

CONFIDENTIAL



Sandbourne
Application Ref: _____

Registered Office

Craigeith First Floor Office
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Bournemouth
BH1 3PX

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Website: www.sandbournehousingassociation.org.uk

**Application for Rented Accommodation in Ringwood
(60+ years old)**

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

To be eligible you must have lived in one of the following areas or have a strong family or work connection to them. Empty homes will be offered to those with a connection to area one first and then each of the following areas in order. Please **(insert tick symbol)** the one that you have the strongest connection to.

Area One

The parishes of the town of Ringwood, (Poulner, Hangersley, Crow, Kingston and Bisterne)	
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Area Two

Ellingham, Harbridge, Ibsley, Burley and Sopley	
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Area Three

Minstead, Hyde, Rockbourne, Hordle, Lyndhurst, Woodgreen, Damerham, Sway, Brockenhurst, Godshill, Martin, Boldre, Bransgore, Hale, New Milton, Bramshaw, Breamore, Milford-on Sea, Hyde, Whitsbury, Lymington and Pennington	
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Area Four

St Leonards and St Ives, Verwood, Three-Legged Cross, Cranbourne Chase, Ferndown	
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Briefly describe your connection to the area that you have selected:

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, 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 flat) 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 the property? _____

When did you leave that address? _____

Why did you leave that address? _____

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

Ringwood (60+)

Christy Close (flats)
Guys Close (flats)
Mary Mitchell Close (flats)

Addison Square (1 x 3 bed bungalow)
Hightown Gardens (2 x 2 bed bungalows)

Please note that: There only four two-bedroom flats, which are at Guys Close (2 ground floor and 2 first floor) and there are no passenger lifts at these properties.

Bedroom requirement/preference

One-bedroom
Two-bedroom

Floor level (flats)

Ground
First
Either

Bathroom requirement/preference

Bath
Shower
Shower over bath
No preference

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 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

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 considered based on our criteria in force at that time.)