

## Extra Care Housing Application

Customer and contact details		
	Applicant	Joint applicant
Title		
First name		
Last name		
Preferred name		
Date of Birth		
Address		
Postcode		
Telephone number(s)		
Email address		
Name and contact details of person completing form		
Customer need		
	tra Care because of a physical disab	nility or illness and/or your
current accommodation is r		sincy of inness and of your
	0	
Yes	No	
If yes, please provide an explanation		
Have you been assessed by	Social Care and have an eligible soc	cial care need?
Yes	No	
	ber of hours you are assessed as rec	
	without a copy of a care plan, we w	vill be unable to consider your
application)		
L		

Coastline

 Habitual residence

 It is a legal requirement under Part V1 of the Housing Act 1996 that we ask you the following questions:

 ls your residence in the United Kingdom subject to Immigration control?

 Yes
 No

 Have you lived or worked outside the United Kingdom, Republic of Ireland, Channel Islands or the Isle of man at any time within the last 5 years?

 Yes
 No

This form can be saved to your computer, filled out and then emailed to: lettings@coastlinehousing.co.uk

If you have printed this form, please post it to: Lettings Team Coastline House Barncoose Gateway Park Pool Redruth TR15 3RQ

