## **CONFIDENTIAL**



Sandbourne	
Application Ref:	

**Registered Office** 

Beech House Tel: 01202 671222

28-30 Wimborne Road Email: info@sandbourne.org.uk

Poole BH15 2BU Website: www.sandbournehousingassociation.org.uk

## Application for Rented Accommodation in Bournemouth (60+ years old)

Please note that if you wish to apply for one of our 60+ properties in Ringwood, you will need to ask for and complete a separate Ringwood application form.

## 1. General Information

First Applicant			
Please circle below Mr / Mrs / Miss / Ms Refused / None	First name(s)		Surname
Date of birth	(DD / MM / YY)	National Insurance No:	
Joint Applicant			
Please circle below Mr / Mrs / Miss / Ms Refused / None	First name(s)		Surname
Date of birth	(DD / MM / YY)	National Insurance No:	
<b>Contact Details</b>			
Address			
Tolophono no		Mobile no	Postcode
Telephone no		_ Mobile No.	
Email address			
0 ,	family or work co	•	church and Poole Council ave within that Council's
How did you hear a	about us?		

Are you related to any member of Sandbourne's Board or an employee?		Yes/No
If yes, please state who and your rela-	tionship	
Present accommodation		
How long have you lived in your prese	ent accommodation?	
Do you own this or any other property	?	Yes/No
If yes, you will be asked to provide a what capital (money) you can expect to help you.	, , ,	•
If owned, is your property mortgaged?		Yes/No
If yes, what is the estimated outstandi	ng amount of the mortgage? £	
Do you rent your accommodation?		Yes/No
If yes, please give details of your land	llord below:	
Do you hold a lease on your accommon lf yes, please say how long is left on the same say have say how long is left on the same say have say how long is left on the same say have say how long is left on the same say have say h		Yes/No
Do you have a tenancy agreement?		Yes/No
If yes, what type of tenancy agreemer	ot do you hold? (please tick)	100/110
	al authority (Council) Private la	andlord
Other, please state:		
Have you lived at your present address <i>If yes</i> , please give the following inform	•	Yes/No
Previous address:		
Did you own or rent that property?		
When did you leave that address?		
Why did you leave that address?		
Please tell us about your accommoda (you can tick as many boxes as you li		
Stourwood Avenue, Southbourne (	f <u>lats</u> ) Belle Vue, Southbourne (f	lats)
Gladman House	Harcourt Grange	
Harling House	Highfield	_
Milne Court	Redlands Court	_
St Kilda	Minalanna Daad Mintan /	
Woodlands	Wimborne Road, Winton (  Ace Court (one-person stud	· ·

Bedroom requirement/preference	Floor level (all blocks of flats have a lift)
One-bedroom	Ground
Two-bedroom	First
Bathroom requirement/preference	Second
Bath	Third
Shower	Any
Shower over bath	
No preference	
Health	
Do you consider that your present accom-	modation is affecting your health? Yes/No
If yes, please tell us why (if two people ap	oplying, please give details of both)
Are you able to live independently?	Yes/No
If no, please tell us what care and/or supp	port you require
If you require support, what arrangement	s would you make to ensure that you can
manage your home and your tenancy if y	
Association accommodation?	, and the second
Do you have any long-term medical cond	litions? Yes/No
If yes, please tell us what these are	

## 4. Financial

Please tell us about your financiincome)	ial situation (if tw	o people applying, p	olease give joint
Total of any capital or savings (or your property, or other assets, erasset, please say what you wou	eg boat, timeshai	e, etc), for £	
Income from earnings (net)	£	per week	Please do <b>not</b>
State pension	£	per week	leave any blank amounts in
Occupational pension	£	per week	section 4. If
Other pension	£	per week	none, please put a zero in
Other benefits	£	per week	•
If you receive other benefits, ple weekly amount:	ease tell us what	you are currently re	ceiving and the
Please now give any further inforplease give your reasons for applease continue on a separate	plying for accom	modation.	on. In particular,

I declare that the statements made in this application are true and correct to the best of my knowledge.

I confirm that I need 60+ accommodation or I will have such a need within the foreseeable future.

I understand that if I am offered and accept an offer of accommodation and it is discovered that this information is false or misleading, that my tenancy may be repossessed by the Association by application made to the county court.

I agree that Sandbourne may disclose my information, contained in this application and/or any supporting documents, for the purpose of checking the accuracy of the information. This is needed for assessing housing need, eligibility and/or prevention of fraud.

I understand that Sandbourne will not otherwise use or disclose my information to anyone else or other organisations or use it for marketing purposes.

I agree for my information to be used for this purpose.

First Applicant		
Signed:	Date:	
Print Name:		
Joint Applicant		
Signed:	Date:	
Print Name:		

[Please note that if your application is cancelled, it will normally be confidentially destroyed after six months. You can, however, seek to re-apply at any time and any new application will be registered (with a new registration date of when it is received by us) and considered based on your circumstances and our criteria at that time.]

Reviewed September 2019