

CONFIDENTIAL



Sandbourne
Application Ref: _____

Craigleith
First Floor Office
9 Derby Road
Bournemouth
BH1 3PX

Tel: 01202 671222
Email: info@sandbourne.org.uk
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: _____

Contact Details

Address _____

Postcode _____

Telephone no. _____

Mobile no. _____

Email address _____

How long have you lived within the Bournemouth, Christchurch and Poole Council area or what strong family or work connections do you have within that Council's administrative area?

How did you hear about us?

Are you related to any member of Sandbourne's Board or an employee? Yes/No

If yes, please state who and your relationship

2. **Present accommodation**

How long have you lived in your present accommodation?

Do you own this or any other property? Yes/No

If yes, you will be asked to provide a written valuation for any such property and say what capital (money) you can expect to obtain from it, if and when we are in a position to help you.

If owned, is your property mortgaged? Yes/No

If yes, what is the estimated outstanding amount of the mortgage? £

Do you rent your accommodation? Yes/No

If yes, please give details of your landlord below:

Do you hold a lease on your accommodation? Yes/No

If yes, please say how long is left on the lease

Do you have a tenancy agreement? Yes/No

If yes, what type of tenancy agreement do you hold? (please tick)

Housing association ☐ Local authority (Council) ☐ Private landlord ☐

Other, please state:

Have you lived at your present address for less than one year? Yes/No

If yes, please give the following information:

Previous address:

Did you own or rent that property?

When did you leave that address?

Why did you leave that address?

Do you share a kitchen and/or bathroom with anyone who is not a member of your household? Yes/No

Please tell us about your accommodation requirements and preferences:
(you can tick as many boxes as you like)

Stourwood Avenue, Southbourne (flats)

Gladman House
Harling House
Milne Court
St Kilda
Woodlands

☐
☐
☐
☐
☐**Belle Vue, Southbourne (flats)**

Harcourt Grange
Highfield
Redlands Court

☐
☐
☐**Wimborne Road, Winton (flats)**

Ace Court (one-person studio flats)

☐**Bedroom requirement/preference**

One-bedroom
Two-bedroom

☐
☐**Bathroom requirement/preference**

Bath
Shower
Shower over bath
No preference

☐
☐
☐
☐**Floor level** (all blocks of flats have a lift)

Ground
First
Second
Third
Any

☐
☐
☐
☐
☐**3. Health**

Do you consider that your present accommodation is affecting your health? Yes/No
If yes, please tell us why (if two people applying, please give details of both)

Are you able to live independently?

Yes/No

If no, please tell us what care and/or support you require

If you require support, what arrangements would you make to ensure that you can manage your home and your tenancy if you were offered Sandbourne Housing Association accommodation?

Do you have any long-term medical conditions?

Yes/No

If yes, please tell us what these are

4. Financial

Please tell us about your financial situation (if two people applying, please give joint income)

Total of any capital or savings (or assets including the value of your property, or other assets, eg boat, timeshare, etc). For asset, please say what you would expect to receive if sold.

£ _____

Income from earnings (net) £ _____ per week

State pension £ _____ per week

Occupational pension £ _____ per week

Other pension £ _____ per week

Other benefits £ _____ per week

Please do not leave any blank amounts in section 4. If none, please put a zero in that space.

If you receive other benefits, please tell us what you are currently receiving and the weekly amount:

Please now give any further information in support of your application. In particular, please give your reasons for applying for accommodation.

(please continue on a separate sheet, if necessary)

This image shows a blank sheet of white paper with horizontal ruling lines. The lines are evenly spaced and extend across the width of the page. There are no margins, text, or other markings on the paper.

Consent to discuss application with third party. (Only to be completed if you have someone who will contact Sandbourne on your behalf regarding your application.)

Sandbourne Housing Association is a Data Controller of personal information for the purposes of the General Data Protection Regulation (GDPR). We collect, process and store personal information about you and your household members (when you provide information about household members, we assume that you do so with their full knowledge and consent). Access to personal information is restricted to authorised individuals on a strictly 'need to know' basis.

We are therefore unable to discuss your housing application with anyone other than you, unless you have provided us with written consent to do so. If you would like us to be able to discuss your application with someone else on your behalf, for example a close family member or members, please provide their details below:

I authorise and consent to the following person(s)/representative(s) discussing my housing application with Sandbourne Housing Association on my behalf:

**Name of first person/
representative, if applicable:** _____

Address: _____

Telephone number: _____

Email address: _____

Relationship to applicant(s): _____

Signed by First
Representative: _____

Date: _____

**Name of second person/
representative, if applicable:** _____

Address: _____

Telephone number: _____

Email address: _____

Relationship to applicant(s): _____

Signed by Second
Representative: _____

Date: _____

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 May 2022