

Extra Care Housing Application

Customer and contact details		
	Applicant	Joint applicant
Title		
First Name		
Last Name		
Preferred name		
Date of Birth		
Address		
Postcode		
Telephone number(s)		
Email Address		
Name and contact details of person completing form:		
Customer need		
<p>Do you need to move to Extra Care because of a physical disability or illness and/or your current accommodation is no longer suitable?</p> <p style="text-align: center;">Yes <input type="checkbox"/> No <input type="checkbox"/></p>		
<p>If yes, please provide an explanation</p>		
<p>Have you been assessed by Social Care and have an eligible social care need?</p> <p style="text-align: center;">Yes <input type="checkbox"/> No <input type="checkbox"/></p>		
<p>If yes, please detail the number of hours you are assessed as requiring and include a copy of your most recent care plan (without a copy of a care plan, we will be unable to consider your application)</p>		

Habitual residence

It is a legal requirement under Part V1 of the Housing Act 1996 that we ask you the following questions:

Is your residence in the United Kingdom subject to Immigration control?

Yes

No

Have you lived or worked outside the United Kingdom, Republic of Ireland, Channel Islands or the Isle of man at any time within the last 5 years?

Yes

No