

GREEN HAVEN
APPLICATION FOR ACCOMMODATION

Application number

STRICTLY CONFIDENTIAL

1. Name of applicant (BLOCK LETTERS please)

Surname Mr/Mrs/Miss

Names in full.....

2 Address

.....

.....

.....

Telephone.....

3 How long have you lived at this address? If less than 2 years, please give previous address.

.....

.....

4 Date of birth.....

5 Name and address of next of kin, or person to be contacted in case of emergency.

Name.....

Address.....

.....

Telephone.....

6 May we approach your doctor for a medical report? If so please sign attached consent slip.

7 Name and address of doctor.

Name.....

Address.....

.....

Telephone.....

8 Particulars of income: Are you in receipt of:-

a) State Retirement Pension

.....

b) Income Support

.....

c) Attendance Allowance

.....

d) Occupational Pension (Employers etc)
.....

e) Any other pension or allowance
.....
(please give amounts)

9 Have you any other capital or savings?
.....

10 a) Do you own your own home or any other property?
.....

b) Have you disposed of a residence/property in the last two years?
.....

11 If there is a shortfall between income above and the fees payable, how will this be met?
.....

12 Name and address of someone who is willing to act as a guarantor for fees.

Name.....

Address.....

.....

.....

Telephone.....

The secretary will send a letter to the guarantor asking for their written consent.

13 We will be pleased to discuss with you how to find a suitable guarantor.

14 Any offer of accommodation will be for a trial period of three months.

15 This form should be read in conjunction with the terms of residence.

16 Under the Community Care Act of 1989 you have the right of access to a report on our home.

Signed.....(Applicant)

Date.....

I confirm that I consent to my Doctor providing details of my medical history and condition to support my application for accommodation at Green Haven.

NAME.....

ADDRESS.....