

	LH24	Housing Application Form	Version No.	Date of last version
	Function: Housing & Support		3.2	Jan 2017

Please complete this form with as much information as possible as the better understanding we have, the sooner the application can be considered.

If you would like guidance on completing the form, please do not hesitate to contact our Housing Coordinator on 01522 514444.

1. Personal details of First Applicant			
Title:	First Name:	Surname:	Date of birth: / /
National Insurance No.		NHS No.	
Address:		Telephone number(s):	
Post code:		Email address:	

Details of Second Applicant (if applicable)			
Title:	First Name:	Surname:	Date of birth: / /
National Insurance No.		NHS No.	
Address: (if different from above)		Telephone number(s): (if different from above)	
Post code:		Email address:	

Person Completing Form (if different from above)	
Name:	Relationship to applicant: <i>Would it be more appropriate to communicate through you in first instance? Yes <input type="checkbox"/> No <input type="checkbox"/></i>
Address:	Telephone number(s):
Postcode:	Email address:

Housing:

What type is your current home (e.g., flat, bungalow, house)?
Who owns it (e.g., applicant, council, private landlord)?
Any concerns/problems faced around present accommodation, etc.?

Additional Detail for First Applicant*(Please give as much detail as possible, to help us determine your needs)*

Health: e.g., any diagnosed health issues, medication, special diet, mobility difficulties, aids and adaptations used, etc.?
Care: do you currently have, or think you need, any help with washing/dressing, meal preparation, medication?
Support: do you currently have or think you need any help with housework, managing finances etc.?
Social: please include any hobbies/interests, relationships with community/family/friends, etc.

Past and current services.

Regular input from:	<input checked="" type="checkbox"/>	Contact details:
Social Worker	<input type="checkbox"/>	
Community Psychiatric Nurse (CPN)	<input type="checkbox"/>	
District Nurse (DN)	<input type="checkbox"/>	
Meals on wheels	<input type="checkbox"/>	
Respite Care	<input type="checkbox"/>	
Day service	<input type="checkbox"/>	
Home Care	<input type="checkbox"/>	
Doctor/GP	<input type="checkbox"/>	

If you are currently or have been recently been in hospital or residential care, please give details:

Additional Detail for any Second Applicant
(Please give as much detail as possible, to help us determine your needs)

Health: e.g., any diagnosed health issues, medication, special diet, mobility difficulties, aids and adaptations used, etc.?

Care: do you currently have, or think you need, any help with washing/dressing, meal preparation, medication?

Support: do you currently have or think you need any help with housework, managing finances etc.?

Social: please include any hobbies/interests, relationships with community/family/friends, etc.

Past and current services.

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Respite Care	<input type="checkbox"/>	
Day service	<input type="checkbox"/>	
Home Care	<input type="checkbox"/>	
Doctor/GP	<input type="checkbox"/>	

What are the main reasons for this application to LACE for Accommodation?

Finally, which accommodation/service(s) are you applying for:				
Rented			Leasehold, Shared Equity	
Retirement	Sheltered Housing	Extra Care	Retirement	
Optional	(Visiting Support)	(On-site Care & Support)	(On-site Care & Support)	Optional
Jubilee Court <input type="checkbox"/>	Almond House <input type="checkbox"/>	Olsen Court <input type="checkbox"/>	Olsen Court <input type="checkbox"/>	Jubilee Court <input type="checkbox"/>
Navigation Court <input type="checkbox"/>	Middle Street <input type="checkbox"/>	Brick Kiln Place <input type="checkbox"/>	Brick Kiln Place <input type="checkbox"/>	Navigation Court <input type="checkbox"/>
Lauriston Court <input type="checkbox"/>	Richmond House <input type="checkbox"/>	Worth Court <input type="checkbox"/>		Sewell Court <input type="checkbox"/>
Skegness <input type="checkbox"/>	Olsen Court <input type="checkbox"/>			Conisbrough Close <input type="checkbox"/>

Please note: The government are currently considering a cap on housing benefit. Please bear in mind that there is no guarantee that Housing Benefit will cover the full costs of a tenancy within a scheme. Whilst our provision is 'affordable housing' and we continue to do our best to provide 'value for money', we remind you that in all cases where Housing Benefit meets less than the full tenancy costs, you will need to pay the difference personally.

Where did you hear about LACE Housing?

Word of mouth <input type="checkbox"/>	Advertisement (Please state where) <input type="checkbox"/>
Age UK <input type="checkbox"/>
Solicitor <input type="checkbox"/>	
Internet <input type="checkbox"/>
Social Services/Local Council <input type="checkbox"/>	Other <input type="checkbox"/>
Hospital <input type="checkbox"/>
Doctor/GP <input type="checkbox"/>

Notes and Information

Funding:

The Association is a 'not-for-profit' organisation with charitable status. It does not discriminate between older people who fully self-fund and those who receive contributions from Housing Benefit, Social Services or any other source.

Data Protection Act 1998:

Personal data is gathered in accordance with the Data Protection Act 1998. LACE will keep and use this and related information about you in supporting your independence and, where necessary, we reserve the right to share information with other individuals and agencies with an interest in supporting your successful independent living.

I do not wish to receive any further correspondence from LACE Housing Association Ltd

Assessment and/or Visit:

It may be that LACE staff either make a visit to some applicants in their current accommodation or ask them to visit a scheme. This may be to help our understanding of current circumstances or to allow applicants to appreciate the facilities/services available, or both. Neither act implies a decision or offer on our part. We reserve the right to withdraw provisional offers if new or more accurate information subsequently comes to light through any means

Schedule 1:

In order to satisfy the Homes and Communities Agency (HCA), you must declare here whether you have any relatives who work for LACE Housing Association Ltd or whether you have any interests or investments with the Association's business, partnerships or contractors that may cause a conflict of interest.

Any potential conflict of interest. Yes No If yes, please provide detail for consideration:

Schedule 2:

In accordance with the Homes and Communities Agency (HCA) Rules, please confirm whether your joint/single income is less than £80,000 per year: Yes No

Declaration by or on behalf of Applicant(s)

I certify that I have read the notes above and that the information provided within this application is accurate (Please advise us of any change in your circumstances)

Signature of applicant 1:	Date:
Signature of applicant 2:	Date:

Please note that you may lose accommodation if it is later found that it was allocated based upon deliberately misleading or inaccurate information provided directly by you or on your behalf.

Thank you for your interest in the Association. Please return the application form to:

**The Housing Co-ordinator,
LACE Housing Association,
LACE House,
2 Olsen Rise,
Lincoln LN2 4UZ**