



THE WHITELEY HOMES TRUST

APPLICATION FOR AN "EXTRA CARE" FLAT,
IN HUNTLEY HOUSE, WHITELEY VILLAGE

*THIS FORM SHOULD BE FILLED IN BY THE APPLICANT(S)
PERSONALLY*

First Person

Second Person

SURNAME:

FIRST NAME(S)

MARITAL STATUS

DATE OF BIRTH

AGE

NATIONAL INSURANCE NUMBER

BIRTH REGISTERED AT (TOWN)

MAIDEN NAME (if applic.)

RELIGION

OCCUPATION (current/past)

Please give approximate dates:

Have you ever been convicted of a
criminal offence?

ADDRESS:

Post Code

Telephone Number

At your present address are you:

Council tenant Housing Association Tenant Private tenant
Staying with family Owner/occupier Tied accommodation

What type of property do you live in?

House Ground floor flat First floor flat
Bedsit Bungalow Sheltered Housing
Other: _____

How long have you been at this address? _____

GENERAL INFORMATION

How did you find out about Whiteley Village?

Please state briefly why you would like to live in Whiteley Village.

Do you consider that you have any special needs or problems associated with your present circumstances?

Do you have any special interests or hobbies?

Have you ever done any voluntary work?

Have you ever visited Whiteley Village?

What is your state of health? (If this is a joint application, please give details of both applicants.) *Please complete the attached medical report consent form and return both with this application form.*

Do you have any particular disability?

Do you have UK Residency status?

How would you describe your ethnic origin?

Is there anything else you would like us to know? *NB Applicants living abroad should write a full supporting letter giving their reasons for wishing to return to the UK.*

Financial Status:

Please give details of income to your household (e.g. retirement pension, income support, occupational pension, attendance allowance, housing benefit, income from savings)

	FIRST PERSON	SECOND PERSON
INCOME (When retired): State Pension (including Any graduated or other Additions) (<i>weekly</i>)		
Private Pension (<i>annual</i>)		
Income from savings (<i>annual</i>)		
BENEFITS (<i>state if you are receiving</i>) Income Support		
Housing Benefit		
Council Tax Benefit		
Attendance Allowance		
Other		
SAVINGS/CAPITAL (<i>state amounts</i>) Post Office Savings		
Bank Accounts: Current Deposit		
National Savings Certificates		
Premium Bonds		
Stocks and Shares		
Other		

Do you own or have a share in any land or property in this country or abroad? Yes No
If yes, please give details.

Have you sold any land or property in this country or abroad in the last 5 years ?Yes No
If yes, please give details.

Value of property (including present home)_____

Mortgage outstanding_____

The Trust reserves the right to check the accuracy of this information, you may be asked to provide proof of income, savings and investments.

PERSONAL DETAILS (CONFIDENTIAL)

	FIRST PERSON	SECOND PERSON
Do you own a car? If so, give registration number.		
Next of Kin:		

*(please state relationship, name,
address & telephone number)*

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HEALTH QUESTIONNAIRE

	First Applicant	Second Applicant
Significant illnesses:		
Heart problems	Yes/No	Yes/No
Angina	Yes/No	Yes/No
High blood pressure	Yes/No	Yes/No
Diabetes	Yes/No	Yes/No
Stroke	Yes/No	Yes/No
Asthma	Yes/No	Yes/No
Bronchitis	Yes/No	Yes/No
Tuberculosis	Yes/No	Yes/No
Depression	Yes/No	Yes/No
Anxiety	Yes/No	Yes/No
Memory Impairment	Yes/No	Yes/No
Other – illnesses or operations with dates		
Do you have difficulty with mobility? Give details		
Do you use any walking aids?		
How far can you walk without assistance?		
Do you have a hearing impairment? Give details		
Do you have a visual impairment? Give details		
Have you had any problems relating to alcohol or drug abuse?		

	First Applicant	Second Applicant
Do you smoke? If yes, how much a day?		
How much do you drink on average per week?		
Please give details of any known allergies		
Please note your height and weight	Height Weight	Height Weight
Do you receive regular help in your home to help you manage? Please give details. (How often? who helps you? e.g. family, neighbours, carers)		
Are you taking medication on prescription or over the counter? If yes please give details.		
Name and address of GP When did you last see your GP?		
Do you drive? Do you own a car? Please give registration number.		

Please state why you would like to come to Huntley House and how you think you would benefit from living there.

It may be necessary to share this information with Social Services in order for your support and care needs to be assessed. The Trust doctor will also need to see your application details.

I understand that this information may be shared, in confidence with Social Services, and the Trust doctor.

The Whiteley Homes Trust receives far more applications for accommodation than they can grant. The Board of Trustees find it a difficult task to decide who will benefit most from being accepted into the Village and some applicants will be disappointed to have their application turned down. The Board of Trustees reserve the right to give no explanations of any decisions reached.

I / we hereby apply for a flat in Huntley House and I / we declare that to the best of my / our knowledge and belief the answers I / we have given to the foregoing questions are accurate and true. I / we also agree to abide by the decision reached by the Board of Trustees on my / our application.

Signed (1st applicant)_____ Dated _____

Signed (2nd applicant)_____ Dated _____

Please return this completed form to The Huntley House Manager, Whiteley Village, Walton on Thames KT12 4BF

Please do not forget to complete and return the GP consent form (one per applicant)

THE WHITELEY HOMES TRUST

WHITELEY VILLAGE, WALTON-ON-THAMES, SURREY KT12 4EH

CONSENT FORM
FOR MEDICAL INFORMATION

APPLICANT'S NAME:

ADDRESS:

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APPLICANT'S G.P.:

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In connection with my application for accommodation at Whiteley Village; I authorise Dr _____ to complete a medical report from my records, and that this information be returned to the Medical Officer to The Whiteley Homes Trust for the purpose of assessing my suitability as a Resident of Whiteley Village. I understand and agree that any fee incurred in the completion of this form is my responsibility.

Signed _____

Date _____