Application Form
Rent and Shared Ownership
Retirement Living property

Retirement Living (also referred to as Extra Care) offers independence, support, security, care and quality.

You can use this form to apply for a rented or shared ownership property.

Completing this form will help us to provide you with a suitable home from our range of new apartments with the appropriate level of support and care for your needs.

All information supplied will be kept in accordance with the Data Protection Act and treated in the strictest confidence by Soha, Oxfordshire Social Services and their partner organisations involved with Retirement Living (Extra Care).

If you need help to complete the application please contact our Home Sales or Rental teams on **01235 515900** who will be happy to help you.

Listening Learning Leading

soha

OXFORDSHIRE COUNTY COUNCIL
www.oxfordshire.gov.uk
Working for you

South Oxfordshire District Council
Listening Learning Leading

Application form

Please fill this form in **BLOCK CAPITALS** and **BLACK INK**, then send it to us (address details on page 10).

Retirement Living (aka Extra Care) is a specialised scheme. To assess your application we need to confirm you are eligible under both the care and financial criteria to purchase or rent an apartment.
Please complete all the areas in the form and return in the envelope provided.

Section 1 About you and your household

	MAIN APPLICANT	JOINT APPLICANT
Are you?	☐ Owner occupier ☐ Tenant: ☐ Council ☐ Housing Association ☐ Private rented ☐ Living with family or friend ☐ Resident in a care home	☐ Owner occupier ☐ Tenant: ☐ Council ☐ Housing Association ☐ Private rented ☐ Living with family or friends ☐ Resident in a care home
Title (Mr/Mrs/Ms/other)		
Surname		
First name		
Middle name		
Date of Birth		
National Insurance (NI) number		
Address		
Postcode		
Correspondence name and address (if different to the above)		
Home telephone number		
Mobile telephone number		
E-mail address		
What is your preferred method of communication?	☐ Email ☐ Letter ☐ Phone	☐ Email ☐ Letter ☐ Phone
Which local authority area do you live in?		
Does Oxfordshire Social Services have **permission to contact your health or social care professional** for additional information to assess the level of care required?	☐ Yes ☐ No	☐ Yes ☐ No

Section 2 About your housing history, your current housing and your housing needs

If you have lived at your current address for less than five years please give details of previous addresses.
Continue on separate sheet if necessary.

	MAIN APPLICANT	JOINT APPLICANT
Previous address 1		
Date you moved in		
Date you moved out		
Reason for moving		
Were you?	☐ Owner occupier ☐ Tenant: ☐ Council ☐ Housing Association ☐ Private rented ☐ Living with family or friends ☐ Resident in a care home	☐ Owner occupier ☐ Tenant: ☐ Council ☐ Housing Association ☐ Private rented ☐ Living with family or friends ☐ Resident in a care home
Other (please specify)		
Name and address of the organisation or person to whom you paid rent/mortgage (we may need to contact your previous landlords for a reference)		
Previous address 2		
Date you moved in		
Date you moved out		
Reason for moving		
Were you?	☐ Owner occupier ☐ Tenant: ☐ Council ☐ Housing Association ☐ Private rented ☐ Living with family or friends ☐ Resident in a care home	☐ Owner occupier ☐ Tenant: ☐ Council ☐ Housing Association ☐ Private rented ☐ Living with family or friends ☐ Resident in a care home
Other (please specify)		
Name and address of the organisation or person to whom you paid rent/mortgage (we may need to contact your previous landlords for a reference)		
Do you have any housing-related debts with any council, housing association, private landlord or mortgage company? If yes, please give details:	☐ Yes ☐ No	☐ Yes ☐ No
Do you owe any money? If so, who to?	☐ Yes ☐ No	☐ Yes ☐ No
How much do you owe?		
What is the reason for the debt?		

Section 2 Your housing history (continued)

If you do not live in the South Oxfordshire area and are wanting to move into the area due to local connections (eg family, friends or partners) please answer the following questions:

Please give details of the person or people who you need to move closer to	MAIN APPLICANT	JOINT APPLICANT
Name		
Address		
Relationship		
Reason(s) why you need to move		

Current homeowners

Complete this section if your current home is owned/partly owned by the main or a joint applicant.

In whose name is the accommodation owned?	MAIN APPLICANT	JOINT APPLICANT
	☐ Main or Joint applicant ☐ Jointly with a relative, friend or other	☐ Main or Joint applicant ☐ Jointly with a relative, friend or other
If other please specify		
Do you have an outstanding mortgage?	☐ Yes ☐ No	☐ Yes ☐ No
If so, how much is outstanding?		
Is your property on the market?	☐ Yes ☐ No	☐ Yes ☐ No
If yes, please give details of how long, current asking price and whether a sale has been agreed?		
What proceeds do you expect to receive from the sale?		
Do you own any other properties apart from your home?	☐ Yes ☐ No	☐ Yes ☐ No
If yes, please advise of the capital value of the property and any income you receive:		

About your housing requirements

Would you prefer:	☐ 1 Bed apartment	☐ 2 Bed apartment
Which floor would you prefer?	☐ 1st floor	☐ 2nd floor
Please specify any particular needs that would make your choice essential rather than preferential:		

	MAIN APPLICANT	JOINT APPLICANT
Are you registered with the local Social Services?	☐ Yes ☐ No	☐ Yes ☐ No
How many hours care do you need each week?	☐ Hours	☐ Hours

Section 2 About your housing requirements (continued)

Please note there is lift access to all floors	MAIN APPLICANT	JOINT APPLICANT
Do you have mobility restrictions or limitations?	☐ Yes ☐ No	☐ Yes ☐ No
If yes, please describe		
Do you use any adaptations to help with mobility in and outside of the home?	☐ Yes ☐ No	☐ Yes ☐ No
If yes, please detail what you use		
Do you have difficulty accessing the toilet or bathroom due to your mobility?	☐ Yes ☐ No	☐ Yes ☐ No
Would you require any adaptations to your new home? (please tick the relevant items)	☐ Hand rails ☐ Stair lift ☐ New bathroom facilities ☐ Ramps ☐ Other	☐ Hand rails ☐ Stair lift ☐ New bathroom facilities ☐ Ramps ☐ Other
If other, please specify		
Your doctor's details (name and address)		
Telephone number		

Please indicate the main reason(s) why you want to leave your current home by ticking the appropriate box(es) and providing details:

	MAIN APPLICANT	JOINT APPLICANT
Your care and support needs cannot be met in your own home and you will have to either: • Stay in your home without the care you need • Move into a residential home • Move in with relatives or friends to receive the care you need	☐	☐
You are in hospital and cannot return to your home because it is not suitable for your needs	☐	☐
For medical reasons your home is not suitable (e.g. unable to climb stairs) or your health condition is exacerbated by your current home. Details should be supplied in section 6.	☐	☐
Your home is in a poor condition	☐	☐
You cannot get to or access the services you need	☐	☐
You are living in a residential care home and moving into a Retirement Living scheme would help you regain your independence	☐	☐
Please provide us with any other reasons you have for wanting to move into our Extra Care scheme		

Section 3 Income and Savings

	MAIN APPLICANT	JOINT APPLICANT
Are you in receipt of any benefits? e.g. Pension, Disability Living Allowance or Income Support.	☐ Yes ☐ No	☐ Yes ☐ No
If so how much?		
When are your benefits paid?	☐ Weekly ☐ Fortnightly ☐ 4 Weekly ☐ Monthly	☐ Weekly ☐ Fortnightly ☐ 4 Weekly ☐ Monthly
Do you receive rental income?	☐ Yes ☐ No	☐ Yes ☐ No
Amount received monthly		
Do you have any other income?	☐ Yes ☐ No	☐ Yes ☐ No
If so, how much? (please state monthly amount)		
Do you have any savings or investments in addition to any property you own?	☐ Yes ☐ No	☐ Yes ☐ No
If yes, please specify the total amount:		
Do you have any outstanding loans?	☐ Yes ☐ No	☐ Yes ☐ No
Monthly payment:		
What are the payments for?		
Do you have any other regular financial commitments?	☐ Yes ☐ No	☐ Yes ☐ No
If yes, specify how much you pay per month and the reason:		

Section 4 Your care needs

Please can you answer the following questions as it is important we establish what care and support you currently receive and what care and support is required.

Support/Care provider	Name/Organisation	Details of support/ care provided	Frequency (daily/weekly)	Estimated time each week
Partner / Relative				
Friend/neighbour				
Home care/Care staff				
Mental health worker				
Other (please specify)				

Care and support required in your new home

Do you need assistance with any of the following daily tasks? (tick those that apply)	MAIN APPLICANT	JOINT APPLICANT
Getting in and out of bed	☐	☐
Eating	☐	☐
Dressing/undressing	☐	☐
Getting in and out of a chair	☐	☐
Washing or bathing	☐	☐
Moving about indoors	☐	☐
Use of toilet	☐	☐
Housework	☐	☐
Preparing/cooking meals	☐	☐
Medication	☐	☐
Other (please specify)		

Section 5 Equal opportunities

In order to ensure that all applicants are treated fairly, could you please provide the following information about the main and the joint applicant. If you do not wish to provide the information please tick 'prefer not to say'.

Disability

	MAIN APPLICANT			JOINT APPLICANT		
Do you have any special reading requirements?	Large print ☐	Braille ☐	Other ☐	Large print ☐	Braille ☐	Other ☐
If other, please specify						
Do you or anyone in your household consider themselves to have a disability?	☐ Yes ☐ No ☐ Prefer not to say			☐ Yes ☐ No ☐ Prefer not to say		

If yes, what type of disability do you or this person have? (tick all that apply)

MAIN APPLICANT		JOINT APPLICANT	
☐ Blindness	☐ Physical co-ordination difficulties	☐ Blindness	☐ Physical co-ordination difficulties
☐ Learning difficulties	☐ Profound deafness	☐ Learning difficulties	☐ Profound deafness
☐ Limited Mobility	☐ Speech impairment	☐ Limited Mobility	☐ Speech impairment
☐ Mental Health Difficulties	☐ Wheelchair use (full)	☐ Mental Health Difficulties	☐ Wheelchair use (full)
☐ Partial Hearing	☐ Wheelchair use (partial)	☐ Partial Hearing	☐ Wheelchair use (partial)
☐ Partial Sight	☐ Prefer not to say	☐ Partial Sight	☐ Prefer not to say
Other (please specify)		Other (please specify)	

Ethnicity

	MAIN APPLICANT	JOINT APPLICANT
White	☐ British ☐ Irish ☐ European ☐ White other	☐ British ☐ Irish ☐ European ☐ White other
if European or white other, please specify		
White	☐ White and Black Caribbean ☐ White and Black African ☐ White and Asian ☐ Mixed other	☐ White and Black Caribbean ☐ White and Black African ☐ White and Asian ☐ Mixed other
if mixed other, please specify		
Black or Black British	☐ Caribbean ☐ African ☐ Black other	☐ Caribbean ☐ African ☐ Black other
if black other, please specify		

	MAIN APPLICANT	JOINT APPLICANT
Asian or Asian British	☐ Indian ☐ Pakistani ☐ Bangladeshi ☐ Asian other	☐ Indian ☐ Pakistani ☐ Bangladeshi ☐ Asian other
If Asian other please specify		
Gypsy/Traveller	☐ Roma ☐ Irish ☐ Travelling show people ☐ New/other	☐ Roma ☐ Irish ☐ Travelling show people ☐ New/other
If new/other, please specify		
Chinese	☐	☐
Any other ethnic group (please specify)		
Prefer not to say	☐	☐

Other

	MAIN APPLICANT	JOINT APPLICANT
What is your religion/faith? (Please specify)		
Prefer not to say	☐	☐
What is your main language spoken at home? (Please specify)		
Prefer not to say	☐	☐
What is your gender?	☐ Male ☐ Female ☐ Other ☐ Prefer not to say	☐ Male ☐ Female ☐ Other ☐ Prefer not to say
What is your sexuality?	☐ Heterosexual ☐ Lesbian ☐ Gay ☐ Bisexual ☐ Pansexual ☐ Prefer not to say	☐ Heterosexual ☐ Lesbian ☐ Gay ☐ Bisexual ☐ Pansexual ☐ Prefer not to say

Section 6 Additional notes

Please use this page to provide us with any additional information.

Section 7 Declaration

Statement
The information given on the application form is true and correct to the best of my knowledge. I authorise **Soha** to contact myself or an authorised person for additional information and I am aware that my personal information will be retained in line with the Data Protection Act 1998 and that this information will only be shared with the relevant parties.

	MAIN APPLICANT		JOINT APPLICANT
Signed		**Signed**	
Dated		**Dated**	
Print name		**Print name**	

If you have completed this form on behalf of the applicant please specify your relationship with the applicant, contact details and correspondence address.

	MAIN APPLICANT	JOINT APPLICANT
What is your relationship to the applicant(s)?		
What are your contact details?		
What is your correspondence address?		
Do you have Enduring power of attorney for the applicant(s)	☐ Yes ☐ No	☐ Yes ☐ No
Do you have lasting power of attorney for the application(s)	☐ Yes ☐ No	☐ Yes ☐ No
Appointed by the court of protection?	☐ Yes ☐ No	☐ Yes ☐ No

How did you hear about us?

☐ Advertisement ☐ Other website
☐ Rightmove ☐ Hoardings ☐ Family/friend
☐ Newspaper ☐ Other

Please check you have filled in all the sections, otherwise the form will be returned to you.
Please return your form in the enclosed envelope to:

Soha Housing Limited, Royal Scot House, 99 Station Road, Didcot,Oxon OX11 7NN
Tel: 01235 515900 Email: homebuy@soha.co.uk www.soha.co.uk