

## 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.

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: \_\_\_\_\_

I declare that the statements made by me in this application are true and I agree to advise Pathways of any changes 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's Name: \_\_\_\_\_

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Once signed by both parties, you should then scan or photograph this document and upload the file as part of your accommodation application.