

Appendix 1

Edward Mayes Trust

**APPLICATION FOR SUPPORTED RETIREMENT HOUSING
AT
MAYES GARDENS
Harrison Street, Ancoats, Manchester**

Please complete the form and be frank and open with us. We are asking the questions set out below so we can make sure we have the right information to help us decide whether Mayes Gardens will suit you and whether we can give you the help and support you need. If you want any help filling out the application form or have any questions please contact us on 0161 273 6611

1. Name

2. Address

3. Telephone number

4. Email address

5. Date of Birth

6. Is this a joint application

Yes

No

Please give their details including name and date of birth

7. Please give details of your addresses in the last five years

Address	From	To	Landlord	Reason for leaving

8. Mayes Gardens is provided for the benefit of people who have a local connection to Manchester. In some circumstances we may also consider connections to Greater Manchester areas.

Please tell us about your connection with Manchester or the surrounding area.

9. Why do you want to move?

Overcrowding	<input type="checkbox"/>	I have been legally evicted	<input type="checkbox"/>
The property is too big for me	<input type="checkbox"/>	My home is being repossessed	<input type="checkbox"/>
Health/medical	<input type="checkbox"/>	I have got financial difficulties	<input type="checkbox"/>
My landlord needs the property back	<input type="checkbox"/>	I am being discharged from an institution	<input type="checkbox"/>
There are repairs problems	<input type="checkbox"/>	Racial or other harassment	<input type="checkbox"/>
I have no permanent home	<input type="checkbox"/>	To be near family	<input type="checkbox"/>
Relationship breakdown	<input type="checkbox"/>	I have no fixed address	<input type="checkbox"/>
Domestic Violence	<input type="checkbox"/>	Need for independence	<input type="checkbox"/>

Please give details about why you want to move

Yes No

10. Are you in need of sheltered housing?

Please give details

11. Are you experiencing harassment or threats of violence?

Yes No

If yes, please give details.

12. When did you move into your current address?

13. What type of property are you living in now?

House Flat Maisonette Bungalow Bedsit

14. In your current accommodation are you?

Renting from the council	<input type="checkbox"/>	Renting - private landlord	<input type="checkbox"/>
Renting from a housing association	<input type="checkbox"/>	Renting with job	<input type="checkbox"/>
Owning/buying	<input type="checkbox"/>	With family/friends	<input type="checkbox"/>
Temporary accommodation	<input type="checkbox"/>	Mobile Home	<input type="checkbox"/>
Bed and Breakfast	<input type="checkbox"/>	Hospital	<input type="checkbox"/>

15. If renting please provide the name and address of your current landlord

16. Please tell us about any long standing or permanent health problems or disability you or the joint applicant have

17. Do you receive support or assistance in any of the following ways?

Home Care	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Regular visits from GP	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Visits from a nurse	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Day care at a day centre	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Meals Delivered	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Visit from a volunteer	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Regular help with domestic tasks from relatives or friends	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Regular help with personal tasks from relatives or friends	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>

If you have ticked yes to any of the above please provide details here

18. Do you receive support from any other agency e.g. social worker, probation officer, mental health team etc.? If so tell us who they are and where they can be contacted.

19. Please tell us about their contact with you such as what they help you with and how often you see them

20. Is there anything else that you think we should know about which is relevant to your application?

21. Do you have permission to reside permanently in the UK? Yes No

22. Do you have any pets Yes No

Details

23. Please provide the name and address of your GP.

Edward Mayes Trust

I confirm that the information given above is correct and agree to inform Edward Mayes Trust of any changes in the details given in this form.

I understand that if in answering the above, I knowingly or recklessly give false information or withhold information the Trust are entitle to terminate your licence agreement obtained as a result of this application.

Disclaimer

I understand that the information on this form will be used to process the application. By signing this form I give my consent for you to verify this information with relevant agencies.

Your signature
Date
Joint applicants signature
Date

Please return the form to: Director Mayes Gardens, Harrison Street, Ancoats, Manchester M4 4FN

Equal Opportunities: Applications for Housing

Completion of this form is not compulsory however we would be grateful if you would please answer the following questions which will be used for statistical monitoring purposes.

ETHNIC ORIGIN

I would describe my ethnic group as follows: (Please tick only one box)

Black or Black British

- African
- Caribbean
- Other

Asian or Asian British

- Pakistani
- Indian
- Bangladeshi
- Other

White

- UK
- Irish
- Other

Mixed

- White and Black Caribbean
- White and Black African
- White and Asian
- Other

Chinese

- Chinese
- Other

Other

- Any other

If you have ticked an other box we would be grateful if you would provide more information here

DISABILITY

Do you consider you have a disability?

- Yes
- No

GENDER

Are you

- Male?
- Female?

SEXUALITY

How do you regard yourself?

- Heterosexual
- Gay/Lesbian
- Bi-sexual
- Question Refused

Where did you hear about Mayes Gardens?