

## Abbeyfield Perth Society Ltd.

### Application Form for Rented Sheltered Housing

#### Personal Details

Full Name	
Married / Single / Widowed	
Present Address including postcode	
Telephone including STD Code	
Date of Birth	
National Insurance Number	
Religion	
Next of Kin	
Address including postcode	
Relationship	
Telephone inc. STD Code	Day Night Mobile
Lawyers	
Address including postcode	
Telephone inc. STD Code	
G. P.	
Address including postcode	
Telephone inc. STD Code	

## Application Form for Rented Sheltered Housing

Type of Accommodation in which you presently live e.g. flat – on which floor?	
Do you own or rent your present home?	
Do you require car parking facilities?	
Please give details of your medical history over the past 5 years.	
It helps the Society to know why people want to move in. Please tell us your reasons for applying.	
How soon would you be able to move in?	

**It is the policy of the Abbeyfield Perth Society Ltd. not to allow pets.**

**Declaration**

I declare that, to the best of my knowledge, the information provided on this form is correct. I understand that the completion of this form does not guarantee me a place.

Signature of applicant ..... Date .....

*(July 2002)*

Equal Opportunities

We aim to provide fair and equal access to Abbeyfield Houses. To help us achieve this, we monitor the gender and ethnic origin of applicants. This question is optional and it will not influence the outcome of your application in any way. How would you describe your ethnic origin – please tick the appropriate box.

- White British
- Irish
- White European
- White other (please specify)  .....
- Black Caribbean
- Black other (please specify)  .....
- Indian
- Pakistani
- Chinese
- Other Asian group
- Other (please specify)  .....

I am / am not disabled

My disability relates to :

.....  
.....

(July 2002)