

In order to qualify for housing with Pathways, you must usually:

- Be capable of living independently.
- Be of limited financial means.
- Be aged 50/55/60 years or over at the time of applying*
- Have lived in a borough for the last two years where we currently have a housing scheme**

* Specific age restrictions for individual schemes are listed in the residency criteria at the back of this form

** There are some exceptions to this rule - please see residency criteria for more information

1) UNDER WHICH CATEGORY FOR HOUSING ARE YOU APPLYING?

- Direct waiting list

 Local Authority referral
 Choice-Based Letting Scheme

 Pathways internal transfer
 Other waiting list (provide details / name of organisation)

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If you know the name of the scheme you wish to apply for, please specify it below:

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2) APPLICANT'S PERSONAL DETAILS

Title	
Full name	
Date of Birth	
Marital Status	
National Insurance Number	

Are you a citizen of the UK or elsewhere in the European Union? YES NO

Are you subject to immigration control? YES NO

* If you are not a UK/EU citizen or are subject to immigration control, you will need to provide a copy of your status papers and proof of your eligibility for social housing.

3) CONTACT DETAILS

Please provide us with your contact details below:

Your Contact Details	
Home Phone	
Work Phone (if applicable)	
Mobile Phone	
Email Address	

Please provide the contact details for two people who can act as your next-of-kin and be contacted in the event of an emergency.

Next of Kin / Emergency Contact Details (1)	
Full name	
Relationship to you	
Home Phone	
Mobile Phone	
Work Phone (if applicable)	
Email Address	

Next of Kin / Emergency Contact Details (2)	
Full name	
Relationship to you	
Home Phone	
Mobile Phone	
Work Phone (if applicable)	
Email Address	

4) ABOUT YOUR PRESENT HOME

Please provide us with your full address below:

Address	
Postcode	

Please send us a photocopy of your passport or driver's license AND two utility bills or bank statements as proof of current address.

How long have you lived at this address?* ___ Years ___ Months

* If you have lived at your present address for less than 2 years, please use a separate sheet to provide information about the other place(s) you have lived in and attach it to this form.

What kind of accommodation are you currently living in?

- | | | |
|--------------------------------------|--|-------------------------------------|
| <input type="checkbox"/> Flat | <input type="checkbox"/> House | <input type="checkbox"/> Hostel/B&B |
| <input type="checkbox"/> Studio Flat | <input type="checkbox"/> Room in Shared Property | <input type="checkbox"/> Bungalow |

Which of the following facilities do you share with others?

- | | | |
|----------------------------------|--------------------------------------|----------------------------------|
| <input type="checkbox"/> Bedroom | <input type="checkbox"/> Bathroom | <input type="checkbox"/> Kitchen |
| <input type="checkbox"/> Toilet | <input type="checkbox"/> Living Room | <input type="checkbox"/> Garden |
| <input type="checkbox"/> None | | |

Where you currently live, are you the:

- Homeowner Council Tenant Housing Association Tenant
 Private Rented Tenant Other

If applicable, please provide details for your landlord so we may obtain a reference on your behalf.

Landlord's name:	
Landlord's address:	
Landlord's phone:	

5) EXPENDITURE, INCOME AND SAVINGS

Do you pay rent? YES NO

If yes, how much? £ _____ . ____ How often? Weekly Monthly

Do you have any rent arrears? YES NO

If yes, how much? £ _____ . ____

Have you ever been served with a Notice due to non-payment of rent? YES NO

What other payments do you currently make? (give details for all that apply)

Average amount per month	
Electricity	£ .
Gas	£ .
Television Subscription	£ .
Water	£ .
Telephone	£ .
Council Tax	£ .
Other	£ .

If you currently undertake any form of work (including full-time, part-time or voluntary work), please provide details:

- 1) Employer's Name and Address: _____

Salary (If not voluntary): £ _____ . ____

2) Employer's Name and Address: _____

 Salary (If not voluntary): £ _____ . _____

3) Employer's Name and Address: _____

 Salary (If not voluntary): £ _____ . _____

Have you ever been filed for bankruptcy? YES NO

If so, when? _____

Please confirm how much of the following non-work related income (per month) and savings you have:

Average amount per month	
Housing Benefit	£ .
Income Support	£ .
Support People	£ .
State Pension	£ .
Private Pension	£ .
Other Income	£ .
TOTAL INCOME (pm)	£ .
Total Savings	£ .

6) PROPERTY REQUIREMENTS

*IMPORTANT: Pathways has a policy of **NO PETS**. The only exception is guide dogs and other assistance animals.*

Which of the following do you require? (tick any that apply):

- Ground Floor First Floor Wet Room Wheelchair Adapted

Other aids and adaptations:

7) REHABILITATION OF OFFENDERS ACT 1974

- Have you ever had a notice for eviction issued or been evicted? YES NO
- Have you ever been convicted for committing an anti-social behaviour offence, causing a nuisance, or been found in breach of your housing agreement? YES NO
- Have you ever been committed of an offence that is not spent? * YES NO

If you answered yes, please specify below:

* An offence leading to a sentence of imprisonment of more than two and a half years is never spent. Other offences are spent after a specified time-frame depending on the sentence.

8) EQUAL OPPORTUNITIES MONITORING

To assist us in monitoring our fair access to housing policy, please describe your ethnic origin by ticking the appropriate box below.

- | | | |
|--|---|--|
| WHITE
<input type="checkbox"/> BRITISH
<input type="checkbox"/> IRISH
<input type="checkbox"/> OTHER | ASIAN
<input type="checkbox"/> INDIAN
<input type="checkbox"/> PAKISTANI
<input type="checkbox"/> BANGLADESHI
<input type="checkbox"/> OTHER | MIXED
<input type="checkbox"/> WHITE & BLACK AFRICAN
<input type="checkbox"/> WHITE & BLACK CARIBBEAN
<input type="checkbox"/> WHITE & ASIAN
<input type="checkbox"/> OTHER MIXED ETHNICITY |
| BLACK
<input type="checkbox"/> AFRICAN
<input type="checkbox"/> CARIBBEAN
<input type="checkbox"/> OTHER | CHINESE AND OTHER ETHNICITY
<input type="checkbox"/> CHINESE
<input type="checkbox"/> OTHER ETHNIC GROUP | |
| <input type="checkbox"/> PREFER NOT TO SAY | | |

To assist us in monitoring our fair access to housing policy, please describe your religious belief by ticking the appropriate box below.

- | | |
|--|--|
| <input type="checkbox"/> CATHOLIC | <input type="checkbox"/> BUDDHIST |
| <input type="checkbox"/> PROTESTANT | <input type="checkbox"/> NO RELIGION |
| <input type="checkbox"/> OTHER CHRISTIAN | <input type="checkbox"/> OTHER: _____ |
| <input type="checkbox"/> MUSLIM | <input type="checkbox"/> PREFER NOT TO SAY |
| <input type="checkbox"/> HINDU | |
| <input type="checkbox"/> SIKH | |

9) HOW DID YOU HEAR ABOUT PATHWAYS?

- | | | | |
|--|---------------------------------|---|-----------------------------------|
| <input type="checkbox"/> The Post Office | <input type="checkbox"/> Age UK | <input type="checkbox"/> Library | <input type="checkbox"/> Internet |
| <input type="checkbox"/> Shelter | <input type="checkbox"/> Locata | <input type="checkbox"/> Employee of Pathways | |
| <input type="checkbox"/> Other (please specify): | _____ | | |

10) HEALTH DECLARATION

It is essential that all residents are able to live independently. Please state any medical problems or chronic illnesses from which you currently suffer.

You are now required to ask your GP to confirm that in his or her opinion you are capable of independent living and that the above information which you have supplied is accurate.

They must sign, date and stamp in the box below to confirm that you are capable of independent living.

Please tick the box if the following statement is true: *I can confirm that the applicant is capable of independent living and the medical information they have provided above is accurate.*

Doctor's Name: _____

Practice Name: _____

Doctor's Signature:

Practice Stamp (below):

Date: _____

11) DECLARATION

I declare that the statements made by me in this application are true and I agree to advise Pathways of any changes in respect to the information provided in this application as soon as they occur. I understand that if I were found to have falsified information and therefore obtained housing by deception I may be prosecuted and may lose my home.

I agree that if I am offered accommodation, I shall occupy it as a beneficiary of the Charity and not as a tenant. Any monthly or weekly sum I pay will be regarded as a maintenance contribution and not rent.

Applicant (print name): _____

Signed:

Date: _____

Please ensure that you have answered every question and that your current GP has completed the relevant section of the form. Incomplete forms will be returned, so will delay your application.

12) ADDITIONAL INFORMATION

Please add below any further information that you feel may be relevant or assist us in dealing with your application:

Please ensure that you have answered every question and that your current GP has completed the relevant section of the form. Incomplete forms will be returned, so will delay your application.

Send the completed form to:

Pathways, 65 Tawny Close, Ealing, W13 9LX

Tel: 030 0123 2203

RESIDENCY CRITERIA

Scheme		Criteria	
		Age	Geographical
Ealing	Tawny Close	Aged 60+ at time of application	Have lived in Ealing for two years prior to application
	Dean Court		
	Bowman Court		
	Taylor Court		
	Wheeler Homes (69 - 73a Castlebar Park)		
	Victoria Homes (46 - 52 Castlebar Park)		
Wandsworth	Dovedale Cottages	Aged 55-75 at time of application	Have lived in Wandsworth for two years prior to application
	Sir Abraham Dawes Cottages	Aged 60+ at time of application	
Greenwich	The Jubilee	Aged 50+ at time of application	Have lived in Greenwich for two years prior to application
	Woolwich Parochial Almshouses	Aged 60+ at time of application	Have lived in Greenwich for five years prior to application
Hackney	Pilgrims' Lodge	Aged 60+ at time of application	N/A
Newham	Legg Whittuck Almshouses	Aged 60+ at time of application	N/A
Waltham Forest	Leyton United Almshouses	Aged 60+ at time of application	N/A
Haringey	Josiah Forster Almshouses	Aged 60+ at time of application	Have lived in Haringey for one year prior to appointment
Enfield	Esther Doe Lodge	Aged 55+ at time of application	N/A
Gillingham (Kent)	King George V Memorial Homes	Aged 60+ at time of application	Have lived in Gillingham for two years prior to appointment

If you have any further queries regarding our residency criteria, applications, or allocations processes, please contact the Pathways Housing Office on [0300 123 2203](tel:03001232203), who will be able to help you.