



warrington housing  
association

## Leasehold Scheme for the Elderly Retirement Homes

### Application Form for Flats / Bungalows

The information given in this form will be treated in the strictest confidence.

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<b>Applicant</b>	Name	_____
	Address	_____ _____ _____
	Postcode	_____
	Tel Number	_____
	Date of Birth	_____

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<b>Partner</b>	Name	_____
	Date of Birth	_____

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<b>Health</b>	Please give brief details of Recent Illness	_____ _____
	Physical Disabilities	_____ _____

**A Medical Certificate may be required from your Doctor**

**Income**

Please give details of net income

State Pension           £\_\_\_\_\_ per week

Private Pension       £\_\_\_\_\_ per week

Salary / Wages       £\_\_\_\_\_ per week

Interest from investments / building society / bank  
£\_\_\_\_\_ per week

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**Present Accommodation**

**Are you living in a**

flat                   \_\_\_\_\_

house                \_\_\_\_\_

bungalow          \_\_\_\_\_

**Are you**

living with family or friends       \_\_\_\_\_

a lodger                                \_\_\_\_\_

a tenant                                 \_\_\_\_\_

an owner occupier                    \_\_\_\_\_

How many bedrooms                 \_\_\_\_\_

If a flat, which floor                 \_\_\_\_\_

Please state the facilities you currently have

inside wc                               yes / no

bathroom                               yes / no

hot Water                               yes / no

central heating                        yes / no

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**Capital**

Please state the approximate value of your current property £ \_\_\_\_\_

Please state amount of mortgage outstanding £ \_\_\_\_

Please state the value of any other property owned by you or your partner £ \_\_\_\_\_

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**Savings**

Please state the amount of savings for each person

Yourself £ \_\_\_\_\_

Partner £ \_\_\_\_\_

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If you have relatives or friends nearby, please give details

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Tell us briefly why you want to leave your present home and why you have chosen to apply to Warrington Housing Association

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I / We declare that the information given above is true and correct

Signed \_\_\_\_\_

Date \_\_\_\_\_

Signed \_\_\_\_\_

Date \_\_\_\_\_

Please return the form to

Warrington Housing Association  
The Gateway  
89 Sankey Street  
Warrington WA1 1SR

