

HOLY TRINITY (GUILDFORD) HOUSING ASSOCIATION LIMITED

APPLICATION FORM

CONFIDENTIAL

Full Name _____ Date of Birth _____

(Applicants must be 55 years of age or over. Birth Certificate required at selection interview)

Are you Married/Single/Divorced/ Separated/Widowed _____

Present Address _____

Telephone Number _____

How long have you lived in Guildford? _____

What is or was your occupation? _____

a) What is your total income from all sources? _____

b) Retirement Pension _____

c) Earnings _____

d) Supplementary Pension _____

Have you any particular financial commitments other than normal living expenses?

Have you ever been in arrears with your rent?

What is your present accommodation? _____

Why do you wish to leave? _____

How soon do you wish to move? _____

Are you a smoker? _____ Do you own a car? _____

Name & address of relative/friend to be informed in case of illness or
accident _____

Name & address of Doctor who will be asked to confirm that your health is generally
good and that you would be able to care for yourself and your flat.

Please describe your general state of health.

Are there any past or present medical problems that we should be aware of?

Have you had any problems relating to alcohol?

Name & address of 2 referees (this should be your present Landlord if you have one,
or people of good standing such as your clergyman, councillor or employer etc.)

i) _____

ii) _____

Are you a communicant member of the Church of England or any other church?

Are there any comments you would like to make about yourself, your circumstances or your needs to help support your application?

Signature _____

Date _____

Please return this form to: -

The House Manager
18 Addison Court
Addison Rd
Guildford
GU1 3QD

Tenant Selection Criteria for Addison Court

All applicants should meet the selection criteria relating to:

- **Age:** applicants should be 55 or older
- **Health:** applicants should be physically and mentally able to live independently within the Addison Court community
- **Community membership:** applicants should demonstrate that they will be responsible, considerate members of the Addison Court community
- **Rent and payment of bills:** applicants should have no history of rent arrears (unless there are mitigating circumstances, which will be explored with the interviewee). Interviewers should satisfy themselves that applicants are able and willing to meet their financial commitments
- **Alcohol consumption:** applicants who indicate that they drink to excess will not be considered
- **Support:** applicants will preferably have some external social/family support system in place
- **Housing need:** tenants may be considered who have modest financial resources and who may be unable to find suitable rented accommodation either in the private sector or from the local authorities
- **Residential qualification:** preference will normally be given to applicants from the Guildford area or who have strong family or personal links with the area. Those who have been unable to establish a permanent UK base will also be considered (eg those having served in the armed forces overseas)
- **Church membership:** the association welcomes practising members of all churches. Applicants are not required to be active church-goers
- **National mobility scheme:** applicants from similar accommodation elsewhere will be considered, subject to the above criteria

These criteria will be explored sensitively and appropriately with each applicant.

The Selection Committee has discretion to consider applicants who do not precisely meet each of the criteria, subject to consultation with other committee members where appropriate

The Selection Committee has the right to reject applicants for any supportable reason.

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MEDICAL REPORT TO BE COMPLETED BY YOUR DOCTOR

CONFIDENTIAL

In respect of applicant for admission to:
Addison Court, Addison Road, Guildford GU1 3QD

NAME _____ Age _____

Address _____

1. Is the applicant in need of regular medical attention? _____
2. Is there any mental confusion at present time? _____
3. Has there been any previous mental illness? If so, please give details _____

4. Is there any other handicap which calls for comment? _____
5. Are you aware of any problems relating to alcohol? _____
6. Is the applicant a smoker? _____

Are you prepared to recommend the above-named as a suitable resident for Addison Court? _____

Is there anything else you think we should know? _____

Signed by Doctor (& official stamp) _____ date _____

Please return this report to: -

The House Manager
18 Addison Court
Addison Rd
Guildford
GU1 3QD