



ROCKDALE VILLAGE

SENIOR LIVING AT THE HEART OF SEVENOAKS

Expression of Interest Form

**Market rate rented or leasehold
apartments in central Sevenoaks, Kent.**

**Please use this form to express your
interest in either market rate rented or
leasehold apartments.**



This form is suitable for new applicants to express interest in either purchasing a leasehold flat or to rent a market rate apartment.

Rockdale Housing Association Limited is registered with the Regulator of Social Housing No. LH0869 and is a charitable Registered Society under the Co-operative & Community Benefit Societies Act 2014 Register No. 13507R.

We provide social rented retirement housing to those who need housing the most.

In addition, we have 1 market rate rental apartment and 28 leasehold apartments in Akehurst Lane, Sevenoaks, in two blocks; Webbs Meadow and Constant Meadow. These include 26 two-bedroom and 2 one-bedroom self-contained apartments. With the exception of 1 apartment, all are accessible by stairs or stairlift.

There are a further 29 leasehold apartments on the main Rockdale Road site, of which 18 have 2 bedrooms and 11 have one bedroom. They are all accessible by lift and stairs.

We will contact those who have expressed interest as and when our leasehold or market rate rent apartments become available.



Are you expressing interest to rent at market rate or to purchase a leasehold apartment?

☐

Leasehold

☐

Market rate rent

☐

Both

1st applicant

Mr/Mrs/Miss/Ms/Other

Date of Birth

First Name(s)

Surname

National Insurance Number

Ethnic Origin*

2nd applicant

Mr/Mrs/Miss/Ms/Other

Date of Birth

First Name(s)

Surname

National Insurance Number

Ethnic Origin*



Address(es), email and telephone numbers

Current Address:

Post Code:

How long have you lived at
your current address:

Home Tel No.

Mobile or Other Contact No:

Email Address:

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:

Post Code:

Telephone Number:

Email Address:



1st applicant

2nd applicant

☐☐

White: White British, White Irish, White Other.

☐☐

Mixed Ethnic Origin: White and Black Caribbean, White and Black African, White and Asia, Other mixed.

☐☐

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

☐☐

Black or Black British: Caribbean, African, Other Black.

☐☐

Other: Traveller, Other.

** 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 expression of interest will not be affected in any way.*

Pets

Do you have any animals you would like to bring with you?

☐

Yes

☐

No

If yes, what animal would you like to bring with you? What size and age is your animal?



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.

Your medical health – for support provision on site

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

1 st or sole applicant	
Your sight – do you have?	
<input type="checkbox"/>	Good sight or some loss of vision, but you manage with or without glasses?
<input type="checkbox"/>	Poor vision which limits things you would like to do?
<input type="checkbox"/>	Registered as blind or partially sighted?

2 nd applicant	
Your sight – do you have?	
<input type="checkbox"/>	Good sight or some loss of vision, but you manage with or without glasses?
<input type="checkbox"/>	Poor vision which limits things you would like to do?
<input type="checkbox"/>	Registered as blind or partially sighted?



CONTINUED - Your medical health – for support provision on site

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?

2nd 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 – do you have?	
	Full mobility?
	Limited in mobility and sometimes need an aid both inside and outside your home?
	Very limited mobility and needs an aid at all times?

2nd applicant	
Your mobility – do you have?	
	Full mobility?
	Limited in mobility and sometimes need an aid both inside and outside your home?
	Very limited mobility and needs an aid at all times?



CONTINUED - Your medical health – for support provision on site

1st or sole applicant		2nd applicant	
Your mental health – do you have?		Your mental health – do you have?	
	Mild memory problems or forgetfulness which you consider normal?		Mild memory problems or forgetfulness which you consider normal?
	Mild anxiety or depression?		Mild anxiety or depression?
	More severe memory problems, which cause difficulties in managing your day-to-day living?		More severe memory problems, which cause difficulties in managing your day-to-day living?
	More severe depression or other mental health problems?		More severe depression or other mental health problems?
	A diagnosis of any type of dementia?		A diagnosis of any type of dementia?
	None of the above?		None of the above?

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



CONTINUED - Your medical health – for support provision on site

1st or sole applicant	
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.	
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.	

2nd applicant	
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.	
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.	



CONTINUED - Your medical health – for support provision on site

1 st or sole applicant		2 nd applicant	
We may need to contact your consultant or general practitioner for further information. Are you happy for us to do this?		We may need to contact your consultant or general practitioner for further information. Are you happy for us to do this?	
Yes	No	Yes	No

Your social and welfare needs

How far are you from these facilities in miles?

Shops

Doctor

Social facilities, eg. 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.



CONTINUED - Your social and welfare needs

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 – eg. paying bills, checking income

Yes

☐

No

☐

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

Yes

☐

No

☐



CONTINUED - Your social and welfare needs

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

Yes

☐

No

☐

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

Yes

☐

No

☐

Cleaning

Yes

☐

No

☐



Your personal finances (Income)

State Retirement Pension:

Yes ☐

No ☐

1st Applicant

£

per week / month

2nd Applicant

£

per week / month

Housing Benefit:

Yes ☐

No ☐

1st Applicant

£

per week / month

2nd Applicant

£

per week / month

Attendance Allowance:

Yes ☐

No ☐

1st Applicant

£

per week / month

2nd Applicant

£

per week / month

**Other pensions, eg. from
past employment.**

Yes ☐

No ☐

1st Applicant

£

per week / month

2nd Applicant

£

per week / month



CONTINUED - Your personal finances (Income)

Do you receive income from any other sources?

Yes

☐

No

☐

1st Applicant

£

per week / month

2nd Applicant

£

per week / month

Your personal finances (assets)

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

Current valuation

£

per week / month

Mortgage

£

per week / month

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:



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)

Dated:

Signature (2nd applicant)

Dated:

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 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.**

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Declaration form

I confirm that the details given in this application are true.

PRINT NAME

SIGNED

Please provide the following documents to support your application:

- 1.ID document and / or proof of eligibility to live in the UK.
- 2.Details of any medical and support required.