



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**
- Not currently be a homeowner.

* 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) Your Details

Title: Mr Mrs Miss Ms Other: _____

Full Name: _____

Marital Status: Single Married Divorced Widowed Prefer not to say

NI Number: _____ Date of Birth: (dd/mm/yyyy) _____

Are you a citizen of the UK or another EU member state? 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.

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

Contact details and your current home

Address Line 1: _____ Home Phone: _____

Address Line 2: _____ Mobile Phone: _____

Town / City: _____ Work Phone: _____

Postcode: _____ Email 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?

- Flat House Hostel/B&B
 Studio Flat Room in Shared Property Bungalow

Which of the following facilities do you share with others?

- Bedroom Bathroom Kitchen None
 Toilet Living Room Garden

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: | |

Please also 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: _____ |
| Address Line 1: _____ | Home Phone: _____ |
| Address Line 2: _____ | Mobile Phone: _____ |
| Town / City: _____ | Work Phone: _____ |
| Postcode: _____ | Email address: _____ |

Next of Kin / Emergency Contact Details (2)

| | |
|------------------------------|-----------------------------------|
| Full Name: _____ | Relationship To You: _____ |
| Address Line 1: _____ | Home Phone: _____ |
| Address Line 2: _____ | Mobile Phone: _____ |
| Town / City: _____ | Work Phone: _____ |
| Postcode: _____ | Email address: _____ |

2) Housing Requirements & Preferences

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 required aids and adaptations:

3) Expenditure, Income & Saving

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 | £ . |

4) 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.

5) 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.

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

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

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

6) 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): _____ | | | |

7) 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: _____

8) 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.

9) 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 |
| Tawny Close | Ealing | 60+ at time of application | Have lived in Ealing for two years prior to application |
| Dean Court | | | |
| Bowman Court | | | |
| Taylor Court | | | |
| Victoria Homes (46-52 Castlebar Park) | | | |
| Wheeler Homes (69-73a Castlebar Park) | | | |
| Dovedale Cottages | Wandsworth | 55+ at time of application | N/A |
| Sir Abraham Dawes Cottages | | 60+ at time of application | Have lived in Wandsworth for two years prior to application |
| The Jubilee | Greenwich | 50+ at time of application | Have lived in Greenwich for two years prior to application |
| Woolwich Parochial Almshouses | | 60+ at time of application | Have lived in Greenwich for five years prior to application |
| Pilgrims' Lodge | Hackney | 60+ at time of application | N/A |
| Legg Whittuck Almshouses / The Retreat * | Newham | 60+ at time of application | N/A |
| Leyton United / Church Road Almshouses | Waltham Forest | 60+ at time of application | N/A |
| Josiah Forsters Almshouses | Haringey | 60+ at time of application | Have lived in Haringey for one year prior to appointment |
| Wollaston and Pouncefort Almshouses | | | Must have a strong local connection to Highgate |
| Esther Doe Lodge * | Enfield | 55+ at time of application | N/A |
| King George V Memorial Homes | Medway (Kent) | 60+ at time of application | Have lived in Medway for two years prior to appointment |

* Esther Doe Lodge & Legg Whittuck Almshouses/The Retreat are FEMALE ONLY housing schemes so only women are eligible to apply

In addition to the above criteria it is also a requirement that our residents are able to live independently, not currently be homeowners and be of reasonably limited financial means.

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), to get in touch with our Housing team who will be able to help you.