.

I understand that my information will not be shared without further notice unless required as part of the application process, such as at the interview stage. If invited to interview, I agree that CESSA HA (or CESSAC) may contact relevant organisations to verify the information I have provided. I understand that additional information may be requested at interview and may influence the decision to proceed. If I am offered and accept a tenancy, a new privacy notice will be provided explaining how my information will be used going forward.

If I have concerns about how my personal data is handled, I will first raise them with the organisation. If I remain dissatisfied, I may contact the UK Information Commissioner's Office (ICO) at <https://ico.org.uk/>.

I declare that the information provided in this application is true, accurate, and complete.

Signed (Your Signature)

Date

Signed (Second Applicant)

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.....

If you ticked 'Magazine' or 'Newspaper' please tell us which one.....

Section 7: Returning your Application

Please return your completed form to our Registered Offices at:

CESSA HA

1 Shakespeare Terrace,

126 High Street,

Portsmouth,

PO1 2RH

(If you require notification of receipt, please enclose a SAE with your application).

The CESSA element of both titles stands for 'Church of England, Soldiers, Sailors and Airman's', neither of which is religious in operation. CESSA HA is a charitable Housing Association registered with the Homes & Communities Agency (L0104), while CESSAC is registered with the Charity Commission, No 226684.

Tel: 02392 829319

Website: www.cessaha.co.uk

Please include any additional information you feel may support your application.

EQUALITY AND DIVERSITY MONITORING FORM

All applicants for CESSA HA (& CESSAC) accommodation will be treated equally. In order that we can monitor our progress towards equal opportunities, we ask for information about ethnic origin and sexuality. However, it will be treated in strict confidence and detached from the application prior to any assessment being made about offering a tenancy.

The information you provide in this section will:

- **not** be used as part of the selection process;
- **not** be seen by the interview panel

Ethnic Origin

1. Please choose one of the following options that most accurately describes your ethnic group or background.

Prefer not to state

Ethnic Origin	Self	Partner
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):		

Sexual Orientation

1. Please tick the relevant box for you and your Partner (if applicable):

	Self	Partner
Heterosexual		
Gay or Lesbian		
Bisexual		
Other (Please state)		
Prefer not to state		

Privacy Notice: The key elements of the privacy notice on the previous page also apply to this one, except that this information is only collected for the reasons stated at the top of the form. Accordingly, after recording the anonymised data, this page