ARENA OPTIONS

Retirement Villages

APPLICATION FOR HOUSING

St.Helens Council

THE EXTRACARE CHARITABLE TRUST

Warrington Borough Council

Data Protection

Some of the information on this form will be stored on computer. The information may be used by Arena or its partners to provide them with a picture of who applies for housing or to aid in the successful management of the association's housing stock. It is your right to check any information you have given on this form, or in any other way, when you applied for housing. If you want to check any information, contact our office. We reserve the right to pass this information onto other agencies where it is relevant to your application.

PLEASE READ THE ALLOCATIONS INFORMATION SHEET AND GUIDANCE NOTES ENCLOSED BEFORE COMPLETING THIS APPLICATION FORM.

PLEASE INDICATE WHICH VILLAGE YOU ARE INTERESTED IN APPLYING TO.

Reeve Court Retirement Village ❑
off Stratton Drive, Rainhill, St Helens WA9 5ST

Tel: **0151 493 2999**

Ryfields Retirement Village ❑
Arena Gardens, Orford, Warrington WA2 7GB

Tel: **01925 582 088**

Please fill in this form and return it to the Village you wish to apply to...

FOR OFFICIAL USE

Applicants Name(s) .....

Reference ..... Date of Application .....

Support ❑ General ❑ Purchase ❑ Rent ❑

1. ABOUT YOU

Mr ❑ Mrs ❑ Miss ❑ Ms ❑ First Names: .....

Surname: .....

Present Address: .....

.....

.....

Postcode: ..... Telephone number: .....

Date of Birth: ..... National Insurance Number: .....

Correspondence Address (if different)

.....

.....

Postcode: ..... Telephone number: .....

2. YOUR NEXT OF KIN

Address: .....

.....

.....

Postcode: ..... Telephone number: .....

3. THOSE WHO ARE GOING TO BE LIVING WITH YOU.

First Name: ..... Surname: .....

Male ❑ Female ❑ Date of Birth: ..... N.I Number: .....

Relationship to you .....

First Name: ..... Surname: .....

Male ❑ Female ❑ Date of Birth: ..... N.I Number: .....

Relationship to you .....

If any of the people listed here are not living with you at your present address, give their name and address below.

Name: .....

Address: .....

.....

.....

How did you hear about our Retirement Villages? .....

.....

.....

Are you or any person who is going to live with you, related to any committee member or staff of Arena Housing Association, or The ExtraCare Charitable Trust? Yes ❑ No ❑

If yes who are you related to? .....

.....

.....

Do you have any pets you wish to bring with you?

We encourage family pets to live at the village.

Yes ❑ (We ask that owners maintain full care for their pets) No ❑

If yes give details .....

.....

.....

4. YOUR CURRENT HOUSING

Are you:

A local Authority Tenant? ❑

A Private Tenant? ❑

A Lodger? ❑

A Home Owner? ❑

A Housing Association Tenant? ❑

In a residential / nursing home? ❑

A Business Tenant? ❑

How much do you pay?

Mortgage ❑

Rent ❑

Board ❑

Are your payments up to date?

Yes ❑ No ❑

If a Housing Association Tenant please state the name of the Association....

.....

.....

What type of property do you live in? .....

.....

.....

If a Homeowner please state the approximate price of your property.....

.....

.....

How many rooms are there?

Living Rooms ❑ Bedrooms ❑ Kitchen ❑ Bathroom ❑ Toilets ❑

If you live in a flat, which floor are you on?

Ground ❑ First ❑ Second ❑ Third ❑ More than 3 ❑

What floor level is the bathroom on? .....

.....

Is the toilet inside or outside? .....

How many people live in the property? Adults ❑ Children ❑

Does your home need repairs? Yes ❑ No ❑

If yes please describe: .....

.....

.....

.....

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.....

.....

5. PREVIOUS ADDRESSES

How long have you lived at your current address? Years: .....

If less than 3 years – Please list your addresses for that period, stating how long you lived at each, and your reason for leaving. (continue on another sheet if necessary.)

Address..... Address .....
From: Month/Year ..... From: Month/Year .....

To: Month/Year ..... To: Month/Year .....

Reason for Leaving: ..... Reason for Leaving: .....

Sharing ❑ Sharing ❑

Owner Occupier ❑ Owner Occupier ❑

Renting Borough Council ❑ Renting Borough Council ❑

Renting Private ❑ Renting Private ❑

Renting Housing Association ❑ Renting Housing Association ❑

Have you ever been given notice to leave by your landlord?
Yes ❑ No ❑ If so why?

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6. MEDICAL FACTORS

The information you provide here will enable us to assess whether moving to a village environment would benefit your health and it is important for us to understand your health needs. You are not obliged to give this information, but information not provided will not allow us to account for your needs in assessment of this application.

Do you or anyone in your household want to move into the village for health reasons; either physical (arthritis, osteoporosis, angina), or mental (depression, dementia or stress?) Yes ❑ No ❑

If yes, who and what is the problem?.....

.....

.....

Is this medical condition affected by your present housing?
Yes ❑ No ❑

If yes how? .....

.....

.....

Do you have a letter from your doctor saying that they think you need to live in the village? Yes ❑ No ❑
(If yes, please send us a copy of the letter)

If yes who?.....

.....

.....

Are you registered blind/partially sighted with social services?
Yes ❑ No ❑

Are you registered disabled? Yes ❑ No ❑

Name of G.P. .....

Address of G.P. .....

.....

.....

Tel no. of G.P. .....

May we contact your doctor? Yes ❑ No ❑

7. MOBILITY FACTORS

The village offers independent living which may improve your quality of life. All areas have been designed to be fully accessible. Providing the following information will enable us to assess your needs.

Do you or anyone moving with you have difficulties getting around your home due to medical problems or a disability? Yes ❑ No ❑

If yes, name those that have these difficulties and complete this section.

.....

.....

.....

.....

Do you have difficulty climbing stairs? Yes ❑ No ❑

Do you have difficulty using a lift? Yes ❑ No ❑

Do you or anybody moving with you use a wheelchair indoors?
Yes ❑ No ❑

Do you have to use a commode because you cannot get to the toilet?
Yes ❑ No ❑

Is this because the toilet is upstairs? Yes ❑ No ❑

Or another reason (please state).....

.....

.....

Are you confined to 1 or 2 rooms in your home due to mobility problems?
Yes ❑ No ❑

Do you sleep on a chair / couch because you cannot get to a bed?
Yes ❑ No ❑

Have you had to have your bed moved downstairs? Yes ❑ No ❑

Are your doors too narrow to allow your mobility aid (e.g. zimmer) through? Yes ❑ No ❑

Are your sockets or heating switches in such a place that you cannot reach them safely? Yes ❑ No ❑

Do you have difficulty using household equipment like taps, fires etc.? Yes ❑ No ❑

If yes please give details:.....

.....

Are adaptations needed to improve your ability to get in and around your home? Yes ❑ No ❑

8. CARE

Do you receive help with the following from a Carer or Home Carer:

Home help visit Yes ❑ No ❑ If yes how many times per week.....

Cleaning Yes ❑ No ❑ If yes how many times per week.....

Shopping Yes ❑ No ❑ If yes how many times per week.....

Bathing Yes ❑ No ❑ If yes how many times per week.....

Meals on wheels Yes ❑ No ❑ If yes how many times per week.....

Do you attend a Day Centre or Luncheon Club? Yes ❑ No ❑

Please use this space to give us any other information that you feel would help us to fully understand your current circumstances and your need to move.

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9. INCOME

This information will remain confidential and it is important that we can assess if you are in receipt of benefits you are entitled to. If not we can arrange to assist you in completing benefit forms and help you through the process.

Please tell us about your financial situation.

Do you receive:

	Applicants total weekly amount	Joint applicant's (if applicable) total weekly amount
PENSION		
State Pension?	.....	.....
Occupational Pension?	.....	.....
BENEFITS		
Income Support?	.....	.....
Attendance Allowance?	.....	.....
Mobility Allowance?	.....	.....
Housing Benefit?	.....	.....
Disability Living Allowance?	.....	.....
Other Benefits/Income?	.....	.....
(Please state which)	.....	.....

ANY OTHER

Including income from investments or property for yourself and anyone who is going to be living with you.

Name Type of pension or Benefit ..... WEEKLY AMOUNT

..... £ .....

..... £ .....

..... £ .....

..... £ .....

TOTAL INCOME

Total £ [ ]

Weekly Income Total £ [ ]

Write down the total amount of any savings you have: £ [ ]

10. EQUAL OPPORTUNITY

It is against the law to discriminate against anyone because of their sex, colour, race or religious belief. Arena needs to make sure we do not break this law by mistake. Answering the following questions will prevent this. If you do not answer these questions it will not harm your application for housing.

How would you describe your ethnic origins? (There are two boxes for each answer. Tick a box for yourself and one for anyone who is going to be living with you)

White:

British ❑ ❑

Irish ❑ ❑

Gypsy / Traveller ❑ ❑

Other (please state)

Mixed / Dual Heritage:

White & Black Caribbean ❑ ❑

White & Black African ❑ ❑

White Asian ❑ ❑

Other (please state)

Black or Black British:

Black Caribbean ❑ ❑

Somali ❑ ❑

Other Black / African ❑ ❑

Other (please state)

Asian or Asian British:

Indian ❑ ❑

Pakistani ❑ ❑

Bangladeshi ❑ ❑

Other (please state) ❑ ❑

Chinese or Chinese British:

Any Chinese (please state)

.....

.....

Any Other Ethnic Group:

Yemeni ❑ ❑

Other Arabic background ❑ ❑

Other (please state).....

Sometimes it is helpful for Arena Housing Association to discuss your medical condition with your Doctor or Adult Health and Social Care.

Your signature at the end of the form allows this.

Please note that providing false information could result in your application being turned down, or if you were re-housed could result in you losing your home.

As far as I know the answers that I have given on this form are true.

Permission is given to confirm this with my landlord or doctor and Adult Health and Social Care.

Signature: *Date:*

Signature of those going to be living with you: *Date:*

This document can also be produced in large print, audiotape, Braille or other languages. Please see the enclosed order form.

Arabic

كما يمكن إصدار هذا المستند بالخط الكبير لضعاف النظر، وبخط بريل للمكفوفين ، ومسجلاً على شريط ، أو بلغات أخرى. الرجاء الرجوع إلى الاستمارة المرفقة.

Farsi

این مدرک می تواند در حروف کتابی، فیته آدیو، بریل یا زبان های دیگر تهیه شود. لطفاً فرم سفارشی پیوسته ملاحظه کنید.

Punjabi

ਇਹ ਦਸਤਾਵੇਜ਼ ਵੀ ਮੋਟੇ ਅੱਖਰਾਂ, ਆਡਿਓ ਟੇਪ, ਬ੍ਰੇਲ ਜਾਂ ਹੋਰ ਭਾਸ਼ਾਵਾਂ ਵਿੱਚ ਤਿਆਰ ਕੀਤੀ ਜਾ ਸਕਦੀ ਹੈ। ਕਿਰਪਾ ਕਰਕੇ ਨਥੀ ਆਰਡਰ ਫ਼ਾਰਮ ਵੇਖੋ।

Bengali

এই ডকুমেন্টটিও ছাপার বড় হরফে, ব্রেলে, অডিও টেপে অথবা অন্যান্য ভাষায় প্রস্তুত করা যায়। সংলগ্ন অর্ডার ফর্মটি দেখুন।

French

Ce document peut également être fourni en gros caractères, en Braille, sur bande sonore ou dans d'autres langues. Veuillez consulter le bon de commande ci-joint.

Russian

Этот документ может быть также напечатан крупным шрифтом, шрифтом Брайля, предоставлен в виде аудиозаписи или составлен на других языках. Дополнительная информация приведена в прикрепленном бланке заказа.

Chinese

這份資料冊另外備有大字體版本、盲文版本、錄音磁帶或其他外文譯本。請參閱隨函所附的索取通知單。

Gujarati

આ દસ્તાવેજ મોટા અક્ષરોમાં, ઑડિયો ટેપ રૂપે, બ્રેઈલ અથવા બીજી કોઈ ભાષામાં પણ ઉપલબ્ધ થઈ શકે છે. આ સાથે આપેલું ઑર્ડર ફૉર્મ જોવા વિનંતી છે.

Somali

Waxaad kalood heli kartaa dukumeentigani oo ku qoran far waweyn, cajaladda maqalka, farta Baraylka ama ah luqado kale. Fadlan eeg foomka halka lagu soo lifaaqay.

Czech

Tento dokument můžeme rovněž poskytnout vytisknutý velkým písmem, Braillovým písmem, nahraný na zvukové kazetě nebo v jiných jazycích. Viz přiložený objednací formulář.

Hindi

यह दस्तावेज़ बड़े अक्षरों, ऑडियो टेप, ब्रेल या अन्य भाषाओं में भी उपलब्ध कराया जा सकता है। कृपया संलग्न ऑर्डर फॉर्म देखें।

Spanish

Esta carta también puede producirse en letra grande, Braille, cinta de audio u otros idiomas. Sírvase examinar el formulario de pedido adjunto.

Polish

Możemy również napisać ten dokument dużym drukiem, językiem Braille'a, nagrać na taśmę audio lub przetłumaczony na inny język. Prosimy spojrzeć na załączony formularz zamówieniowy.

Urdu

یہ دستاویز بھی بڑے حروف، آڈیو ٹیپ، بریل یا دیگر زبانوں میں تیار کیا جا سکتا ہے. برائے مہربانی منسلک آرڈر فارم دیکھیں.

Arena Options is a leading provider of accommodation and services with additional care and support. Our experience and range of provision is comprehensive. We either manage schemes directly or in partnership with both statutory and voluntary agencies. Our dedicated services provide for a wide spectrum of older and vulnerable people living within communities. If you would like to know more about Arena Options please contact the Quality, Performance and Compliance Team, Hardshaw House, Tolver Street, St Helens, WA10 1EW or visit our website on:

www.arena-housing.com

Arena Options Limited

Hardshaw House, Tolver Street, St Helens, Merseyside, WA10 1EW

Tel: 01744 670221, Fax: 01744 670237, E-mail: options@arena-housing.com

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Arena Options Limited is part of the Arena Housing Group Ltd

Charter Client

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