

**PERSONAL DETAILS**

**Applicant**

Mr/Mrs/Miss \_\_\_\_\_ Forename \_\_\_\_\_ Surname \_\_\_\_\_

Address \_\_\_\_\_ Date of Birth \_\_\_\_\_

\_\_\_\_\_

Postcode \_\_\_\_\_ Tel No. \_\_\_\_\_

e-mail address (if any) \_\_\_\_\_

Mobile Phone No \_\_\_\_\_

Marital Status \_\_\_\_\_

**Spouse/Partner**

Mr/Mrs/Miss \_\_\_\_\_ Forename \_\_\_\_\_ Surname \_\_\_\_\_

Date of Birth \_\_\_\_\_

Address (if different from above)

\_\_\_\_\_

Postcode \_\_\_\_\_ Telephone No \_\_\_\_\_

Mobile Phone No \_\_\_\_\_

Names of children and year of birth. Please indicate if any are living with you.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Details of any carers**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Do any carers sleep overnight? \_\_\_\_\_

**SERVICE HISTORY (if applicable)**

Service \_\_\_\_\_

Dates of Service and Units

\_\_\_\_\_

Additional Information (Please give details of how disability occurred if service related) \_\_\_\_\_

**EMPLOYMENT HISTORY (if applicable)**

Current/Most Recent Employer & Address

Telephone No \_\_\_\_\_

Start Date \_\_\_\_\_ Leaving Date \_\_\_\_\_

Brief description of the nature of the job \_\_\_\_\_

**MONTHLY INCOME**

Please provide details of all sources of income      Applicant      Spouse

- 1) Salary or employment pension      \_\_\_\_\_      £ \_\_\_\_\_      £ \_\_\_\_\_
- 2) State Pension \_\_\_\_\_      £ \_\_\_\_\_      £ \_\_\_\_\_
- 3) Disability/Mobility Allowance \_\_\_\_\_      £ \_\_\_\_\_      £ \_\_\_\_\_
- 4) Housing and Council Tax Benefit \_\_\_\_\_      £ \_\_\_\_\_      £ \_\_\_\_\_
- 5) Other income \_\_\_\_\_      £ \_\_\_\_\_      £ \_\_\_\_\_

**TOTAL MONTHLY INCOME: -      £ \_\_\_\_\_      £ \_\_\_\_\_**

**DISABILITIES**

Please give a brief description of your current disabilities stating how and when the disability occurred.

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\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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When submitting your application, please include a letter from your GP giving details of your disability and prognosis.

**It may help your application if we can ask your GP to clarify any points raised in your doctor's letter.**

**Please sign here if you are willing to allow us to contact your doctor directly.**

**Signed** \_\_\_\_\_ **Date** \_\_\_\_\_

Please give details of help you need for your disability and of any care packages you already have in place.

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**ADDITIONAL INFORMATION**

Please provide any additional information which you feel may assist us in considering your application.

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Please give the names and addresses of two people (not related to you) who would be willing to act as referees on your behalf.

1) \_\_\_\_\_

\_\_\_\_\_

2) \_\_\_\_\_

\_\_\_\_\_

Finally may we ask how you found out about Lyme Green Settlement?

\_\_\_\_\_

\_\_\_\_\_

**SIGNED** \_\_\_\_\_ **DATE** \_\_\_\_\_

If we are able to offer you a tenancy, you will need to take independent legal advice before signing the tenancy agreement.

The tenancy agreement will be in the name of the disabled person and any other person living with you will be required to vacate the property within six months in the event of you leaving.

Please send to: The Administrator, The Office, Lyme Green Settlement,  
London Road, Macclesfield, Cheshire, SK11 0LD. Tel: 01260 252666.