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APPLICATION FOR A SHELTERED HOUSING FLAT

1. GENERAL INFORMATION

Mr / Mrs / Miss / Ms Date of birth

Mr / Mrs / Miss / Ms Date of birth

Address

.....

Post code: Telephone Email

HOW LONG HAVE YOU LIVED IN BOURNEMOUTH, OR WHAT STRONG CONNECTIONS DO YOU HAVE WITH BOURNEMOUTH?

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HOW DID YOU HEAR OF US?

ARE YOU RELATED TO ANY MEMBER OF THE SOCIETY'S BOARD OR AN EMPLOYEE? Yes / No

If yes, please state who and your relationship

2. PRESENT ACCOMMODATION / TENURE DETAIL

DETAILS OF YOUR PRESENT ACCOMMODATION

Please provide details of your present accommodation:

How long have you lived in your present accommodation?

Do you own this or any property? Yes / No

If so, please provide a written valuation/s of the property/ies

If owned, is your property mortgaged? Yes / No

If yes, please provide details of the outstanding mortgage amount

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Do you rent your accommodation? Yes / No

If yes, please provide details of your landlord

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Lease: Do you hold a lease? Yes / No

If yes, please provide detail of how long is left on the lease

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Tenancy Agreement:

What type of Tenancy Agreement do you hold?

- Housing Association Which one?
- Local Authority (Council flat)
- Private landlord
- Other - please state

If you have lived at your present address for less than one year, please give your previous address, full detail of ownership and why you left

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WHAT ARE YOUR ACCOMMODATION REQUIREMENTS / PREFERENCES?

Please indicate the schemes you would prefer to be considered for by ticking ✓ box(es) – you may tick as many as you wish

Stourwood Avenue	
Gladman House	
Harling House	
Milne Court	
St Kilda	
Woodlands	

Belle Vue	
Harcourt Grange	
Highfield	
Redlands Court	

Bathroom required / preferred	
Bath	
Shower	
No preference	

3. HEALTH

DO YOU CONSIDER THAT YOUR PRESENT ACCOMMODATION IS AFFECTING YOUR HEALTH? Yes / No

If yes, please tell us why (If two people applying, please give details of both)

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Are you able to live independently? Yes / No

If no, please tell us what support you require

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If you require support, what arrangements would you make if you were offered BHSE accommodation?

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Do you have any long-term medical conditions? Yes / No

If yes, please provide detail

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4. FINANCIAL

PLEASE PROVIDE DETAILS OF YOUR FINANCIAL SITUATION

(If two people applying, please give joint income)

Total capital or savings (*not including the value of your property*) £

Income from earnings (gross) £per week

State pension £per week

Occupational pension £per week

Other pension £per week

Benefits £per week

Please specify what benefits you are currently receiving

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**PLEASE GIVE ANY FURTHER INFORMATION IN SUPPORT OF YOUR APPLICATION.
IN PARTICULAR, PLEASE STATE YOUR REASONS FOR APPLYING FOR A
SHELTERED FLAT** *(continue on a separate sheet if necessary)*

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I declare that the statements made in this application are true and correct to the best of my knowledge

I confirm that I am in need of sheltered accommodation or will have such a need within the foreseeable future

Signed Date
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