

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		
Customer need		
Do you need to move to more to Extra Care because of a physical disability or illness and/or your current accommodation is no longer suitable? Yes <input type="checkbox"/> No <input type="checkbox"/>		
If yes, please provide an explanation <div style="border: 1px solid black; height: 40px; width: 100%;"></div>		
Have you been assessed by Social Care and have an eligible social care need? Yes <input type="checkbox"/> No <input type="checkbox"/>		
If yes, please detail the number of hours you are assessed as requiring <div style="border: 1px solid black; height: 40px; width: 100%;"></div>		
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 <input type="checkbox"/> No <input type="checkbox"/>		
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 <input type="checkbox"/> No <input type="checkbox"/>		