



Extra Care Housing Application Form

Please complete all sections of the form clearly using capital letters. Please note that the eligibility criteria are described in the schemes leaflets which are accessible on our website. If you need any further help please contact one of the Housing Team on 226540, who will be able to assist you. **Please indicate which scheme you would like to be considered for. You may tick more than one.**

Le Grand Courtil

La Nouvelle Maraitaine

Rosaire Court and Gardens (over 55years)

1. YOUR PERSONAL DETAILS					
		Applicant 1		Applicant 2	
Mr Mrs Miss Ms Other (please specify)					
Surname					
First Name(s)					
Any previous names you have been known by					
Date of Birth					
Social Security (GY) Number					
Relationship to Applicant 1					
Residential status (i.e. local, licenced)					
Current Address (s) including postcode					
Telephone number (s)		Home:	Home:		
		Mobile:	Mobile:		
		Work:	Work:		
Email address					
Preferred method of contact					
Will there be anybody else living with you? Please give their details below					
Title	Surname	First Name/s	Sex M/F	Date of birth	Relationship to the applicant/s



2. YOUR CURRENT HOME			
What is your current housing situation? Please tick the box that applies to your current situation			
Owner/Occupier	<input type="checkbox"/>	Bed & Breakfast/Lodging house	<input type="checkbox"/>
Social housing tenant (Housing and GHA)	<input type="checkbox"/>	Staying with relatives/friends	<input type="checkbox"/>
Privately Renting	<input type="checkbox"/>	Homeless	<input type="checkbox"/>
Temporary/ Short term let	<input type="checkbox"/>	Residential care/Hostel	<input type="checkbox"/>
Job Tied Tenant	<input type="checkbox"/>	Other – Please specify	<input type="checkbox"/>
How long have you lived at your current address?			
If less than 5 years please provide details of all accommodation with dates during the last 5 years in Section 10 of this form.			
Landlord's name	<input type="text"/>	Phone Number:	<input type="text"/>
3. YOUR HEALTH			
Please describe your state of health, making reference to any illnesses, chronic conditions, physical disabilities, learning disabilities and any associated mental health issues. Give a brief description of how each illness or disability affects what you do and your ability to be independent. (E.g. Arthritis in hands – I have difficulty opening tins, jars & bottles. Please use an additional sheet if required))			
Applicant 1			
<input type="text"/>			
Applicant 2			
<input type="text"/>			
Please give details of any access issues, health or mobility problems (please also list any aids or adaptations you have or state if you need them in your home and whether you have a Life Line System in your home for urgent assistance.).			
Applicant 1			
<input type="text"/>			
Applicant 2			
<input type="text"/>			



4. YOUR CARE AND SUPPORT NEEDS AT HOME

By completing the table below you're telling us more about your ability to live independently and the care and support you currently have at home and who provides this.

APPLICANT 1

Help with:	How often do you need this? (e.g. once a day, twice a week)	Who provides this help? <i>(e.g. family member, friend, district nurse, carer, social worker, specialist nurse, occupational therapist)</i>
Domestic tasks:		
Cleaning your home		
Shopping		
Food preparation		
Doing laundry		
Mobility tasks:		
Moving and transferring i.e. getting out of a bed or a chair		
Walking		
Negotiating stairs		
Personal care:		
Washing		
bathing or showering		
Getting dressed/undressed		
Using the toilet		
Using continence products		
Ordering & collecting your medication		
Taking your medication		
Other tasks:		
Getting to other places		
Attending medical/hospital appointments		
Attending clubs and social events		
Any other daily support tasks (please specify and provide as additional information if more space required)		
Do you receive respite care?		



APPLICANT 2		
Help with:	How often do you need this? (e.g. once a day, twice a week)	Who provides this help? <i>(e.g. family member, friend, district nurse, carer, social worker, specialist nurse, occupational therapist)</i>
Domestic tasks:		
Cleaning your home		
Shopping		
Food preparation		
Doing laundry		
Mobility tasks:		
Moving and transferring i.e. getting out of a bed or a chair		
Walking		
Negotiating stairs		
Personal care:		
Washing		
bathing or showering		
Getting dressed/undressed		
Using the toilet		
Using continence products		
Ordering & collecting your medication		
Taking your medication		
Other tasks:		
Getting to other places		
Attending medical/hospital appointments		
Attending clubs and social events		
Any other daily support tasks (please specify)		
Do you receive respite care?		

5. HEALTH & SOCIAL CARE CONTACTS			
Please provide the following details where applicable			
General Practitioner (GP) Surgery:		Community Nursing Services (General Nursing Care)	
Name:		Name:	
Tel no:		Tel no:	
Email:		Email:	
Consultant/Specialist (1)		Community Nursing Services (Mental Health)	
Name:		Name:	
Tel no:		Tel no:	
Email:		Email:	
Consultant/Specialist (2)		Physiotherapist/ Occupational Therapist	
Name:		Name:	
Tel no:		Tel no:	
Email:		Email:	
Social Worker		Homecare/ Community Outreach Support/Care Agency	
Name:		Name:	
Tel no:		Tel no:	
Email:		Email:	
Pharmacy		Other health care contacts (Please specify profession e.g. MS specialist nurse)	
Name:		Name:	
Tel no:		Tel no:	
Email:		Email:	
6. Maintaining Your Tenancy			
Please answer YES to all that apply			
Do you require support with reading letters/information and completing forms?			Applicant 1
Do you receive benefits towards your housing costs?			Applicant 2
Do you need support on how to claim benefits that you could be entitled to?			
Would you benefit from help to manage a tenancy e.g. with managing your budget, rent and bills payments and daily living expenses?			
Do you owe rent arrears to a current or former landlord, or have mortgage arrears?			
Has any action been taken against you or anyone in your household due to Anti-Social Behaviour in the past 2 years?			
Have you or anyone on your application been evicted from a property or been subject to possession proceedings in the past 2 years?			
Do you have any pending court dates (other than motoring)? If "yes", please state nature and date in section below.			



If you have answered “Yes” to any of the questions in the previous section, please provide details.
The information will be used to assess your needs in maintaining a tenancy.

7. YOUR FINANCIAL INFORMATION

You may be required to complete a separate Financial Assessment depending on your financial circumstances; the following housing options include: rented, leasehold and partial ownership. For more information on this, please contact the Housing Team on 756540.

	Applicant 1	Applicant 2
Do you have any savings – please state total amount for all accounts?		
Do you have any investments - please state total amount?		
Do you own or part-own any other property or land or assets, either in Guernsey or elsewhere, please state?		
Have you sold or transferred property or land or any other assets in the last 12 months, please state?		

8. YOUR PETS

If you wish to be housed with your pet(s) you must ask for permission directly from the scheme landlord and this may be declined.

	Applicant 1	Applicant 2
Do you have any pets (state Yes or No)?		
If “Yes”, what type of pet/s do you have?		
If a dog, please specify the breed		
Do you only want to be considered for properties where you may keep your pet(s)?		



9. If someone has agreed to assist you with this application, please give their details below:			
Full Name			
Address			
Home Number:	Mobile Number:	Work Number:	
Email address:			
Relationship to Applicant/s			
Has this person been legally appointed to act on your behalf (If they have we will need to see evidence)?			Yes/No
Have they been appointed as:	Power of Attorney	Yes/No	Guardian
Do you give your consent for us to contact them if we need to ask any more questions about your application?			Yes/No
10. SPACE FOR YOU TO PROVIDE ADDITIONAL INFORMATION			
Please detail any further information you wish us to consider			



DECLARATION & DATA PROTECTION

Please read the declaration carefully before signing and dating accordingly. The application form must be signed by the applicant or in the case of a joint application, by both parties or by the legal representative.

Housing process personal data in order to carry out the functions of the Committee for Employment and Social Security that relate to the provision of Extra Care Housing accommodation. Information collected will depend on your business with us, but will be no more than is required for that purpose. We may obtain information about you from others for any of our purposes if the law allows us to do so. We will share information between Social Security, other States Committees and providers of Extra Care Housing in Guernsey to the extent necessary to discharge our responsibilities as co-provider of extra care housing. Any personal information you give to us will be processed in accordance with the Data Protection (Bailiwick of Guernsey) Law, 2017 (DPL). If you wish to know more about the information we have about you, or about the way we process it, you can ask at the Office for Employment & Social Security or check the relevant fair processing notice at gov.gg/dp or gha.gg.

CONSENT

I/We consent to the Committee for Employment and Social Security and providers of Extra Care Housing in Guernsey processing, sharing and storing the information provided through this application process in accordance with the Data Protection (Bailiwick of Guernsey) Law, 2017 and their fair processing notices which can be found at gov.gg/dp and gha.gg.

I/We declare that the information given in this application is true, complete and accurate.

I/We undertake to notify you within seven days, and in writing of any change in my/our circumstances that may affect the information given on this application form.

I/We give consent for you to contact any States Committee, provider of Extra Care accommodation in Guernsey, person or professional named in this application to discuss and share information related to any part of my/our application.

I/We give consent for you to contact my/our bank and current landlord to confirm and verify the information provided on the application form.

I/We give consent for other relevant parties to this application to disclose information about me/us in responding to you.

I/We understand that deliberately supplying false information is fraud, and it may result in a cancellation of all or part of any benefits payable, termination of my/our application/tenancy and/or prosecution.

I/We understand that I/we must provide all the information requested in this form. I/we acknowledge the rights and responsibilities of Housing and Providers of Extra Care Housing in Guernsey with regard to my/our Tenancy Agreement or Licence to Occupy.

I/We give consent for you to contact my/our employer(s) and/or Social Security to confirm my/our earnings/income.

I/We understand that incomplete forms will be returned and if I/we fail to provide Housing with the required information my/our application will not be processed.

	APPLICANT 1	APPLICANT 2	LEGAL REPRESENTATIVE
SIGNATURE			
PRINT NAME			
DATE			

Your completed extra care housing application form should be returned to:
Housing, Allocations
Edward T Wheadon House
Le Truchot St Peter Port
Guernsey GY1 3WH



FOR OFFICE USE		
	KEY DATES	INITIALS
Form received by Housing		
Telephone Health Assessment		
Residency confirmed		
Holding letter sent by Housing		
Form sent and checked by Scheme Manager		
Additional info sought		
Additional info received		
Assessment booked by Scheme Manager		
Assessment completed by Scheme Manager		
Presented to NOMs		
DECISION		
IF ACCEPTED		
Referred to GHA or H&C21 (state which)		
IF REJECTED		
Applicant notified		
Reason for rejection		
COMMENTS/NOTES		

Updated October 19 – Tel No change February 2021

If you need help completing the form or if you have any questions please contact Housing on 226540 or email: HousingAllocations@gov.gg



States of Guernsey
Population Management

CONSENT FORM

I, (full name) _____

Date of Birth: _____

of (address) _____

give permission for (nominated person) _____

and Population Management to share any details and information required to determine my residential status under the Population Management (Guernsey) Law, 2016.

Signed: _____ Date: _____

Please print name (_____)



CONSENT FORM

I, (full name) _____

Date of Birth: _____

of (address) _____

give permission for (nominated person) _____

and Population Management to share any details and information required to determine my residential status under the Population Management (Guernsey) Law, 2016.

Signed: _____ Date: _____

Please print name (_____)

