

Extra Care Housing Expression of interest

Applications for Extra Care Housing are subject to the eligibility criteria below.
Please ensure that you meet the criteria before you register your interest.

You must:

- be at least 55 years of age, this also applies to any household members
- be eligible to be added to Local Authority housing list. Which means you must be eligible for social housing and meet the qualification criteria outline in the Authority’s Lettings Policy
- meet the ordinary residence criteria for the Authority as per the Care Act 2014
- must be a resident of Rochdale Borough or have a clear family connection in Rochdale Borough
- be identified by the Authority or the Authority’s nominees as having a care need or potential care need as follows:
 - i. have a formal assessed care need which is currently being met by Adult Social Care OR
 - ii. have a care need which is currently being met by family member that may not be able to continue (for example, an aging carer who is providing for you who may not be able to continue this care in the future); or have a progressive health condition where they are not currently in receipt of care and/or their family are providing the care but may not be able to in the future as the condition progresses.

Please answer all questions fully and accurately so we can provide the best service to you.
If we later deliberate, untrue or misleading responses, we may take steps to terminate your tenancy.

Lots of sections have an introduction to help guide you through the form. Section and question arrows will help show if you need to fill in the section or move on to the next one.

If you need more space, write your name and the question on a separate sheet of paper.
For help completing the form, please call 0345 111 0000.

Please fill in this form using black ink and write in BLOCK CAPITALS.

Office use only

Main applicant

Current address

Joint applicant

Current address

Section 1 About you

This section asks for details about the person who will sign as the main tenant.

Please fill in this form using black ink and write in **BLOCK CAPITALS**.

1 Your name

Mr Miss Mrs Ms Other, please state

Surname Forenames

Have you ever been known by another name? Yes No

If Yes, please state other name

2 Your details

Are you Male Female Non-binary Prefer not to say Other

Date of birth / /

Do you have a disability or long-term condition that may affect the way we provide our services to you?

Yes No

If Yes, please tick all that apply so that we can make further inquiries

Hearing Speech Visual Mobility Mental health condition Dyslexia

Other 'neurodiverse' (such as dyscalculia, autism) Musculoskeletal (including back, neck and shoulder)

Long-term health condition Prefer not to say Other, please state

3 Your current contact details

Present address

Postcode

Telephone (Home) (Work) (Mobile)

Email

Don't have one Prefer not to provide

Please note, by providing your email address this will be our preferred method of contact for you. If you would prefer we didn't contact you by email, please tick this box

4 Your emergency contact

Please give details of **someone who will not be living with you**, that we can contact in an emergency.

Their full name Relationship to you

Present address

Postcode

Telephone (Home) (Work) (Mobile)

Section 2 About the joint applicant

This section asks for details of a joint applicant. This is someone you want to share joint responsibility for the tenancy with, like a partner or spouse.

If there is not a joint applicant, please tick here and go to **Section 3**

5 Joint applicant's name

Mr Miss Mrs Ms Other, please state

Surname Forenames

Have they ever been known by another name? Yes No

If Yes, please state other name

6 Their details

What is their relationship to you?

Are they Male Female Non-binary Prefer not to say Other

Date of birth / /

Do you have a disability or long-term condition that may affect the way we provide our services to you?

Yes No

If Yes, please tick all that apply so that we can make further inquiries

Hearing Speech Visual Mobility Mental health condition Dyslexia

Other 'neurodiverse' (such as dyscalculia, autism) Musculoskeletal (including back, neck and shoulder)

Long-term health condition Prefer not to say Other, please state

Does the joint applicant currently live with you? Yes No

If No, please state present address

Postcode

Telephone (Home) (Work) (Mobile)

Email

Don't have one Prefer not to provide

Please note, by providing your email address this will be our preferred method of contact for you. If you would prefer we didn't contact you by email, please tick this box

8 Their emergency contact

If the contact is the same as question 4, please tick here and go to **Section 3**

Please give details of **someone who will not be living with you**, that we can contact in an emergency.

Their full name Relationship to you

Present address

Postcode

Telephone (Home) (Work) (Mobile)

Section 3 Information about your household

Are you, or anyone in the household, a:

— current or former regular in the UK Armed Forces (excluding National Service)

Yes No Prefer not to say

— current or former reserve in the UK Armed Forces (excluding National Service)

Yes No Prefer not to say

— a spouse/civil partner of a UK Armed Forces member who has separated or been bereaved within the last two years.

Yes No Prefer not to say

Will any pets be moving with you? Yes No

If yes, please complete the table below

	Example	Pet 1	Pet 2	Pet 3
Type	Dog			
Breed (dogs)	Alsatian			
Number	1			
Medical assistance pet	Yes			
Chipped	Yes			
Neutered	Yes			
Require garden access	Yes			
Require a structure to house them	Yes			

Has anyone in the household been refused from keeping an animal in the past? Yes No

If Yes, please provide details

Does anyone in your household use a mobility scooter? Yes No

If Yes, you will need to complete a Mobility Scooter Agreement and provide a copy of the insurance certificate.

Proof required

For all household members over the age of 18

— One proof of ID and citizenship. For example, passport, National ID card, driving licence, birth certificate or Home Office papers.

— One proof of address for those moving with you.

Section 4 About the places you've lived

This section is about where you and, if applicable, the joint applicant have lived in the last **five** years.

Please complete the details opposite, examples of how to fill in each question are shown.

Please use the symbol guide below to find the right codes for 'Tenure type' and 'Reason for leaving'.

Symbol and code guide

Please select a description and write the **letter** and **number** codes in the space provided opposite.



Tenure type
Write the letter



Reason for leaving
Write the number

- A** A Riverside tenant
- B** Other housing association tenant
- C** Council tenant
- D** Private landlord
- E** Riverside Care and Support
- F** Other care and support resident
- G** Living with friends and family
- H** Homeowner
- I** Homeless, hostel or B&B
- J** Hospital
- K** Prison or probation hostel
- L** Living in staff or tied accommodation
- M** Refugee accommodation
- N** Residential care home
- A** Other

- 1** End of Assured tenancy - on a 'no fault' basis
- 2** End of Assured shorthold tenancy - eviction / tenant at fault
- 3** End of Fixed term tenancy - on a 'no fault' basis
- 4** End of Fixed term tenancy - eviction/ tenant at fault
- 5** To move nearer to family/friends/ school
- 6** To move nearer to work
- 7** Due to overcrowding
- 8** Due to ill-health/disability
- 9** Due to poor property condition
- 10** Needed accommodation with support
- 11** Needed independent accommodation
- 12** Domestic abuse - previous joint tenancy with partner
- 13** Domestic abuse - other
- 14** (Non-violent) relationship breakdown with partner
- 15** Asked to leave by family or friends
- 16** Racial harassment

- 17** Hate crime
- 18** Other problems with neighbours
- 19** Due to fees attached to renewing the tenancy
- 20** Due to increase in rent
- 21** Due to welfare reforms
- 22** Due to employment
- 23** Couldn't afford - other
- 24** Offered incentive to downsize
- 25** No incentive to downsize
- 26** Permanently decanted from another property owned by this landlord
- 27** Left home country as a refugee
- 28** Discharged from prison
- 29** Discharged from long stay hospital or similar institution
- 30** Loss of tied accommodation
- 31** Repossession
- 32** Death of household member in lastsettled accommodation
- 33** Prefer not to say
- 34** Other, please explain in the space provided

Example

Main applicant Mr John Smith

Current address 1 Jones Street, B1 1AB

 A Date from and to 1/09/2010 - 5/5/2012  26, decanted by another landlord Number of bedrooms

Landlord's name Riverside Landlord's phone number 07712 345 678

Landlord's address 1 Jones Street, B1 1AB

Do you have any rent arrears on this property? Yes No If Yes, how much do you owe? £200

Do you have a repayment plan in place? Yes No

If Yes, what is your repayment plan? £ 20 per week

11 Your current home

Main applicant

Number of bedrooms at current address

 Date moved in 

Landlord's name Landlord's phone number

Landlord's address

Do you have any rent arrears on this property? Yes No If Yes, how much do you owe? £

Do you have a repayment plan in place? Yes No

If Yes, what is your repayment plan? £ per

Joint applicant

Number of bedrooms in current home (if different to main applicant)

 Date moved in 

Landlord's name Landlord's phone number

Landlord's address

Do you have any rent arrears on this property? Yes No If Yes, how much do you owe? £

Do you have a repayment plan in place? Yes No

If Yes, what is your repayment plan? £ per

Section 4 About the places you've lived continued

12 Your previous homes

Main or joint applicant

Previous address

Number of bedrooms



Date from and to



Landlord's name

Landlord's phone number

Landlord's address

Do you have any rent arrears on this property? Yes No If Yes, how much do you owe? £

Do you have a repayment plan in place? Yes No

If Yes, what is your repayment plan? £ per

Main or joint applicant

Previous address

Number of bedrooms



Date from and to



Landlord's name

Landlord's phone number

Landlord's address

Do you have any rent arrears on this property? Yes No If Yes, how much do you owe? £

Do you have a repayment plan in place? Yes No

If Yes, what is your repayment plan? £ per

Main or joint applicant

Previous address

Number of bedrooms



Date from and to



Landlord's name

Landlord's phone number

Landlord's address

Do you have any rent arrears on this property? Yes No If Yes, how much do you owe? £

Do you have a repayment plan in place? Yes No

If Yes, what is your repayment plan? £ per

12 Your previous homes (continued)

Main or joint applicant

Previous address

Number of bedrooms



Date from and to



Landlord's name Landlord's phone number

Landlord's address

Do you have any rent arrears on this property? Yes No If Yes, how much do you owe? £

Do you have a repayment plan in place? Yes No

If Yes, what is your repayment plan? £ per

Main or joint applicant

Previous address

Number of bedrooms



Date from and to



Landlord's name Landlord's phone number

Landlord's address

Do you have any rent arrears on this property? Yes No If Yes, how much do you owe? £

Do you have a repayment plan in place? Yes No

If Yes, what is your repayment plan? £ per

13 Former Riverside tenants

Have you, or anyone who will live with you, ever been a tenant with Riverside*? Yes No

*This includes Irvine Housing Association and companies previously known as Berrybridge Housing, Bowlee Park Housing, Carlisle Housing Association, Community Seven, ECHG, Lee Valley Housing, Riverside Housing, Impact Housing, Guinness Partnership and One Housing.

If you've not already mentioned this previously, please give details

Name of tenant

Date from/to

Address

14 Property condition of your current home

Are there any problems in your current property? Yes No

If Yes, please provide details below, for example, any stairs you cannot use or no accessible bathrooms

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15 Facilities provided in your home

Please tick the relevant boxes. Only tick 'Shared' if you share facilities with people who will not be moving with you.

- | | | | |
|---|-------------------------------|----------------------------------|---------------------------------|
| Is there an internal cold water supply? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Shared |
| Is there an internal hot water supply? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Shared |
| Does your home have a bath or a shower? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Shared |
| Does your home have a kitchen? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Shared |
| Does your home have a separate living room? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Shared |
| Does your home have a power supply? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Shared |
| What sort of heating do you have? | <input type="checkbox"/> Full | <input type="checkbox"/> Partial | <input type="checkbox"/> None |

16 Accommodation required

Do you have any medical needs that require ground floor accommodation? Yes No

If Yes, please provide details

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How many bedrooms do you and your household need?

One Bedroom Two Bedrooms

Will any adaptations be required if rehoused? (e.g. grab rails) Yes No

If Yes, please provide details

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Please explain any connections you have to the local authority area, for example, family who live close by, care services you receive etc.

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The questions from section 5 onwards apply to anyone in the household who will be living with you, unless otherwise stated. Please answer all questions fully and accurately so that we can provide the best service for you. Please continue any answers on a separate sheet of paper if you need to add more details.

Section 5 Eviction and convictions

This section is about eviction, anti-social behaviour issues at previous addresses and criminal convictions.

17 Eviction

Has anyone ever been evicted? Yes No, go to question **18**

If Yes, please give the following details for each household member

Name Date of eviction

Address evicted from

What was the reason for eviction? Please tick all that apply.

Rent arrears Anti-social behaviour Other reason, please give details below

18 Anti-social behaviour

Has anyone ever had, or is anyone currently awaiting the outcome of a proceeding for, any of the following?

Yes No, go to question **19**

If Yes, please tell us who and tick all that apply

Acceptable Behaviour Contract Anti-social Behaviour Injunction Civil Injunction

Suspended Possession Order for ASB Closure Order Parenting Order Demotion Order

Other Order or Injunction, please state

19 Rehabilitation of Offenders Act 1974

Guidance on whether a conviction is spent can be found on www.gov.uk by searching for 'Rehabilitation of Offenders Act', or by contacting us for further advice.

A Do you or anyone that is going to live with you have any convictions for any criminal offence, that is not spent under the Rehabilitation of Offenders Act 1974? Yes No, go to question **19B**

If Yes, tell us who and provide full details below.

B Are you or anyone that is going to live with you currently being prosecuted for any criminal offence?

Yes No, go to question **20**

If Yes, please tell us who and provide full details below.

Section 6 Your income

This section asks for information about the income you will use to pay your rent and any expenses you may have. Please complete as much information as you can. We will go through this section in more detail with you but it's important we understand what you can afford so we can make sure the property you are applying for is suitable for you.

20 Your current job

Main applicant

National Insurance Number

Are you working?

Yes No, go to question **21**

If Yes, please tell us the name and address of your employer

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Are you:

full-time part-time hours per week

self-employed on a zero-hours contract

What is your normal take home pay after tax?

£ per week/month

Joint applicant

National Insurance Number

Are you working?

Yes No, go to question **21**

If Yes, please tell us the name and address of your employer

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Are you:

full-time part-time hours per week

self-employed on a zero-hours contract

What is your normal take home pay after tax?

£ per week/month

21 Your income and expenditure

Please tell us about any loans or debt repayments you have

Amount week/month

Does anyone in the household receive benefits? Yes No, go to question **22**

If Yes, please tell us the type of benefit and the amount received

Tenant name	Type of benefit	Amount please state per week or month
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Proof required. We will need to see proof of:

- income (for example, payslips or bank statements etc)
- benefits (for example, Universal Credit details).

Section 7 Supporting evidence

This section is about providing supporting evidence for your move. It could be evidence of medical issues or of support you receive from a social worker for example.

Does anyone receive support at home, either formally or informally, or need to provide medical evidence to support your application?

Yes, go to question **22** No, please tick here and go to **Section 8**

22 Support

Does anyone receive support at home, formal or informal, from any of the following? Please tick all that apply.

Agency, contact name, address, email and phone number

- | | |
|--|-------|
| <input type="checkbox"/> Social Worker | |
| <input type="checkbox"/> Support Planner | |
| <input type="checkbox"/> Occupational Therapist | |
| <input type="checkbox"/> Probation Officer | |
| <input type="checkbox"/> Floating Support Worker | |
| <input type="checkbox"/> District Nurse | |
| <input type="checkbox"/> Carer | |
| <input type="checkbox"/> Community Psychiatric Nurse | |
| <input type="checkbox"/> Other, please provide details | |

Tell us who is receiving the support, what for and how many times per day or week

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Will you/they continue to receive this support in a new home? Yes No Don't know

23 Evidence

Have you attached copies of the supporting evidence required to support your application?

Yes No

Please continue on a separate sheet if needed.

Section 8 Living in the UK

This section is about checking you have the right to remain in the country or the right to rent. We have a legal obligation to check these details for all members of your household over the age of 18.

24 Citizenship

Is everyone named on this application a citizen of the UK, the European Economic Area or Switzerland with a right to live in the UK? Yes, go to **Section 9** No

If No, please tell us who and provide details

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25 Immigration rules

Does anyone in the household have limited leave to remain in the UK or a right to live in the UK under EU law?

Yes No

If Yes, please tell us who and when their expiry date is

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Does anyone in the household have a 'discretionary right to rent'? Yes No

If Yes, please tell us who and provide further details

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If anyone is subject to immigration restrictions, have you attached copies of any relevant documentation with your application? Please be aware if your application is successful we will need to see all supporting documentation in person.

Yes No

Guidance on the documentation that you will be required to provide as well as further information about the right to rent can be found at www.gov.uk by searching for 'Right to rent' or by contacting us for further advice.

Section 9 Declaration

This section covers legal issues including what you agree to by signing this form.

Privacy

In the interests of granting you a tenancy, providing care and support or the sale of a property, Riverside will process your personal data. This notice provides information about how we collect, store, share and safeguard your personal data and how we comply with our obligations under data protection law.

You can find Riversides full privacy notice on our website: www.riverside.org.uk/privacy-policy/riversides-privacy-notice/

The privacy notice provides more information on how we process your data and the legal conditions we rely on to do so.

The data we will collect will be the minimum required and may include, but is not limited to:

- contact data, including your name, address, email address and any phone numbers
- information about lifestyle and social circumstances identifiers such as age, date of birth, national insurance number
- financial data including any benefits or social welfare you may receive, bank account details, debit or credit card details, balances and general financial circumstances
- sensitive data about you and other household members including any disabilities, accessibility requirements, religion, sexuality, caring responsibilities, health data and unspent criminal convictions. This is so we can provide you with relevant support and best accommodate you during the length of your tenancy.

We will use your personal data to:

- verify that you are eligible for social or supported housing
- assess your application and provide a suitable property or accommodation
- ensure your home meets your needs
- manage your tenancy
- process your payments and charges
- enable your local authority to provide any relevant benefits
- ensure utility companies can provide services and charge the right people
- offer relevant support to maintain your tenancy
- provide repairs and maintenance
- avoid risk of homelessness
- ensure the safety and security of our customers, colleagues and contractors.

We may anonymise your information to help maintain the quality of, and improve, our services, anticipate need for our services and share this information with other organisations such as our regulators.

We recognise the importance of ensuring that your data is secure and we employ appropriate technical and organisational measures in order to do so. We will ask you (or any representatives) to confirm your identity when you contact us, or when we contact you. When we share data with any third parties, we will only do so where there is a valid reason to do so and where an appropriate contract or agreement is in place.

There may be instances where we are required to share your personal data in order to provide you with our services, or where we have an obligation to do so. We may share data with:

- contractors and partners to repair and maintain your home
- third parties including local authorities, benefit agencies and support organisations providing welfare needs
- law enforcement for the prevention and detection of crime
- utility providers
- other housing associations, or landlords
- credit reference agencies as part of the Rental Exchange project, or to trace debtors
- Government departments and agencies via CORE. You can find out more about how your information is used by the Ministry for Housing Communities and Local Government by reading the www.riverside.org.uk/wp-content/uploads/2018/07/2018-Data-Sharing-Agreement-Annex-2-Privacy-Notice.pdf

Under Data Protection law you have a number of rights. The rights available depend on the reason for Riverside processing your data:

- you have the right to ask us for copies of your personal data
- you have the right to ask us to rectify information you think is inaccurate
- in certain circumstances, you may have the right to object to, ask us to restrict the processing of, or erase your personal data
- you may have the right to ask us to transfer your information to another organisation.

If you have any questions about this notice, wish to exercise any of your rights, or would like further information about what we do with your personal data please visit www.riverside.org.uk or contact us at dataprotection@riverside.org.uk

26 Relationship to staff or board members

If anyone is related to employees or board members of any part of The Riverside Group Limited or their close relatives, please provide their names below.

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27 Your declaration

By submitting this form I:

- confirm that I am happy to submit this expression of interest
- give permission to current or previous landlords to provide information to Riverside about my current or previous tenancies for the purposes of this application and in order that Riverside may assess my suitability to be a Riverside tenant
- confirm that the information provided is correct to the best of my knowledge
- agree to inform Riverside of any changes to the details provided in this application including any changes to my circumstances
- understand that if I knowingly or recklessly give false information that Riverside will be entitled, by law, to take steps to terminate my tenancy
- understand that Riverside may pursue any outstanding arrears or rechargeable debt if I end the tenancy.

I consent to the information I have given about myself on this form being used for the purposes of this application.

Main applicant's signature

Print name

Date

Joint applicant's signature

Print name

Date

Thank you for completing this form.

Please fill in the separate 'Diversity monitoring form' to help us ensure we are treating everyone fairly and equally.

Section 10 For office use only

	Yes	No	Not applicable	Outcome
OPEN Housing checked for previous tenancy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Please attach copies of the following documents				
Proof of ID and citizenship. (eg. passport, driving licence)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Proof of right to rent for non-citizens of UK/EEA/Switzerland (eg. Home office papers, official government letter)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Proof of residency (eg. utility bill, bank statement)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Proof of income confirmed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other supporting evidence (eg. medical, agency referrals)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Landlords reference satisfactory	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Character reference satisfactory	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Housing history (credit check) satisfactory	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Request to keep pet form completed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mobility Scooter Agreement completed and insurance checked	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Affordability check completed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Affordability check outcome

Affordability check comments

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Interviewed by _____ Date

Recommend rehousing Yes No

Comments and reason for decision

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Section 10 For office use only continued – retirement living applicants

This section should be completed by the current landlord for transfer applicants only

- Are all of the people included on this application either aged 55+ or registered disabled? Yes No
- Has the applicant been a tenant for a minimum of 12 months? Yes No
- Is the rent account clear? Yes No
- Is the property in a good state of repair and decoration with no tenant damage? Yes No
- Is the tenancy without a valid NSP? Yes No
- Does the tenant qualify for an incentive transfer (ie been a tenant for 5 or more years with no history of rent arrears in the last 2 years and no history of ASB)? Yes No
- Is the tenant being decanted? Yes No
- Has the applicant succeeded to the tenancy and is now occupying it? Yes No
- Does the applicant's current property have adaptations which are no longer required? Yes No
- Is the property under occupied? Yes No
- Is the applicant eligible for transfer?** Yes No

If Yes, please forward this application to the appropriate Riverside Office

If No, please inform the applicant in writing, explaining why they are not eligible.