

MANSFIELD ROAD (NOTTINGHAM) BAPTIST HOUSING ASSOCIATION LTD

www.mrbha.org

APPLICATION FOR HOUSING

Self contained apartments for the elderly with a resident warden on site

Please complete all parts of the form. If you need any advice, or require help to complete the form, please telephone the Association Office, Tel. 0115 942 1508.

APPLICANT DETAILS

Full Name			
Date of Birth			
Partner's Name			
Date of Birth			
Address			
including Postcode			
Telephone Home		Mobile	
Email address			

Which accommodation are you applying for? Tick one or more boxes

(All apartments, except William Olds Court Studios, have one bedroom and are suitable for one or two persons)

Fox Grove Court , Nottingham Road, Basford	<input type="checkbox"/>
Fox Grove Court , Nottingham Road, Basford - 2 Bedroom Apartment (only 3 on the scheme)	<input type="checkbox"/>
Lincoln Court , Staverton Road, Bilborough	<input type="checkbox"/>
Spencer Court , Sherwood Rise, Nottingham	<input type="checkbox"/>
William Olds Court , Lambourne Drive, Wollaton	<input type="checkbox"/>
William Olds Court , Lambourne Drive, Wollaton - Studio Apartment (single occupancy)	<input type="checkbox"/>

Please tell us if you have a preference for the situation of an apartment
Tick as appropriate

WOULD YOU CONSIDER...	YES	NO	NO PREFERENCE
a ground floor apartment?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
a second or third floor apartment with lift access?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
a second floor apartment with access by stairs?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please tell us if there is a particular reason for your choice above.

Your present accommodation. Are you? Please tick whichever applies

Owner Occupier <input type="checkbox"/>	Private tenant <input type="checkbox"/>
Local Authority Tenant <input type="checkbox"/>	Housing Association Tenant <input type="checkbox"/>
Living with relatives <input type="checkbox"/>	Other – please specify:
How long have you lived at your current address?	

Please describe why your present accommodation may be unsuitable:

Have you a car for which a parking space will be required? _____

Mobility

Please answer YES or NO:	You	Partner
Do you walk with aid of a stick or frame?		
Do you use a wheelchair?		
Do you use an electric buggy?		
Are you able to climb stairs?		

Your Health

Please summarise your general state of health and tell us if you or your partner have any medical conditions or disability.

Yourself:

Your partner:

Please tell us if you currently receive help from or use the services of the following. Please tick boxes which apply

	You	Partner		You	Partner
Care Assistant	<input type="checkbox"/>	<input type="checkbox"/>	Day Centre	<input type="checkbox"/>	<input type="checkbox"/>
District Nurse	<input type="checkbox"/>	<input type="checkbox"/>	Neighbour	<input type="checkbox"/>	<input type="checkbox"/>
Meals at Home	<input type="checkbox"/>	<input type="checkbox"/>	Private Care	<input type="checkbox"/>	<input type="checkbox"/>
Luncheon Club	<input type="checkbox"/>	<input type="checkbox"/>	Family	<input type="checkbox"/>	<input type="checkbox"/>
Other – please specify:					

Do you and/or your partner receive any benefits? Please tick boxes which apply

	You	Partner		You	Partner
Council Tax	<input type="checkbox"/>	<input type="checkbox"/>	Attendance Allowance	<input type="checkbox"/>	<input type="checkbox"/>
Housing Benefit	<input type="checkbox"/>	<input type="checkbox"/>	Disability Allowance	<input type="checkbox"/>	<input type="checkbox"/>
Other - please specify:					

Waiting Lists

Are you on the council or another Housing Association list?

If Yes which ones

Please let us know how you heard of MRBHA and the main reason or reasons why you want to move to a MRBHA property:

Have you or your partner ever been convicted of a criminal offence (other than a spent conviction under the Rehabilitation of Offenders Act 1974)? YES / NO

If Yes give details:

Have you or your partner ever been served with an Anti-Social Behaviour Order (ASBO)/ a Notice to Quit/ Notice of Intention to Seek Possession Injunction or been asked to sign an Acceptable Behaviour Contract (ABC)?

YES / NO

If Yes give details:

Equal Opportunities

This Association tries to make sure that it does not discriminate against people because of their race. We keep records therefore of the racial origins of all applicants to make sure this policy is adhered to. Please state your ethnic origin below (eg. British, West Indian , etc)

Yourself

Partner

The Board will generally only consider applications from persons who have reached normal retirement age and who are able to live independently. Priority is likely to be given to persons who are considered to be in greatest need by reason of existing housing conditions or who are suffering distress through loneliness or isolation. It is therefore important that you provide as much detailed information as possible in order for us to assess and prioritise your application for housing. Please add an additional sheet if necessary.

To be signed by the applicant/s

As far as I am aware the answers on this form are true and I understand I may lose any housing offered to me if I have given false statements.

Signed:

Signed:

Date:

When complete this form can be emailed to: admin@mrba.org or sent to:

The Association Manager, MRBHA Ltd, 45 Fox Grove Court,

Nottingham Road, Basford, Nottingham NG5 1JA

Jan 2016
