



# ARCON HOUSING ASSOCIATION

12 Lloyd Street, Manchester M2 5ND Telephone 0161 214 4120

## ADDITIONAL MEDICAL FORM

Applicant's Name

Applicant's Address

Applicant's Telephone Number

Please give the names of anyone moving with you who has a medical condition or disability that is affected by their housing circumstances.

  
  
  

Tick if any of the above people use a wheelchair?

Please contact Arcon to check which properties have wheelchair access.

Tick if any of the above people have difficulty with stairs?

Tick if any of the above people require adaptations?

If any of the above people require a separate bedroom please say why.

**FOR OFFICE USE ONLY - APP REF:**

Please describe how your current housing make your/their health worse?

Please describe how a move to a new home will help your/their health?

**You will need to provide evidence from a medical professional stating the impact your current property is having on your/their health.**

**DECLARATION:** I confirm that the above information is correct and to the best of my knowledge. I understand that the validity of this reference may be checked.

Signed

Date