



**Solihull Care Housing Association Limited
Application for Accommodation
at Trinity Apartments Extra Care Housing
Scheme**

This form is to be completed by the applicant(s). Please read through this form carefully before completing it and answer every question. We recognise that we seek a lot of information from you but can assure you that any information given will be treated in the strictest of confidence.

1. Details about you

Surname First Name(s)

If a joint application:

Surname First Name(s)

Address

..... Postcode

Tel Number Mobile

E mail address.....

Date of Birth Date of Birth (2nd person)

Marital Status

2. Next of Kin details

1st person..... Relationship:

Address.....

Telephone Number..... Mobile.....

2nd person..... Relationship:

Address.....

Telephone Number..... Mobile

3. Pensions or Benefits

Please give details of all regular income you receive and how often it is received.

Type..... Amount £..... How often?.....

Type..... Amount £..... How often?.....

Type..... Amount £..... How often?.....

Type..... Amount £..... How often?.....

4. Present Housing

Which type of accommodation do you live in at present? Please circle below:

House / Flat / Bungalow / Bedsit / Shared House / Hospital

Other – please specify

Who owns your present accommodation? (eg local authority; private landlord; a friend or relative; or yourself?)

.....

How much do you pay each week for your accommodation? £.....

Do you have any outstanding rent or mortgage arrears? Yes / No

If Yes, please give details

Do you give consent for us to contact your current Landlord (if applicable)? Yes / No

If Yes, please give name, telephone number and e mail address (if known)

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How long have you lived at your present address?yearsmonths

Are there any particular issues or problems with your current accommodation? Yes/No

If Yes, Please provide details:

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

5. Medical Information

Name of your Doctor

Name & Address of Surgery
..... Postcode

Do you have any physical health problems? (MUST BE COMPLETED)
Yes/No (If Yes, please give details)

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.....

Do you have any mental health problems? (MUST BE COMPLETED)
Yes/No (Please give details)

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Contact details of CPN's etc or any other health professionals

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Please list all medication

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.....

Are you a registered disabled person? Yes / No (If Yes, please give details)

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.....

6. Criminal Convictions

Do you have any unspent criminal convictions? Yes / No (If Yes, please give details)

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7. Pets

Do you have any pets? Yes / No (If Yes, please give details)

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8. Background History (MUST BE COMPLETED)

Please add any additional information that you feel is important in support of your application:

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Please give details of how you would benefit residing at Trinity House

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Please give the name and contact details of your Social Worker and/or any other Key Worker involved with your health and well-being

Name

Team Address

..... Postcode

Tel Number Mobile

E mail.....

We require your permission to discuss this application with your Social Worker or other Key Worker. Any information provided will be treated in the strictest confidence.

9. Declarations

I give my permission for information to be given by my Social Worker or other Key Worker to SCHA for them to make an assessment of my housing and care needs.

Signed Date

(2nd person, if applicable)

Signed Date

I have read and understood all of the questions on this form and all of the answers I have given are true and correct as at today's date.

Signed Date

(2nd person, if applicable)

Signed Date