



**Fairoak Housing Association
Application for Vacancy**

Please complete all sections. It is important that you give detailed and accurate information in your answers to ensure that your support needs can be fully considered. If you need help to complete the form, please contact Fairoak Housing Association, 48 Stramongate, Kendal, Cumbria LA9 4BD. Telephone 01539 720082 or www.enquiries@fairoakhousing.co.uk

SECTION 1 – INFORMATION ABOUT YOU

Please tell us about yourself:

SURNAME	
FIRST NAMES	
TITLE	Mr / Mrs / Miss / Other
DATE OF BIRTH	
CURRENT ADDRESS	
HOME TELEPHONE NUMBER	
MOBILE TELEPHONE NUMBER	
EMAIL ADDRESS	
NATIONAL INSURANCE NUMBER	
Do you have a learning disability?	YES / NO
If YES please tell us what it is here:	
Do you have a physical disability?	YES / NO

If YES please tell us what it is here:	
Do you have other disabilities / mental health issues?	YES / NO
If YES please tell us what it is here:	
Do you regularly take medication?	YES / NO
If YES please tell us which medicines you take here:	
Do you have Legal Capacity?	YES / NO
If NO do you have a representative?	YES / NO
Please tell us who your representative is and give us their contact details	
Do you understand the meaning of a tenancy?	YES / NO
Do you understand the meaning of a contract?	YES / NO

Please tick one box that best describes you:

SINGLE	<input type="checkbox"/>	WIDOWED	<input type="checkbox"/>
MARRIED	<input type="checkbox"/>	SEPARATED	<input type="checkbox"/>
LIVING WITH A PARTNER	<input type="checkbox"/>	DIVORCED	<input type="checkbox"/>

Please tell us about whom we would contact in an emergency:

NAME:
ADDRESS:
TELEPHONE NUMBER:
RELATIONSHIP TO YOU:

Please tell us about your circles of support – friends, advocates, etc

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Please tell us about your current activities – work, college, clubs, sports, etc

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Who referred you to FairOak Housing Association? Or how did you find out about us?

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SECTION 2 – WHERE YOU LIVE NOW

Please tick one box to describe where you live now

Housing Association Tenant	<input type="checkbox"/>	Hostel / Refuge / Temporary	<input type="checkbox"/>
Tenant of Private Landlord	<input type="checkbox"/>	At Home with Parents	<input type="checkbox"/>
Council Tenant	<input type="checkbox"/>	With Another Family	<input type="checkbox"/>
Hospital	<input type="checkbox"/>	Homeless	<input type="checkbox"/>
Other (please give us details)	<input type="text"/>		

Do you pay rent where you live now?	YES / NO
Who do you pay rent to?	<input type="text"/>
How much do you pay each week?	<input type="text"/>
Do you get help to pay your rent from Housing Benefit?	YES / NO Reference Number:
If YES how much Housing Benefit do you get	<input type="text"/>
How long have you lived at this address?	<input type="text"/>
Do you have any rent arrears	YES / NO
If yes how any weeks do you owe	<input type="text"/>

Do you share your house with anyone else?	
Are you on a waiting list with the council or other Housing Association?	
Why do you need to move from your current address?	
Tell us what you LIKE about where you live now:	
Tell us what you DON'T LIKE about where you live now:	

SECTION 3 – WHERE YOU WANT TO LIVE

Please tick one or more boxes for the type of property you would like to live in:

Adult Care Home	
Rented House	
Rented Flat – Ground Floor	
Rented Flat – Upper Floors	
I want to own part of my own house	

Tell us where you would like to live by ticking all the boxes that match the town/s you would like to live in:

Cumbria

Kendal	
Barrow-in-Furness	
Ulverston	

Other Areas:

County Durham	
Northumberland	
Lancashire	

Please answer these questions to tell us more about where you would like to live:

How many bedrooms do you need?	
Do you need disabled access?	YES / NO
Would you like a garden?	YES / NO
Do you want extra space for hobbies or other activities?	YES / NO
Would you need any special adaptations in your new home? Please tell us about them:	

SECTION 4 – YOUR MONEY

Please tell us here about your income:

Do you have any savings over £6000? If YES please tell us how much	YES / NO
If you would like to own part of your home do you or your family have any money to pay towards this?	YES / NO
Do you have any outstanding debts / loans? If YES please tell us how much	YES / NO
How much do you spend on bills each week?	

Please tell us about your job:

Do you have a job?	YES / NO
Who do you work for?	
Do you get paid or is your job voluntary?	
How much do you get paid each week? (before tax)	
If you do not work now - have you ever worked in the past?	
If you do not work now – would you like to go to work again?	

Please tell us about your benefits. If you receive one of the benefits listed please tell us how much per week you receive

Benefit Name	Amount per week
Incapacity Benefit (for at least 39 weeks)	£
Income Support (for at least 39 weeks)	£
DLA (Care Component)	£
DLA (Mobility Component)	£
Severe Disablement Allowance (SDA)	£
Job Seekers Allowance	£
Pension	£
Tax Credits	£
Carers Allowance	£
Other Benefit or Income (please specify)	£

SECTION 5 – YOUR CARE AND SUPPORT

Please tell us about the care and support you need:

Do you have a care package?	
Who provides you care package?	Name: Address: Telephone Number:
Do you need 24-hour support?	
If not how many hours of support do you get each week?	
How is your care or support paid for?	
Who is your social worker?	Name: Address: Telephone Number:
Who is your GP?	Name: Address:

	Telephone Number:
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Who is your CPN?	Name:
	Address:
	Telephone Number:

Is there anyone else involved in your care or support?	Name:
	Address:
	Telephone Number:

Please tell us the level of support that you need by putting a number in each box next to an activity. Number your answer 1 - 4 where 1 = the lowest this means you would need someone to help you complete the task and 4 = the highest where you could do this task on your own. Please also put any comments in the box at the side.

Number	Definition
1	I cannot complete this task
2	I am able to complete this task with personal help
3	I am able to complete this task with aids
4	I am able to complete this task without help

Task	Level of Support I Need	Comment
Household Chores		
Meal Preparation		
Personal Budgeting		
Mobility		
Communication		
Self Care (bathing , dressing)		

Task	Level of Support I Need	Comment
Orientation (safety awareness)		
Travel		
Medication		
Other support needs		

SECTION 6 – YOUR CONSENT

During the application process we may need to contact some of the people you have named on this form. In order for us to do this please would you sign below to give us your consent.

I hereby give my consent for FairOak Housing Association to contact my Housing Benefit office and discuss my claim:	
Name	
Signature	
Date	

I hereby give my consent for FairOak Housing Association to contact my Income Support office and discuss my claim:	
Name	
Signature	
Date	

I hereby give my consent for FairOak Housing Association to contact any of the people I have named as my Care / Support Providers and discuss my needs:	
Name	
Signature	

Date	
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I hereby give my consent for Fairoak Housing Association to contact my previous Landlords to obtain a reference	
Name	
Signature	
Date	

SECTION 7 – OTHER INFORMTION

<p>Please give details of any offending history or criminal record</p> <p>NB Giving details will not necessarily prevent you from living in a Fairoak property, however failure to disclose the information may result in a tenancy being terminated if the information is discovered at a later date</p>	
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SECTION 8 – DECLARATION

Fairoak Housing Association need to know if you are related to anyone who works for us or is a member of our Board. If you are please tell us who this is:	
Name of person	
How are you related?	

Has someone else helped you to complete this form or completed it on your behalf?	
If yes please give their name	

By signing this form you are confirming that the information you have supplied is accurate and includes all the relevant facts necessary for Fairoak Housing Association to consider your application.	
Name	
Signature	
Date	

PLEASE RETURN THIS FORM TO:

Fairoak Housing Association
 48 Stramongate
 KENDAL
 Cumbria LA9 4BD
 Telephone: 01539 720082
 Fax: 01539 737702
 Email: enquiries@fairoakhousing.co.uk

EQUAL OPPORTUNITIES MONITORING FORM

Please tick one box which best describes you:

White British		Black Caribbean	
White Other		Black African	
Pakistani		Black Other	
Bangladeshi		Chinese	
Other Background (please state)			

Please give us the following information:

Do you need information in another language?	YES / NO
If YES which language?	

Do you use any of the following alternative ways of communication:

Braille	
Makaton	
Widget	
Big Text Symbols	
Other (please state)	

Please return this form with your application to:

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Fax: 01539 729752
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Web: www.fairoakhousing.co.uk