



Saxon
Weald

APPLICATION FOR RETIREMENT HOUSING


If English is not your first language and you need a translation, or if you have difficulty in reading, understanding or completing this form, please telephone us on 01403 226000 for assistance.



Data protection and investigating fraud

We must protect our public funds and so we may use the information you have given on this form to prevent and detect fraud. We may also share this information with other public bodies for the same purpose. However, we will treat all information you provide in a confidential manner.

FOR OFFICE USE ONLY

								
Surname								
Application No								
Date								
	D	D	M	M	Y	Y	Y	Y

**Please complete all sections of this form.
This will help us to assess your application accurately**

APPLICANT

Mr Mrs Miss Ms Other

Full name

Date of birth

National Insurance no

Tel. no

Mobile no

Address

..... Postcode

JOINT APPLICANT (if applicable)

Mr Mrs Miss Ms Other

Full name

Date of birth

National Insurance no

Tel. no

Mobile no

Please give contact details for your next of kin

Name

Relationship

Address

..... Postcode

Tel. no

Mobile no

YOUR HOUSING SITUATION

Please tell us about your current property:

When did you move into your present home?

What type of home do you have?

- House Maisonette Mobile Home / Caravan
 Flat Bungalow Other

How many bedrooms do you have? 1 2 3 4

If you live in a flat / maisonette what floor is it on?.....

Do you have a lift? Yes No

Do you have your own garden? Yes No

Are you:

- Living with family / friends Owner / occupier Lodger
 Local authority tenant Housing association Private rented

Please tick which facilities you have:

- Kitchen Yes No
Bathroom Yes No
Shower Yes No
Internal WC Yes No
Type of heating Gas Electric Solid fuel Other

Do you share any facilities with people who are not going to be moving with you?

- Kitchen Yes No
Bathroom Yes No
Shower Yes No
Internal WC Yes No
Heating system Yes No

	Applicant one	Applicant two
Total weekly income (after deductions)	£	£
Cash savings (bank, building society, Post Office stocks, shares, bonds etc).	£	£
Outstanding mortgage (if applicable)	£	£
Any other property owned other than where you are living	£	£
Please give a breakdown of your weekly income pension, benefits etc	£	£
.....	£	£
.....	£	£
.....	£	£
.....	£	£

Are you in receipt of housing benefit? Yes No

If you are an owner / occupier, what is the approx value of your property?

Value of property £.....

Please note: If we need to carry out further investigations into your financial status, we may request a valuation on your property.

PREVIOUS ADDRESS

Please give details of any previous address.

Address

.....

.....

Postcode

Date from

Date to

ACCOMMODATION REQUESTED

Please tell us what type of property you need to move to. It is in your interests to be flexible.

Would you accept:

- | | | |
|---|------------------------------|------------------------------|
| Flat | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Bungalow | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Studio flat | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| How many bedrooms do you require? | <input type="checkbox"/> One | <input type="checkbox"/> Two |
| Do you require ground floor accommodation? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Do you require accommodation with a lift? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Do you require a garden? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Do you require a scheme with a meals service? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

Are you interested in shared-equity retirement property? This is where you purchase a percentage of a property and Saxon Weald own the remaining percentage. Please contact our Home Ownership team on 01403 226080 for further information.

- | | | |
|--|------------------------------|-----------------------------|
| Do you have any pets? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| If you have any pets, please tell us what they are | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

.....
.....

If private renting, local authority tenant or housing association tenant, please give contact name and address for a reference.

Name

Address

..... Postcode

Tel. no.

Please note: We will be contacting your landlord for a reference. If there are any rent arrears or management issues, we may refuse your application.

AREAS OF CHOICE

Please tick all the areas you will consider. Remember, the greater the choice, the more opportunity we have to help you.

HORSHAM DISTRICT

- | | |
|---|---|
| <input type="checkbox"/> Adur View, UPPER BEEDING | <input type="checkbox"/> Alfrey Platt, PULBOROUGH |
| <input type="checkbox"/> Ashby Court, ELM GROVE, HORSHAM | <input type="checkbox"/> Britons Croft (extra-care), STEYNING |
| <input type="checkbox"/> Bridges Court, BRYCE CLOSE, HORSHAM | <input type="checkbox"/> Challen Court, HAMILTON ROAD, HORSHAM |
| <input type="checkbox"/> Dingemans Court, STEYNING | <input type="checkbox"/> Fabians Way, HENFIELD |
| <input type="checkbox"/> Gerald Court, VINCENT CLOSE, HORSHAM | <input type="checkbox"/> Hordern House, GRANARY WAY, HORSHAM |
| <input type="checkbox"/> Kensington Close, WEST CHILTINGTON | <input type="checkbox"/> Kingsfield, STORRINGTON |
| <input type="checkbox"/> Leggyfield Court, REDFORD AVE, HORSHAM | <input type="checkbox"/> Love Lane / Fletchers Croft, STORRINGTON |
| <input type="checkbox"/> Maidment Court, HENFIELD | <input type="checkbox"/> Osmund Court (extra-care), BILLINGSHURST |
| <input type="checkbox"/> Page Court, LIVINGSTON RD, HORSHAM | <input type="checkbox"/> Peacocks, PARTRIDGE GREEN |
| <input type="checkbox"/> Sobell Court, HENFIELD | <input type="checkbox"/> St Margaret's Court, WARNHAM |
| <input type="checkbox"/> The Cobblers, SLINFOLD | <input type="checkbox"/> Winterton Court, NEW STREET, HORSHAM |
| <input type="checkbox"/> Sleets Rd / St Johns Crescent, BROADBRIDGE HEATH | |

SOUTHAMPTON

- | | |
|---|--|
| <input type="checkbox"/> Alan Chun House, MOORE CRESCENT | <input type="checkbox"/> Allison House, WESTWARD RD, HEDGE END |
| <input type="checkbox"/> Charles Wyatt House, PADWELL ROAD | <input type="checkbox"/> Churchill House, EXFORD AVE, HAREFIELD |
| <input type="checkbox"/> Cunningham House, CLAYLANDS RD, BISHOP WALTHAM | <input type="checkbox"/> Leslie Loader House, PEARTREE AVE, BITTERNE |
| <input type="checkbox"/> Stuart Bridgewater House, POUND STREET, BITTERNE | <input type="checkbox"/> Rotary House, WILTON ROAD, SHIRLEY |
| <input type="checkbox"/> Kingsland Court, South Front, BARGATE | <input type="checkbox"/> David Lockhart Court, Westward Rd, ST LUKES |
| <input type="checkbox"/> Linden Court, Wessex Rd, WEST END SOUTH | |

BRIGHTON & HOVE

- | | |
|---|---|
| <input type="checkbox"/> Florence Court, Gordon Road, PRESTON | <input type="checkbox"/> Lindfield, Windlesham Close, PORTSLADE |
|---|---|

ARUN

- | | |
|---|---|
| <input type="checkbox"/> Warwick Court, ARUNDEL | <input type="checkbox"/> Poynings, Victoria Drive, BOGNOR REGIS |
|---|---|

WORTHING

- | |
|--|
| <input type="checkbox"/> Manor Court, Manor Rd, WORTHING |
|--|

HAVANT

- | |
|---|
| <input type="checkbox"/> Meadow Court, Palmers Road, EMSWORTH |
|---|

YOUR HEALTH

Do you or your partner have any medical condition or disabilities? Yes No

Do you /your partner have difficulty with stairs? Yes No

Are you a Wheelchair user? Yes No

If yes, is the wheelchair used inside the home? Yes No

Do you use a walking frame? Yes No

Are you/partner registered disabled or in receipt of a disability allowance? Yes No

If yes, please state who

Do you receive any services to help you live independently?

Yes No Care package from Social and Caring Services

If yes to any of the above, please state giving us much information as possible

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.....

Please give details of how your medical condition is affected by your current housing situation

.....
.....
.....
.....
.....

Please note: Your application will only be considered for medical priority if your health is affected by your present housing.

Please list any prescribed medication or treatment, giving dosage where possible

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.....
.....
.....

Please provide name/address of GP / social worker (if applicable)

GP

Social Worker

Name

Name

Address

Address.....

.....

.....

.....

.....

Post code

Post code

Tel no

Tel no

MEDICAL CONSENT

This page should only be signed if you have stated any medical problems relating to your application

I hereby consent to the medical advisor to saxon weald requesting a report from my doctor or any other medical professional, (if necessary) about my medical condition, in support of my housing application.

Full name of applicant

SignedDate

Full name of applicant

SignedDate

Note: This form may be photocopied and sent to your doctor or health professional to obtain the necessary medical report.

EQUAL OPPORTUNITIES

Saxon Weald has procedures designed to prevent the possibility of discrimination to any applicant. Please help us to monitor the effectiveness of our policies by completing this question.

Please tick as appropriate:

Are you:

WHITE

- British Irish Gypsy / Traveller
 Other

MIXED

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

ASIAN or ASIAN BRITISH

- Indian Pakistani
 Bangladeshi Other

BLACK or BLACK BRITISH

- Caribbean African Other

CHINESE or other Ethnic group

- Chinese Other

REFUSED

NATIONALITY

- UK national resident in UK UK national returning from residence overseas

- Czech Republic Estonia Hungary Latvia
 Lithuania Poland Slovakia Slovenia
 Other European Economic Area (EEA) * Any other country Refused

* EEA countries are Austria, Belgium, Cyprus, Denmark, Finland, France, Germany, Greece, Ireland, Italy, Luxembourg, Malta, Netherlands, Portugal, Spain, Sweden, Iceland, Liechtenstein, Norway, & Switzerland.

DECLARATION

Are you or any member of your household related to any Board Member or employee of Saxon Weald?

Yes No

If yes, please state their name and relationship to you.

Name

Relationship

IMPORTANT NOTICE

Section 171 Part IV (1) (2) (Allocations) Housing Act 1996

The attention of all applicants is drawn to the above provisions of Part IV (Allocations) Housing Act 1996.

A person commits a criminal offence if, in connection with the application he/she, or any other person acting on their behalf, knowingly or recklessly makes a statement which is false.

A person guilty of an offence under this section is liable on summary conviction to a fine not exceeding level five on the standard scale (maximum £5,000).

I/we declare that the answers I/we give are true and complete and that I/we have not left any details out which might affect my/our application.

I/we will ensure than any change in circumstances relating to my household will be notified to Saxon Weald. I/we understand that Saxon Weald reserves the right to recover possession if a tenancy is allocated to me/us on false or misleading information.

I/we understand that the information I/we have supplied in this form will be entered onto the Transfer & Exchange List computer which may be seen by the council or a Registered Social Landlord.

I/we hereby give consent for Saxon Weald to make any enquiries it deems fit as part of their investigation into my/our application for housing. (If consent is not given, Saxon Weald may be unable to determine your application).

Applicant's full name

Signature Date

Joint applicants full name

Signature Date

Tenant Privacy Statement

In order for Saxon Weald to undertake its functions of providing housing services, we have to obtain, process and store *personal information* about our applicants and tenants.

This document details our obligations on how we store and use the personal information that you may supply to us.

In order to use and store your personal information we require you to give consent. Please read through this privacy statement and sign the consent below if you agree to allow us to use your personal information as set out.

What is personal information?

Personal information is information that relates to a living individual, and allows that individual to be identified. For example, personal information includes your name, date of birth, address, marital status, etc.

Certain types of personal information are categorised as “sensitive personal data”. This information includes your racial or ethnic origin, religious or political beliefs, physical or mental health, sexual orientation, criminal offences, etc.

How do we collect information?

You will provide personal information to us when communicating with us.

You may communicate with us when making or responding to a housing application, when dealing with your tenancy, when requesting repairs on your property or when a member of our staff has initiated a contact with you.

Whenever you communicate with us we may need to obtain personal details about you to enable us to perform any actions that may be required as a result of the contact.

We will only request information that is appropriate for our business functions, and you may refuse to provide information if you deem any requests to be inappropriate. Please note that we may not be able to carry out Saxon Weald work for you if you refuse to provide information that stops us doing so.

We may also obtain your personal details from organisations you have dealt with, such as referral agencies, councils and previous landlords. This information is not normally given to us without your consent.

How do we use your personal information?

The purposes for which we process your personal details are:

- to allow us to assess housing applications;
- to manage your tenancy;
- to provide you with services associated with your tenancy;
- to conduct surveys and statistics in order to improve services;
- to provide you with information about Saxon Weald or housing in general that may be of interest to you;
- to enable us to comply with our legal and regulatory obligations.

In certain cases, your sensitive personal data may be used to:

- allow us to assess housing applications;
- allow us to assess your further support and/or care needs;
- allow us to provide (or jointly provide) further support and/or care needs;
- discuss your needs with other relevant agencies in order to carry out the functions above.

Who may we disclose your personal details to?

Unless there are exceptional circumstances your personal information will not be disclosed to other people or organisations without your express consent.

Exceptional circumstances may include:

- where there is a clear evidence of fraud
- in order to comply with the law
- in connections to legal proceedings
- where it would be essential for the company to carry out its duties, e.g., where the health and safety of an individual would be at risk by not disclosing the individual
- anonymously for statistical or research purposes

We are committed to protecting your personal details and have measures to ensure that confidentiality is maintained.

Access to your personal information

You may ask to have access to your personal details if you feel that we are not complying with the terms of this statement. We have a form on which you can request this information which is available from our offices.

We would need to confirm your identity before providing you with access.

Your consent

I give consent to Saxon Weald to hold and process personal information (including sensitive personal data as necessary).

Signed (Applicant) Date.....

Signed (Joint Applicant) Date.....

Lettings Points System

Housing Need	Points
Decants – tenants being moved due to major works	250
Applicants who are homeless	150
Applicants suffering from serious anti-social behaviour (harassment) or domestic violence where a move is supported by an appropriate agency	150
Applicants who are threatened with homelessness	100
Tenant relinquishing a 3+ bed family house (including successors)	75
Applicants living in unsanitary, overcrowded or housing lacking basic facilities such those with no heating, no internal WC or when Environmental Services have taken action	60
Tenant relinquishing a 2 bed house (including successor)	50
Applicants sharing facilities with those who are not part of the intended household (where the relationship has broken down)	40
Need to move on medical or welfare grounds (assessed by Saxon Weald's Independent Medical Advisor)	
- high	20
- medium	15
- low	10
Local connection – moving to be near family	5
- living in the district	10
Time on the register – per year	1
Social need (assessed by the Scheme Manager)	
- high	16 -20+
- medium	11-15
- low	0-10
Existing Saxon Weald tenant	5

Please return this form to the Lettings Team:

**Saxon Weald House
38-42 Worthing Road
Horsham
West Sussex
RH12 1DT**