
Application Form for an Almshouse

The Charity provides housing for people in need in accordance with the charity's
Governing Document:

Data Protection Statement: It is part of the Trustees' responsibilities to ensure that applicants for almshouses are suitably qualified under the terms of the charity's governing document. Trustees, therefore, need to investigate the personal circumstances of applicants. The Charity complies with the regulations for data security under the Data Protection Act 2018 and UK General Data Protection Regulations (UK GDPR). The data we collect has been classified as Sensitive Data under Article 9 of UK GDPR. We have strong procedures and policies in place to protect the collection and storage of this data. The personal data supplied on this form and other information relating to an almshouse appointment or your care management will be held on file. Some details may be checked with relevant organisations since the charity reserves the right to investigate and verify what you write in this form, but no details will be disclosed for any inappropriate purpose. You may have access to your personal information on request.

SECTION 1- ABOUT YOU

YOUR CONTACT INFORMATION

First Name	<input type="text"/>	Last Name	<input type="text"/>
DOB	<input type="text"/>	Marital Status	<input type="text"/>
Address	<input type="text"/>		
Postcode	<input type="text"/>	Email	<input type="text"/>
Landline Tel	<input type="text"/>	Mobile Tel	<input type="text"/>
Length of time at current address	<input type="text"/>		

YOUR EMPLOYMENT HISTORY

Please give details of your current occupation (if any) and brief details of your employment history.

SECTION 1- ABOUT YOU - CONTINUED

SECOND APPLICANT INFORMATION

First Name	<input type="text"/>	Last Name	<input type="text"/>
DOB	<input type="text"/>	Marital Status	<input type="text"/>
Address	<input type="text"/>		
Postcode	<input type="text"/>	Email	<input type="text"/>
Landline Tel	<input type="text"/>	Mobile Tel	<input type="text"/>
Length of time at current address	<input type="text"/>		

YOUR EMPLOYMENT HISTORY

Please give details of your current occupation (if any) and brief details of your employment history.

SECTION 2- ABOUT YOUR FAMILY/ NEXT OF KIN

PERSON 1

First Name

Last Name

DOB

Relationship

Address

Postcode

Email

Landline Tel

Mobile Tel

PERSON 2

First Name

Last Name

DOB

Relationship

Address

Postcode

Email

Landline Tel

Mobile Tel

SECTION 3- ABOUT YOUR PRESENT HOME

Type of accommodation (e.g. 3-bedroom house, 2-room flat):

Do you, or your spouse, own this property?

YES / NO

If 'YES', what is its present estimated value?

Is there a mortgage outstanding on the property and, if so, how much is outstanding? If there is no mortgage, please write **NONE**

If you do not own the property where you currently live, who does own this property? Please include their registered address

Is this person related to you in any way? If **YES** what is the relationship?

If you, or your spouse, have ever owned the property where you currently live, in what circumstances did you cease to be the owner?

SECTION 3- ABOUT YOUR PRESENT HOME- CONTINUED

Current rent

per week

Do you receive any of the following to help with housing costs:

Housing Benefit **YES** / **NO**

Universal Credit **YES** / **NO**

Council Tax Discount **YES** / **NO**

Other Benefits, please specify below **YES** / **NO**

Why do you wish to leave your present accommodation?

SECTION 3- ABOUT YOUR PRESENT HOME- CONTINUED

What are your intentions regarding your current accommodation if you are appointed to an almshouse?

If you or your partner own property other than the one in which you live now, please give details below. This should include property owned abroad as well as in the UK:

Is there any other information about your property you think we should know?

SECTION 4- YOUR INCOME

To enable the trustees to assess your application, please provide the following income information. This should include details of all sources of income and state how frequently you receive them, e.g. weekly, monthly or annually:

		Amount	Frequency
Pensions	State retirement pension Pension paid by a past employer Private pension Widow's or Widower's pension Any other pension		
Social Benefits	Pension Credit Attendance Allowance Universal Credit Any other benefits		
Employment	Please explain the type of employment and hours of work, this includes self employed work.		
Other Income	Annuities Bank Deposit Account Building Society Account Investment Renting property or land that you own Grants from a charity Financial assistance from a relative/friend From a trust fund Any other income – please give details		

SECTION 5- YOUR CAPITAL

Bank account Balance

Savings Account Balance

Shares: Current Value

Premium Bonds: Amount Held

SECTION 6- BORROWING

Do you have any loans or other debts outstanding? If so, please provide details.

SECTION 7- ABOUT YOUR HEALTH AND SOCIAL FACTORS

Are you able and willing to live independently and look after yourself and your accommodation?

YES / NO

Please give details of any significant illnesses, injuries or operations during the last five years

**SECTION 7- ABOUT YOUR HEALTH AND SOCIAL FACTORS -
CONTINUED**

Are you currently receiving treatment for any illness? **YES / NO**

If YES, please give details:

Are you currently receiving treatment for any illness? **YES / NO**

If YES, please give details:

SECTION 7- ABOUT YOUR HEALTH AND SOCIAL FACTORS - CONTINUED

Name of your GP

Address

Postcode

The charity may wish to write to your GP asking him to complete a medical certificate to enable your application to be considered further. If you are appointed as a resident and, at a later date, trustees become concerned about your health and/or your ability to continue to live independently they may need to obtain a further medical report. Please sign and return the enclosed form in which you consent to the charity contacting your GP to authorise them to provide us with medical information about you either now or in the future.

Do you have a conviction which is not spent under the Rehabilitation of Offenders Act 1974?

YES / NO

This information will be processed solely for the purposes of this application.

If YES, please give details:

SECTION 8- REFERENCES

Please give the names and addresses of two responsible people (not relatives) who know you well and whom the charity may approach for a reference. If you are currently renting accommodation, one of the referees should be your current landlord. Please indicate how you know the referees. We will never disclose sensitive personal data to the referees but we will supply them with basic information regarding you and your application

REFERENCE 1

First Name	<input type="text"/>	Last Name	<input type="text"/>
DOB	<input type="text"/>	Relationship	<input type="text"/>
Address	<input type="text"/>		
Postcode	<input type="text"/>	Email	<input type="text"/>
Landline Tel	<input type="text"/>	Mobile Tel	<input type="text"/>

REFERENCE 2

First Name	<input type="text"/>	Last Name	<input type="text"/>
DOB	<input type="text"/>	Relationship	<input type="text"/>
Address	<input type="text"/>		
Postcode	<input type="text"/>	Email	<input type="text"/>
Landline Tel	<input type="text"/>	Mobile Tel	<input type="text"/>

SECTION 9- ADDITIONAL INFORMATION (OPTIONAL)

Applicants should be aware that almshouses are intended to be a community where residents can live safely together. If you wish to make any other statements in support of your application and suitability for almshouse accommodation please use the space below.

SECTION 10- DECLARATION

I have read the charity's Conditions of Entry and believe that I meet the beneficiary criteria to live in one of the charity's almshouses.

I declare that the information given in this application is correct and complete to the best of my knowledge and belief. I understand that the trustees would be entitled to terminate any appointment to an almshouse dwelling I may be given as a result of this application, if my answers in this application form are untrue, or misleading in any respect (for example, due to omitting or misstating relevant facts).

I have read this application form carefully (*and the charity's Residents' Handbook*) and agree to abide by it (*them*) should I be appointed to an almshouse.

I accept that if I am appointed as a resident I shall be a beneficiary of the charity and not a tenant. Any weekly sum I pay will be a maintenance contribution and not a rent.

I confirm that I can look after myself and live independently, with the assistance of family and social services if necessary.

I consent to my GP or other medical attendant providing the charity with a medical certificate or report about my health and condition now or at a future date in accordance with the terms of the attached form of authority.

I consent to the charity holding personal and sensitive data relating to me and my personal circumstances in accordance with the General Data Protection Regulations (GDPR).

I understand that I have the right to request access to the information that is held by the Charity relating to my data. I understand that I have the right to decline to provide information requested within this form.

The charity is obliged to check the immigration status of prospective residents and will need to see proof of identity such as a passport or driving licence.

I agree that the charity may contact me by: (Please circle as appropriate.)

EMAIL / POST / TELEPHONE

Signature

Name

PLEASE PRINT NAME IN CAPITAL LETTERS

Date

Please return your completed application to

Superintendent- Mr John Moore

7 Fleet Close

Littleport

Cambs

CB6 1PG

Mobile: 07710 933 295

Email: j.moore@thomasparsonscharity.org.uk