



Application for accessible housing

This document is available in other formats such as audio tape, CD, Braille and in large print. It can also be made available in other languages on request.

該文件還有其他形式，如語音磁帶、CD、盲文版本及大字體版本。如有需求，還提供其他語言版本。

ਇਹ ਦਸਤਾਵੇਜ਼ ਹੋਰ ਰੂਪਾਂ ਵਿਚ ਵੀ ਮਿਲ ਸਕਦਾ ਹੈ, ਜਿਵੇਂ ਸੁਣਨ ਵਾਲੀ ਟੇਪ 'ਤੇ, ਸੀ ਡੀ 'ਤੇ, ਬ੍ਰੇਲ ਅਤੇ ਵੱਡੇ ਅੱਖਰਾਂ ਵਿਚ। ਮੰਗ ਆਉਣ 'ਤੇ ਇਹ ਹੋਰ ਬੋਲੀਆਂ ਵਿਚ ਵੀ ਦਿੱਤਾ ਜਾ ਸਕਦਾ ਹੈ।

یہ دستاویز دیگر شکلوں میں بھی دستیاب ہے، جیسے آڈیو ٹیپ، سی ڈی، بریل اور بڑے حروف کی چھپائی میں۔ درخواست کرنے پر یہ دستاویز دیگر زبانوں میں بھی مہیا کی جا سکتی ہے۔

Ten dokument jest do uzyskania w różnych formatach: na taśmie dźwiękowej, płyt CD, brajlem i dużym drukiem. Na żądanie, można go także otrzymać w innych wersjach językowych.





**Please answer all the questions on the form.
If a question does not apply, please write
'Doesn't apply', don't leave blanks.
If you do leave blanks, we may
return the form to you.**

**You should fill in a separate application form
for each person in the household who needs
accessible housing. We will only consider
the highest priority for the whole household.**

**You should return this form to the NAHR office
where you sent your main housing application.
Or, if you applied online, return it to the office
that has been contacting you.**

**If you have any questions, please contact one
of our offices – they are listed on
the back of the form.**

What is the reference number of your NAHR application for housing ?

Your name (the main applicant on the NAHR application for housing)

Current address

Name of joint applicant

Current address (if different from yours)

Section 1: Information about the household member who has a health issue or disability

Name of household member with health issue or disability

Date of birth

Relationship to you

Name of their GP

GP's address

GP's phone number

Please give details of all the health conditions the person has.

Please give details of any prescribed medication the person is currently taking.

Does the person receive any health or social-care support in their home (for example, home care, district nursing or occupational therapy)?

Yes No

If 'Yes', please give brief details.

Does the person receive any support from a social worker or health professional?

Yes No

If 'Yes', answer the following questions about them.

What is their name and address?

How often does the person see them?

When did the person last see them?

Does the person receive any allowances relating to health or disability? Yes No

If 'Yes', tick the box for the rate of the allowance the person receives.

	High	Medium	Low
Disability Living Allowance – care component			
Disability Living Allowance – mobility component			
Attendance Allowance			

If the person receives any of the following allowances please tick the relevant boxes.

Payments from the Independent Living Fund	
Severe Disablement Allowance	
Incapacity Benefit or Employment and Support Allowance	
Disability Premium (added to Income Support)	

Section 2: Information about your current accommodation

Tick all the boxes that describe the current type of accommodation you live in.

Sheltered housing	<input type="checkbox"/>	Flat (ground floor)	<input type="checkbox"/>	Four in a block (ground floor)	<input type="checkbox"/>
House (three-storey)	<input type="checkbox"/>	Flat (upper floor)	<input type="checkbox"/>	Four in a block (upper floor)	<input type="checkbox"/>
House (end-terrace)	<input type="checkbox"/>	Multi-storey flat	<input type="checkbox"/>	Bedsit	<input type="checkbox"/>
House (mid-terrace)	<input type="checkbox"/>	Basement flat	<input type="checkbox"/>	Maisonette (ground floor)	<input type="checkbox"/>
House (semi-detached)	<input type="checkbox"/>	Attic flat	<input type="checkbox"/>	Maisonette (upper floor)	<input type="checkbox"/>
House (detached)	<input type="checkbox"/>	Bungalow	<input type="checkbox"/>	Amenity housing (for an explanation, please see the housing application guide)	<input type="checkbox"/>

Other (please give details)

How many bedrooms does your current accommodation have ?
(if you have a separate dining room, you should count this as a bedroom.)

Tick all boxes that describe the Layout of your current accommodation (please tick all that apply)

Bedroom upstairs	<input type="checkbox"/>	Toilet downstairs	<input type="checkbox"/>
Bathroom downstairs	<input type="checkbox"/>	Curved inside stairs - stairs which change direction, sometimes with a landing part of the way up	<input type="checkbox"/>
Bedroom upstairs	<input type="checkbox"/>	Straight inside stairs - stairs which go in one direction	<input type="checkbox"/>
Bedroom downstairs	<input type="checkbox"/>	Outside steps up to terrace	<input type="checkbox"/>
Toilet upstairs	<input type="checkbox"/>		<input type="checkbox"/>

If you have outside steps, how many do you have ?

What does your current home have ? (please tick all that apply)

Level access entrance (no steps outside the door)	
Ramped entrance	
Door-entry system (not a shared one)	
Outside steps fitted with handrail	
Outside lift	
Community alarm or telecare	
Walk in shower (wet floor area or level shower base)	
Step in shower	
Over bath shower	
Specialist toilet or bath	
Wider doors for wheelchair access	
Stairlift	
Tracking hoist fixed to ceiling	
Inside steps fitted with handrails	
Adapted kitchen (for example lowered worktops, special sink and so on)	
Adaptations for a person with a hearing impairment	
Adaptations for a person with a visual impairment	
Other (please give details)	

Specialist equipment – Please give details of any medical equipment or other specialist equipment the person currently uses in the accommodation.

Examples of medical equipment include a hospital bed, mobile hoist, ventilator or oxygen.

Examples of other specialist equipment include equipment for baths, showers or toilets, special seating, walking aids and wheelchairs.

Section 3: Information about the problems the person is having in the current accommodation

Health issue or disability – Please tell us what the health issue or disability is and explain what problems the person has in your current home.

Please tell us if the person has any difficulty with any of the following. (Tick all that apply)

Climbing outside steps	<input type="checkbox"/>
Getting in or out the bath or shower	<input type="checkbox"/>
Getting on or off the toilet	<input type="checkbox"/>
Climbing the stairs inside the accommodation	<input type="checkbox"/>
Getting from room to room	<input type="checkbox"/>
Reaching work surfaces, switches or sockets	<input type="checkbox"/>
Getting into rooms because of the width of the doors or hallways	<input type="checkbox"/>
Other (please give details)	<input type="checkbox"/>

Section 4: Information about preferences

What would you prefer to do?

(Tick all that apply. It is not always possible to have properties adapted.)

Stay in your accommodation (if it could be reasonably be made suitable for the person's needs)	<input type="checkbox"/>
Move to ground-floor accommodation with level access (no outside steps)	<input type="checkbox"/>
Move to a house that has already been adapted, for example with a ramped access and a shower	<input type="checkbox"/>
Other (please give details)	<input type="checkbox"/>

Please give details of the reasons why you would prefer this.

Does the person need an extra bedroom because of their health needs or disability, on top of the bedrooms they are entitled to in the allocation policy?

Yes No

If 'Yes', please give details below.

Please give details of any other information that you think is relevant to this application.

If you want us to deal with someone else on your behalf (a representative) about this application, please give their details below.

If you appoint a representative, all the housing providers taking part in the NAHR can give personal information related to your application for housing to the representative. You cannot hold any housing provider responsible for information that they share with your representative.

Name:

Address:

Relationship to you (if any):

Phone number:

Declaration

Please read this declaration carefully, then sign it.

- I confirm that the details I have given on this application form are true and accurate.
- I understand that if my circumstances change, I must tell the housing provider I returned this application to.
- I understand that if I give any false or misleading information, or do not provide relevant information, you can cancel my application.
- I understand that if I get a tenancy based on false or misleading information, the landlord may take court action to evict me.
- I understand that the housing providers can ask for extra information from the health and social services professionals set out in this application form. I give permission for these professionals to provide any information needed in connection with my housing application.
- I understand that information on the outcome of this application is going to be put on the register and you will share this information with any or all landlords using the register.

Your signature **Date**

Joint applicant's signature **Date**

If the person with the health issue or disability in this application is not you or the joint applicant and is aged 16 years or over, they also need to sign this declaration.

Signature of the household member with health issue or disability **Date**

North Ayrshire Housing Register offices

Irvine

Bridgeway House
Irvine, KA12 8BD
Phone: 01294 310 150

Kilbirnie

34-36 Main Street
Kilbirnie, KA25 7BY
Phone: 01505 685 177

Stevenston

1 Main Street
Stevenston, KA20 3AA
Phone: 01294 605 281

Kilwinning

Howgate
Kilwinning, KA13 6EJ
Phone: 01294 552 261

Beith Dalry

2 Townend Street
Dalry, KA24 4AA
Phone: 01294 835 355

Saltcoats

27 Vernon Street
Saltcoats, KA12 5HE
Phone: 01294 602 611

Ardrossan

9-11 Glasgow Street
Ardrossan, KA22 8EP
Phone: 01294 605 258

Largs

Brooksby Medical & Resource Centre
31 Brisbane Road
Largs, KA30 8LH
Phone: 01475 687 590



Sovereign House
Academy Road
Irvine, KA12 8RL
Phone: 01294 313 121

www.ancho.co.uk



CUNNINGHAME
HOUSING ASSOCIATION
More than just a landlord

Cunninghame Housing Association
82-84 Glasgow Street
Ardrossan, KA22 8EH
Phone: 01294 468 360

www.cunninghame-housing.org



Irvine Housing Association
44-46 Bank Street
Irvine, KA12 0LP
Phone 0845 1126 600

www.irvineha.co.uk