



Durham Aged Mineworkers Homes Association

**APPLICATION FOR REHOUSING
APPLICANT AUTHORISATION**

**Please complete and return this form with the application
form**

Applicant(s):.....

Address:

.....

.....

I/We understand that Durham Aged Mineworkers' Homes Association may wish to verify the information given in this application by making enquiries of the Police, Social Services, Probation Service, Landlords, Doctors, etc.

I/We authorise Durham Aged Mineworkers' Homes Association to obtain any relevant information from the appropriate organisation in relation to my application.

Applicant: Joint Applicant:

Signature: Signature:

Date: Date: