



City Road NORWICH NR1 3AP

Residential Care Home Telephone: 01603 620119 Fax: 01603 665095 Email: care@cortonhouse.co.uk
Website: www.cortonhouse.co.uk Brakendon Close Independent Living Telephone: 01603 622957

**APPLICATION FOR INDEPENDENT LIVING
AT BRAKENDON CLOSE**

NOTES:

- Please fill in this form and return it to the Applications Secretary at the above address
- Everything you write will be kept confidential
- If your application is an 'expression of interest' **complete part A only**
- If you are ready to be considered for a tenancy complete parts A and B

PART A

1 Applicant name(s)

Mr/Mrs/Miss Forename Surname Date of Birth

.....
.....

Contact address

..... Telephone Number

2 Next of Kin

Name

Address

3 To be signed by the Applicant(s)

Telephone Number Email

Signed Print name

Signed Print name

Date

PART B

4 Give your reason(s) for applying for independent living

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.....

.....

5 Your current situation

Are you: *(please tick those boxes that apply to you)*

Owner/Occupier	<input type="checkbox"/>	In Caravan/Mobile Home	<input type="checkbox"/>
Council Tenant	<input type="checkbox"/>	Living with a relative/friend	<input type="checkbox"/>
Housing Association Tenant	<input type="checkbox"/>	Lodging	<input type="checkbox"/>
Tenant of a Private Landlord	<input type="checkbox"/>	Living in a tied property	<input type="checkbox"/>

How long have you been at your present address?

Have you retired from fulltime employment?

6 Finance

State your gross monthly income from all sources (joint income if you are a couple)

£

Do you have any professional advisors (eg solicitors, accountants etc)?

YES/NO

If YES give names and addresses

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If you have given a Power of Attorney to anyone, please attach a copy for our information.

7 Your Doctor

Name

Address

Telephone Number

8 Equal Opportunities

This Association operates a non-discriminatory selection policy. This said your application does not mean automatic acceptance as this cannot be determined until the interview stage of your application or receipt of information from other disciplinary bodies.

Please tick the appropriate box/es

	First Applicant	Second Applicant		First Applicant	Second Applicant
European including UK	<input type="checkbox"/>	<input type="checkbox"/>	African	<input type="checkbox"/>	<input type="checkbox"/>
Caribbean/West Indian	<input type="checkbox"/>	<input type="checkbox"/>	Asian	<input type="checkbox"/>	<input type="checkbox"/>

Other (please specify)

9 Referees (names and addresses of two people who know you well)

Name

Address

Name

Address

10 From where or from whom did you hear about Brakendon Close?

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