



## SHELTERED HOUSING APPLICATION FORM

**SCHEME PREFERRED: ERDINGTON    SHIRLEY    OLTON**  
*(Please indicate)*

*Joint applications can be made by married couples, civil partners or people living together in which case each person must complete one of these application forms.*

Title: Mr/Mrs/Miss/Ms /Other \_\_\_\_\_ National Insurance No. \_\_\_\_\_

Surname \_\_\_\_\_ Forenames \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Postcode \_\_\_\_\_ Date of Birth \_\_\_\_\_

Telephone No; Home \_\_\_\_\_ Mobile \_\_\_\_\_

**Why are you applying for accommodation with Sir Josiah Mason Trust?**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### **1. Housing Factors**

- a) Overcrowding/Sharing  
Do you have exclusive use of a:-

	Yes	No
Living Room		
Bedroom		
Kitchen		
Bathroom		

If you have answered 'no' to any of the above, please give details of those you share with;

.....

	Yes	No
Do you live in a non domestic setting e.g Residential Home, Hostel, Hospital etc		

If yes, please give details

.....

.....

b) Housing Condition

Does your present house have:-

	Yes	No
A bath or shower		
An inside toilet		
Adequate kitchen facilities		
Dampness or condensation		
Any serious repairs problems		

c) Adaptations

	Yes	No
Does your accommodation have special adaptations?		

Give details

.....

d) Heating

What type of heating does your home have? Please tick as appropriate

Gas Fire		Electric Fire		Coal Fire	
Gas Central		Electric Central		Coal Central	

e) Access

Do you live on:-

Ground Floor		1 <sup>st</sup> floor		Higher floor (with lift)		Higher floor (without lift)	
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If you have to climb stairs, do you manage these?

	Self	Partner
Without difficulty		
With a little difficulty		
With a lot of difficulty		
Only with assistance		

f) Mobility

Do you go out:-

	Self	Partner
Most days		
At least once a week		
Less than once a week		
Less than once a month		

Do you go out

	Self	Partner
Alone		
Only with assistance		

g) Health

Please state as fully as possible the nature of any health conditions you have. How long have you suffered from this complaint and how does it affect your daily life?

.....

.....

.....

Are there any other conditions, including; alcohol dependency, psychological problems or physical/ sensory disabilities that affect your living? Please give full details.

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.....

.....

What medication do you receive? (please provide repeat prescription or provide names of medication)

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

Do you receive Disability Living or Attendance Allowance Yes/No

Sheltered Housing Complexes tend to have some form of communal activities. Would you wish to participate? Yes/No

Please provide your Doctor's name and address. We may have to contact your GP for further information on any medical conditions that you have.

Name: .....

Address: .....

.....

Telephone No: .....

h) Home Help

	Yes	No
Do you have a home help?		

If yes, how many days per week ..... days  
 Who provides this help? Family/ Agency/ Other (please name)

.....

i) Visitors – How often do you have visitors e.g. family, friends, neighbours

Most Days		At least once a week	
Less than once a week		Less than once a month	

k) Walking Aids. Do you walk:-

	Self	Partner
Unaided		
With a stick		
With a walking frame		

Do you use a wheelchair:-

	Self	Partner
Sometimes		
Most of the time		
Only when outside		
All the time		

l) Health. Do you suffer from falls, dizziness or unsteadiness?

	Self	Partner
Not at all		
Infrequently		
Frequently		

Please give details

.....  
 .....

**2. Personal Factors**

a) Family Support

	Yes	No
In relation to the scheme you are applying for, do you have the support of family or friends?		

If yes please describe the sort of assistance you receive from family, friends

.....  
 .....

Who is your next of kin or the person we should contact in an emergency:-

Name: .....

Address: .....

.....

Postcode: .....

Tel: Home.....Mobile.....

b) Assistance

Do you need help with?

	None	A Little	Quite a lot	A lot
Housework				
Cooking				
Shopping				
Bathing				
Going out, attending appointments				

If you need a lot, or quite a lot of assistance, who provides this?

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

**Declaration**

BEFORE SIGNING THE APPLICATION FORM PLEASE READ THE FOLLOWING DECLARATION

I declare that the information provided by me on this form is correct. I understand that any information provided which is deliberately false, misleading or omitted could result in my application being suspended or the licence agreement terminated if a residency offer is made. I undertake to give notice in writing of any change in my circumstances.

I hereby authorise Sir Josiah Mason Trust to contact any relevant person or organisation to obtain information, which it considers necessary and relevant to my application.

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_

All applications, together with the appropriate documentation should be returned to:

**Sir Josiah Mason Trust**  
**Mason Court**  
**Hillborough Road**  
**Birmingham**  
**B27 6PF**

**Tel: 0121 245 1002**  
**Email: enquiries@sjmt.org.uk**

## EQUAL OPPORTUNITIES QUESTIONNAIRE

To help us ensure that our Equal Opportunities Policy is being carried out, would you please provide the information requested below. The information will be treated confidentially and used for statistical purposes only. Thank you for your co-operation. Please tick one of the boxes below to indicate your ethnic or racial background.

### SECTION 1

Would you describe yourself as:

<b>Family composition</b>	<b>Male</b>	<b>Female</b>
<b>White</b>		
British		
English		
Scottish		
Welsh		
N.Irish		
Irish		
Any other white background (please state)		
<b>Mixed</b>		
White and Black Caribbean		
White and Black African		
White and Asian		
Any other Mixed background (please state)		
<b>Asian, Asian British, Asian English</b>		
Indian		
Pakistani		
Bangladeshi		
Any other Asian background		
<b>Black, Black British, Black English</b>		
Caribbean		
African		
Any other black background		
<b>Chinese, Chinese British. Chinese English</b>		
<b>Gypsy/Traveller</b>		
<b>Other ethnic background</b>		

Dear Applicant,

**Proof of Identification Required**

In order for your sheltered housing application form to be processed, we will require the following from you and anyone who would be living within your household.

1. **Proof of National Insurance Number such as:**  
National Insurance Card  
Benefit Book  
Wage Slip  
Pension Book
2. **Proof of name and address such as:**  
Passport  
Birth or Adoption Certificate  
Driving licence  
Utility bill i.e. gas, electricity or telephone bills  
Letter headed correspondence i.e. letters from Bank or Building Society  
Recent Tax or Benefit letters from HMRC, DWP, Job Centre or Local Authority.

**PLEASE NOTE: In accordance with Home Office Rules:**

As part of evidencing your identification, if you have a Passport (valid or expired), we need to see it. If you do not, there are other documents we must check, such as at least 2 documents from a Home Office prescribed list, the main ones being:

- Birth or Adoption certificate, showing the name of at least one of the parents (or adoptive parents)
- Benefits paperwork issued to you by HMRC, a Local Authority or Job Centre Plus or DWP within the last 3 months.
- A current full or provisional UK driving licence.
- An official letter issued within the last 3 months by your employer confirming your status as their employee.

If this will present you with any problems you must discuss this with us to see what other valid paperwork you may hold.

Please note that under these Government rules we will need to see and check the **original documents**. **Please do not send original documents in the post, until you are invited in to discuss your application with the scheme manager.** We will take copies of them before we can consider making you any offer of accommodation. The copies will be signed, dated and retained by the officer considering your application. Should we house you, we must retain these copies during your occupation and for 12 months after any occupancy agreement has ended.

Yours sincerely,

Louise Barlow  
**Management Support Officer, Sir Josiah Mason Trust**  
Tel. 0121 245 1002



**OFFICE USE ONLY**

**Applicant's Name** .....

**Address** .....

**Date Application form received by Scheme Manager** .....

**Date of Scheme Manager interview** .....

**Is all supporting documentation provided ?** *Yes/No*

If No, comments

**Scheme Manager comments**

-Sheltered Housing needs and risk assessment carried out *Yes/No*

-Suitable for sheltered housing *Yes/No*

-Current housing circumstances

-Evidence of need for rehousing *Yes/No*

-Comments on priority of need to move

**Decision:**

**Admitted to Housing register for Applicants** *Yes/No*

*If no, give reason*

If yes, Rehousing Band awarded (1,2,3 or4) .....

*Any comments*

**Date** .....

**Passed to Administrator to add to Housing Register for Applicants** **Date** .....

**Signed**

**Scheme Manager**

**Date**