



## APPLICATION FOR HOUSING-WITH-CARE

Please complete and return to:

Director of Care Services  
FOLD HOUSING ASSOCIATION  
3-6 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 Social Development. Allocations are made on the basis of greatest assessed need.**

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

Name of Housing-with-Care Scheme you are interested in:

.....

Name of Applicant:

Mr/Mrs/Miss .....

Present Address .....

.....

..... Telephone No. ....

Date of Birth .....

National Insurance No .....

PLEASE TELL US WHY YOU WOULD LIKE TO APPLY FOR  
HOUSING-WITH-CARE:

.....

.....

.....

HOUSING CIRCUMSTANCES

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

Are You:-	YES	NO
1 A Housing Executive Tenant	<input type="checkbox"/>	<input type="checkbox"/>
2 A Housing Association Tenant	<input type="checkbox"/>	<input type="checkbox"/>
3 A Tenant of a Private Landlord	<input type="checkbox"/>	<input type="checkbox"/>
4 Living with friends/relatives	<input type="checkbox"/>	<input type="checkbox"/>
5 In Lodgings	<input type="checkbox"/>	<input type="checkbox"/>
6 An Owner Occupier	<input type="checkbox"/>	<input type="checkbox"/>
7 Other - Please specify _____	<input type="checkbox"/>	<input type="checkbox"/>

Is your accommodation in:-

1 A Sheltered Housing Scheme	<input type="checkbox"/>	<input type="checkbox"/>
2 A Residential Home	<input type="checkbox"/>	<input type="checkbox"/>
3 A Nursing Home	<input type="checkbox"/>	<input type="checkbox"/>
4 A Hospital	<input type="checkbox"/>	<input type="checkbox"/>
5 General Housing	<input type="checkbox"/>	<input type="checkbox"/>
6 Other	<input type="checkbox"/>	<input type="checkbox"/>

How long have you lived at this address? \_\_\_\_\_

IF YOUR PRESENT HOME IS UNSUITED TO YOUR NEEDS  
PLEASE TELL US WHY

.....  
.....

FINANCE

Do you have any savings? Yes/No

If yes how much? £ \_\_\_\_\_

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

Property

Do you own your own home? Yes/No

If yes, what is the approximate value? £ \_\_\_\_\_

Is it on a mortgage or loan? Yes/No

If yes, how much still has to be paid off? £ \_\_\_\_\_

Income

Please state your average weekly income £ \_\_\_\_\_

Please indicate how this amount is made up:-

Retirement Pension £ \_\_\_\_\_

Benefits £ \_\_\_\_\_  
(please specify)

Other Pensions £ \_\_\_\_\_ Other Income £ \_\_\_\_\_

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.

Date ..... Signature .....

Application form completed by:-

Name:

Address:

Telephone Number:

Relationship to Applicant:

Correspondence to be addressed to:  
*(if different from above)*