

Wellhouse: the Place to Be



Caring Open Respectful Empathy

Wellhouse Housing Association  
49 Wellhouse Crescent  
Glasgow  
G33 4LA

# Medical Application Form

[info@wellhouseha.org.uk](mailto:info@wellhouseha.org.uk)

www.wellhouseha.org.uk  
0141 781 1884

Registered Scottish Charity No: SCSC036552

## MAIN APPLICANT

Formal ID (photographic is preferred) and proof of National Insurance Number is required for **all applicants**

Proof of address for all people to be rehoused is also required, please submit this ID along with this form.

Title			
First Name		Surname	
Date of Birth		NI No.	
Address		Postcode	
Contact Number		Email	
Current Landlord			

## JOINT APPLICANT

Please complete this section if someone is applying with you as a joint applicant

Title			
First Name		Surname	
Date of Birth		NI No.	
Address		Postcode	
Contact Number		Email	
Current Landlord			

## HEALTH ISSUES

Do you, or anyone to be rehoused with you, have an illness or disability?

If yes, please provide more information

Name of person	
What is the nature of your medical disability?	
Please give details how your current housing situation is worsening the illness or disability	

Do you or anyone to be rehoused with you require to use a wheelchair, walking stick or walking frame?  
If yes, provide more information

Has your current home been specially adapted or built specifically for your health condition?  
If yes, provide more information

Is it likely that anyone to be rehoused will require a wheelchair in the foreseeable future?  
If yes, please provide more information

Does your current house have internal or external stairs?  
If yes, how many?

How many stairs can you manage?

Do you have a garden? **YES/NO**

If so, is a private garden space essential because of the medical condition of anyone to be rehoused with you?

Is a separate bedroom required for the person with a medical condition or for a carer?

Please give details:

Is the person with the medical condition able to manage a bath? **YES/NO**

Does the person with the medical condition require a separate shower unit instead of a bath? **YES/NO**

Is the medical condition likely to deteriorate in the future?

If so, please give details:

Do you receive any allowances or benefits due to your health condition or disability? **YES/NO**

If your health problem is not covered by any of the above questions, please tell us how your housing affects your illness or disability, and how you feel being rehoused would help

**SUPPORT**

Do you need to move house to be near a relative or friend, to receive care and support?

If yes, please provide details of that person:

Name of person who provides support	
Address	
What type of support is provided and how often?	

## SUPPORT SERVICES

Does anyone to be rehoused with you receive support from a support agency?

Please provide details:

Name of support provider	
Contact details	
What type of support is provided and how often?	

## DECLARATION

I/We certify that the information given is a true record of my / our present circumstances, if not the application may be invalidated OR withdrawn OR cancelled. The Association has the right to apply in court for repossession of any dwelling / accommodation, where the tenancy was found to have been granted on the basis of false or misleading information.

I / We agree to inform Wellhouse Housing Association of any change in my / our circumstances. I/We authorise the Association to make any necessary enquiries or investigations to confirm the details of this application.

## DATA PROTECTION

All the information provided within this application will be treated in confidence and comply with the relevant data protection legislation. The information within this form will need to be verified by any relevant party and in signing this form you confirm that you understand that the Association will share the information and data disclosed within the application form with other third parties from time to time in order that your application can be assessed. Further details can be found in the Association's Fair Processing Notice. The purpose of obtaining this information is to verify your current and previous housing circumstances and the information will only be used for the purpose of assessing your rehousing need and requirements. The information you give on this form will be held securely in our files and will be used for the purpose of assessing your housing need as defined in the Association Allocation policy. Should you be successful in obtaining accommodation with the Association, this form and any subsequent additions/updates will be held securely in your house file. After the granting of any tenancy, should any of the information you provided on this application be found to be false or misleading, this will be grounds for the landlord to raise action against you to end the tenancy.

Signature of Main Applicant		Date	
Signature of Joint Applicant		Date	