



Pathways

ACCOMMODATION APPLICATION FORM – 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. You should then scan or photograph this document and upload the file as part of your accommodation application.

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: _____

Date: _____

PATHWAYS HOUSING

PATHWAYS TRUST OFFICE, 33 DEAN COURT, BOWMANS CLOSE, EALING, LONDON W13 9YU
TEL: 020 8579 7411 EMAIL: INFO@YOURPATHWAYS.ORG.UK WEB: WWW.YOURPATHWAYS.ORG.UK

Registered Charity Number: 211053 Housing Corporation Number: A0376

Health Declaration V2 May 2020

