

**CONFIDENTIAL**



Sandbourne  
Application Ref:

**Registered Office**

Beech House  
28-30 Wimborne Road  
Poole  
BH15 2BU

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

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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:

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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)*

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Are you able to live independently? Yes/No  
*If no, please tell us what support you require*

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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?

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Do you have any long-term medical conditions? Yes/No  
*If yes, please tell us what these are*

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**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.)