



Application Form

Rented and Leasehold apartments in central Sevenoaks, Kent

Please use this application form to apply for any Rockdale apartment.

Rockdale Housing Association Limited is registered with the Regulator of Social Housing No. LH0869 and is a Registered Society as a charity No. 13507R

1st applicant

Mr/Mrs/Miss/Ms/Other, please give details

Date of birth

Surname

National Insurance Number

First name(s)

Ethnic origin*

2nd applicant

Mr/Mrs/Miss/Ms/Other, please give details

Date of birth

Surname

National Insurance Number

First name(s)

Ethnic origin*

Address(es), email and telephone numbers

Current address

How long have you lived at your current address?

Postcode

Previous address if you have lived at your current address for less than three years.

Home telephone number

Email address and other contact no.

Fair access and diversity

* It is against the law to discriminate against anyone because of their race, colour, ethnic or national origin, physical disability, gender or marital status. Rockdale Housing Association keeps records so that it can ensure compliance with the legislation. If you choose not to answer this question, your application will not be affected in any way.

Please choose from the following:

White: White British, White Irish, White other

Mixed Ethnic Origin: White and Black Caribbean, White and Black African, White and Asian, other mixed.

Asian or Asian British: Indian, Pakistani, Bangladeshi, Chinese, Other Asian.

Black or Black British: Caribbean, African, other Black. **Other:** Traveller, other.

Accommodation preferences

Rockdale rented apartments

There are 124 rented apartments at Rockdale situated in Rockdale Road, Sevenoaks. 79 of these are studio apartments and 45 have a separate bedroom and living room. All rented apartments are self-contained with individual kitchens and bathrooms. Most blocks are arranged on two floors, some with a lift and the Beatrice Wilson block of apartments is arranged on three floors, all having lift access. Pictures can be viewed by visiting <https://www.rockdale.org.uk/rented-accommodation/>

Rockdale leasehold apartments

Rockdale has invested significantly in its leasehold portfolio in recent years by building two brand new properties. Spread out over two sites, our 57 leasehold apartments are in close proximity to one another, with two buildings on our main site on Rockdale Road and two on Akehurst Lane, which is situated on the edge of Knole Park National Trust, looking out onto the surrounding fields and woodland. All within easy walking distance of Sevenoaks town. Please take a look at our properties by visiting www.rockdale.org.uk/leasehold-accommodation/

I/we would like to apply for:

- A rented apartment in Rockdale
- A leasehold apartment in Akehurst Lane or Rockdale Road
- Both types

Someone to act on your behalf

You can choose someone else to act on your behalf if you wish. If you name someone here, we will send all correspondence to them and phone them if we need to:

Full name	Relationship
Current address	Telephone number
Postcode	Email address

Pets

Do you have any animals you would like to bring with you? Yes No

If yes, please give the type of animal and their size and age

Your current tenure

Which of the following best describes your current tenure?

- Owner/occupier
- Private tenant
- Renting from a housing association or local authority
- Living with friends or family
- Other, please give details

Do you need to leave for any reason?

- Yes
- No

If you need to leave, is it because:

- You are statutorily homeless or will be imminently
- You are living with friends or relatives and you have no right to stay there
- There has been a relationship breakdown and you have no rights to stay in your current home
- Other

If you need to leave, please give the reason below

Your current accommodation

Which best describes where you live?

- House
- Flat/apartment
- Bungalow
- Other, please give details

How many of the following does it have?

- Bedrooms
- Living rooms

Do you share any rooms or facilities, for example a kitchen or bathroom, with any other households?

- Yes
- No

If yes please give details

Which of the following best describes your current accommodation?

- It has a full range of amenities including a kitchen, bathroom and central heating
- It is in a poor state of repair and/or lacks some basic amenities
- It is unfit to live in

Please give details if your home has poor amenities or is unfit to live in

Does your accommodation have any features which make it difficult for you to live there?

Yes

No

If yes, what are these?

Outside stairs

Inside stairs

No cloakroom downstairs

Garden difficult to manage

Other, for example it is affected by noise, pollution or you are experiencing harrassment

Please give details of any features which make your accommodation difficult for you to live there.

Adaptations

Has your home been adapted in any way to help you, for example grab rails, bath seats, stair lifts?

Yes

No

If yes, what adaptations have been made?

Your medical health

In this section, please tick one box which most closely matches your current situation.

1st or sole applicant

Your sight – do you have?

- Good sight or some loss of vision, but you manage with or without glasses?
- Poor vision which limits things you would like to do?
- Very poor vision and you are registered as blind or partially sighted?

1st or sole applicant

Your hearing – do you have:

- Good hearing or some hearing loss but you manage well with or without the occasional use of hearing aid?
- Poor hearing and you need to use a hearing aid all the time?
- Very poor hearing and you are registered as deaf?

1st or sole applicant

Your mobility – are you?

- Fully mobile?
- Limited in mobility and need an aid outside your home?
- Limited in mobility and sometimes need an aid both inside and outside your home?
- Very limited in mobility and you use a mobility aid at all times?

If you are not fully mobile, what aids do you use?

2nd applicant

Your sight – do you have?

- Good sight or some loss of vision, but you manage with or without glasses?
- Poor vision which limits things you would like to do?
- Very poor vision and you are registered as blind or partially sighted?

2nd applicant

Your hearing – do you have:

- Good hearing or some hearing loss but you manage well with or without the occasional use of a hearing aid?
- Poor hearing and you need to use a hearing aid all the time?
- Very poor hearing and are registered as deaf?

2nd applicant

Your mobility – are you?

- Fully mobile?
- Limited in mobility and need an aid outside your home?
- Limited in mobility and sometimes need an aid both inside and outside your home?
- Very limited in mobility and you use a mobility aid at all times?

If you are not fully mobile, what aids do you use?

1st or sole applicant

Your mental health – do you have any of the following:

- Mild memory problems or forgetfulness which you consider normal?
- Mild anxiety or depression?
- More severe memory problems, which cause difficulties in managing your day-to-day living?
- More severe depression or other mental health problems?
- A diagnosis of any type of dementia?
- None of the above?

If yes, please give full details including the medication you have been prescribed.

Your physical health – do you currently have any other illnesses or conditions?

Yes No

If yes, please give full details including the medication you have been prescribed

2nd applicant

Your mental health – do you have any of the following:

- Mild memory problems or forgetfulness which you consider normal?
- Mild anxiety or depression?
- More severe memory problems, which cause difficulties in managing your day-to-day living?
- More severe depression or other mental health problems?
- A diagnosis of any type of dementia?
- None of the above?

If yes, please give full details including the medication you have been prescribed.

Your physical health – do you currently have any other illnesses or conditions?

Yes No

If yes, please give full details including the medication you have been prescribed

Your medical health

1st or Sole Applicant (continued)

Have you been referred to a consultant for any current medical condition(s)?

Yes No

If yes, please give details of the reason for the referral and the name and address of the consultant

Name and address of your general practitioner

We may need to contact your consultant or general practitioner for further information. Are you happy for us to do this?

Yes No

Your medical health (continued)

2nd Applicant (continued)

Have you been referred to a consultant for any current medical condition(s)?

Yes No

If yes, please give details of the reason for the referral and the name and address of the consultant

Name and address of your general practitioner

We may need to contact your consultant or general practitioner for further information. Are you happy for us to do this?

Yes No

Your social and welfare needs

How far are you from these facilities (in miles)?

Shops

Doctor

Social facilities, for example clubs or other meeting places

Which best describes your method of transport?

I/We own and drive a car

Public transport is available and can be relied on as a means of transport

Public transport is available but the service to my/our home is unreliable or unsatisfactory

I/We rely on friends and/or relatives for transport

I/We find it very difficult to get out as there are no methods of transport to use

Your social and welfare needs (continued)

Do you need any help with the following? If yes, please give details of any arrangements you currently have in place in the boxes provided.

Shopping

Yes No

Cooking

Yes No

Laundry

Yes No

Medical needs – for example, taking medication and changing dressings.

Yes No

Managing your finances – for example, paying bills, checking income.

Yes No

Cleaning

Yes No

(Continued)

Personal care, for example bathing,
getting in or out of bed, meal
supervision

Yes No

Your support – do you have support from family, friends or neighbours who
you see regularly and that you can rely on to help you?

Yes No

If yes, what relationship are they to you and how often do you see them?

Your care – do you have a care package in place arranged?

Yes No

If yes, please give further details of who your care is arranged with and how
often.

Your Personal Finances (Income)

State Retirement Pension

Yes

If yes, how much do you receive

£ per week/month (1st applicant)

No

£ per week/month (2nd applicant)

Housing Benefit

Yes

If yes, how much do you receive?

£ per week/month (1st applicant)

No

£ per week/month (2nd applicant)

Attendance Allowance

Yes

If yes, how much do you receive?

£ per week/month (1st applicant)

No

£ per week/month (2nd applicant)

Other pensions, for example from past employment

Yes

If yes, how much do you receive?

£ per week/month (1st applicant)

No

£ per week/month (2nd applicant)

Do you receive income from any other sources?

Yes

If yes, please give the source and amount of other income?

£ per week/month (1st applicant)

No

£ per week/month (2nd applicant)

Your personal finances (assets)

If you own your home, please give an estimate of its current value. If there is a mortgage outstanding, please give the amount.

Current Valuation £

Mortgage £

Do you have any other assets, for example bank accounts, investments or other properties? Please give an estimation of the total amount of your assets excluding the value of your home.

Yes No

If yes, please give details

Have you given away or transferred any assets with a value of over £10,000 to another person or into a trust in the last 5 years?

Yes No

If yes, please give details

Other information

Is there any other information you wish to give us which you think is relevant to your application, for example, the reasons you would like to move here or any family or other links you have with the area?

Are you related to any member of the Association's Board of Trustees or staff? If yes, please give their name and your relationship with them.

Yes No

Declaration and signatures

Signature (1st or sole applicant)

Signature (2nd applicant)

Date

Date

If another person has completed this form on behalf of the applicant(s), please give the reasons for doing so and your relationship to the applicants:

General Data Protection Regulation 2018

The information you provide will be held securely and in accordance with the General Data Protection Regulation 2018. Our Privacy Notice and 'Our commitment to your privacy' notice can be found on our website at www.rockdale.org.uk

By completing this application form, I consent to information being shared with third parties if we need to make further enquiries in support of your application. This may include current or previous landlords, medical practitioners or care managers. **Rockdale will not pass on information to third parties for any other reason.**

By signing this form, I agree that Rockdale may contact all of my named contacts to seek consent to their own data being processed.

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Declaration form

Does one or more of the criteria listed below apply, or has it applied during the last 6 years to any applicant?

Do you have a history of anti-social behaviour? Yes No

Do you have a history of drug related offences? Yes No

Do you have a record of offences against children? Yes No

Do you have a record of other criminal offences that have a relation to community matters? Yes No

Do you have a conviction for a criminal offence, other than a spent conviction under the Rehabilitation of Offenders Act 1974? Yes No

If yes, please give details below including date of offence

I confirm that the details given in this application are true. I understand that if I have knowingly or recklessly given any false information, or withheld information in connection with this application, my accommodation may be repossessed by virtue of Schedule 2 of the Housing Act 1985 (as amended).

PRINT NAME

SIGNED