

## **APPLICATION FOR HOUSING-WITH-CARE**

**Please complete and return to:**

Director of Care & Support  
Radius Housing Association  
3 Redburn Square  
Holywood  
BT18 9HZ

This form affords you, the Applicant, the opportunity to explain your circumstances and reasons for applying for Housing-with-Care. On receipt of your completed application form, a member of our staff will make arrangements to visit you to explain more fully the nature of Housing-with-Care and the assessment process.

This Association allocates Housing-with-Care dwellings in accordance with a Lettings Policy approved by The Department for Communities. Allocations are made on the basis of greatest assessed need.

All information given by you on this form will be strictly confidential.

<b>Name of Housing-with-Care Scheme you are interested in</b>	
<b>Name of Applicant</b>	
<b>Present Address</b>	
<b>Telephone No.</b>	
<b>Date of Birth</b>	
<b>National Insurance Number</b>	
<b>Please tell us why you would like to apply for Housing-with-Care:</b>	

## Housing Circumstances

(Please tick the boxes which best describe your present housing circumstances)

Are you:-	Yes	No
1. A Housing Executive tenant		
2. A Housing Association tenant		
3. A tenant of a Private Landlord		
4. Living with friends/relatives		
5. In lodgings		
6. An owner occupier		
7. Other – please specify:		

### Is your accommodation in:-

1. A Sheltered housing scheme		
2. A Residential Home		

3.	A Nursing Home			
4.	A Hospital			
5.	General Housing			
6.	Other			
<b>How long have you lived at this address</b>				

<b>If your present Home is unsuited to your needs please tell us why:-</b>

<b>Do you have a Social Worker or Care Manager?</b>	
<b>What is their name?</b>	
<b>What is their contact telephone number?</b>	

## Finance

	Yes	No
Will you be paying for your Care from your own resources		
Do you have any savings?		
If yes how much?		

*(By savings we mean money in banks, building societies, Post Office, National Savings & Investment Bank, Savings certificates, Premium Bonds, Share and other investments and cash kept at home).*

## Property

	Yes		No
Do you own your own home?			
If <b>yes</b> what is the approximate value?		£	

Is it subject to a mortgage or loan?			
If <b>yes</b> how much is still to be paid off?		£	

### Income

Please state your average weekly income		£	
Please indicate how this amount is made up:-			
Retirement pension		£	
Benefits ( <i>please specify</i> )		£	
Other Pensions		£	
Other Income		£	

	Yes		No
Do you have a bank account from which a direct debit/ standing order can be set up to pay for your Care			

**Radius applies a Top Up to Housing-with-Care residents. The Top Up is payable by a third party and is currently £30 per week.**

**Who will act as your Third Party for payment of the Top Up?**

<b>Name of Third Party</b>	
<b>Address</b>	
<b>Contact Telephone No.</b>	
<b>Signature of Person Undertaking to make Top Up payment</b>	
<b>Dated</b>	

**To be signed by the Applicant / Applicant's Representative:**

**I declare that to the best of my knowledge the information given in this application is true.**

<b>Signature</b>	
<b>Date</b>	

<b>Application form completed by:-</b>	
<b>Name</b>	
<b>Address</b>	
<b>Telephone No.</b>	
<b>Relationship with Applicant</b>	
<b>Correspondence address</b> <i>(if different from above)</i>	