

APPLICATION FORM FOR AN ALMSHOUSE ALVECHURCH ALMSHOUSE CHARITY

Registered Charity No. 214948

The Alvechurch Almshouse Charity provides housing for people in need over 60 years of age (unless there are special circumstances) and who have lived in Alvechurch Parish for at least 1 year.

**This form is to be completed in full and returned to the Clerk to the Trustees:
Susan Moxon, 20 Willowbrook Road, Alvechurch, Worcestershire, B48 7PZ.
Mobile 07867 387267. E-mail: clerk.alvechurchalmshouses@gmail.com**

The information contained in this application form will be provided to the Charity in confidence and will not be disclosed to anyone other than the Clerk and Trustees.

Applicants are advised that failure to disclose any relevant information may prejudice their application. The form must be completed in full and any misleading or inaccurate information may lead to your appointment being set aside and you having to leave the almshouse.

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 General Data Protection Regulations (GDPR). The data we collect has been classified as Sensitive Data under Article 9 of 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.

IF YOU HAVE ANY QUESTIONS OR REQUIRE ANY ASSISTANCE IN COMPLETING THE FORM PLEASE CONTACT THE CLERK TO THE TRUSTEES.

Section 1 – About You

	Applicant 1	Applicant 2
Surname		
First Name/s		
Date(s) of Birth		
Age(s)		
Past or Present Occupation(s)		
Address		
Postcode		
Tel No	Mobile No	Email Address
		Marital Status

Length of time at this address (e.g. 1952 – present)	Council Tax Band
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Do you own a pet?

YES	NO
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Do you own a car?

YES	NO
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(Circle answer)

Section 2 – About your Family

Please provide details of your current Next of Kin

	Applicant 1	Applicant 2
Name		
Relationship		
Address		
Postcode		
Tel number		
Mobile number		
Email address		

Are they willing to be contacted in cases of emergency and able to assist?

YES	NO
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(Circle answer)

Section 3 – About your present home

Do you, or your partner, own your present accommodation?

YES	NO
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(Circle answer)

If **YES**, what is the present estimated value of this property?

£	
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If you do not own the property you live in, who does own the property?

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Is this person related to you in any way?

YES

NO

(Circle answer).

If **YES**, what is the relationship?

What is your present accommodation? **(Circle the answer)**

House
Flat

Bungalow
Ground Floor

Detached
Upper floor (state which)

Semi-detached

Other **(please state)**

Please state **number of bedrooms**

Why do you wish to leave your present accommodation?

What are your intentions regarding this property if you are offered an Almshouse?

If the property is sold, what do you intend to do with the proceeds of the sale?

How much remains outstanding on your mortgage / equity release?

£

If there is no mortgage or equity release outstanding, please write '**NONE**'
OTHER PROPERTY

Do you, or your partner, own property other than the one you live in?

YES	NO
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If **YES**, please provide details and addresses

(Circle answer)

Value(s)

£

£

Do you have any mortgages/loans on the above property?

YES	NO
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(Please provide details)

(Circle answer)

Amount(s)

£

Please provide any further information in box below:

Section 4 – Financial Information

To enable Trustees to assess your application, please provide the following information:

NET INCOME (MONTHLY) Please answer all questions. Enter 'NIL' where applicable.

	DETAILS	APPLICANT 1	APPLICANT 2	JOINT
EMPLOYMENT	Employment			
PENSIONS AND RETIREMENT	State Pension			
	Pensions from former Employers (TOTAL)			
	Widow's or widower's pension from late spouse's employment			
	Other			
SOCIAL SECURITY BENEFITS	Universal Credit			
	Pension Credit			
	Attendance Allowance			
	Personal Independence Payment			
	Any other benefits			
OTHER INCOME BENEFITS	Housing Benefit			
	Council Tax Benefit			
	Other			

MONTHLY NET OUTGOINGS: Please answer all questions. Enter 'NIL' where applicable.

DETAILS	AMOUNT
Council Tax	
Mortgage	
Rent	
Heat and Light	
Water	
House Insurance	
Loan payments	
Any other significant outgoings	

BORROWING

DETAILS	AMOUNT
Credit Cards	
Bank Overdrafts	
Loans	
Credit Agreements	
Equity Release	
Any other (continue on separate sheet if necessary)	

SAVINGS AND CAPITAL

Please answer all questions. Enter 'NIL' where applicable.

DETAILS	TOTAL AMOUNTS	
	APPLICANT 1	APPLICANT 2
Bank Accounts		
Post Office Accounts		
Building Society Accounts		
ISAs		
National Savings		
Premium Bonds		
Stocks/Shares/Unit Trusts		
Any other Capital – please provide details (continue on separate sheet if necessary)		

Section 5 – 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.

APPLICANT 1**APPLICANT 2**

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

If yes please give details below including medication.

APPLICANT 1**APPLICANT 2**

Are there any other health or social factors which you would like the Trustees to take into account when assessing your application? Please state what they are and describe how they affect your day to day living:-

Please also include how you feel an almshouse will improve your situation and be more suited to meeting your needs than your present accommodation.

(Continue on a separate sheet if necessary).

(Social factors may include accommodation issues, isolation, feelings of depression, stress, neighbourhood issues/disputes, distance from GP, community facilities, shops, public transport etc., lack of support from family/friends, worry over financial matters or any other concerns/worries which may affect your well being).

APPLICANT 1

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APPLICANT 2

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Details of your GP:

Name	
Address	
Postcode	
Tel. number	

Rehabilitation of Offenders Act 1974: Disclosure of Criminal Convictions:

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 provide details:

DECLARATION:

I declare that the information I have provided in this form is, to the best of my knowledge and belief, correct and that I now submit this application in good faith. I confirm that I am able to look after myself, with the assistance of family and/or friends and social services if necessary. I accept that if I am appointed as a resident I shall have no legal rights as a tenant nor will I have any legal interest in the property. Any weekly sum I pay will be a maintenance contribution and not a rent.

Signed (Applicant 1)

PRINT NAME (IN CAPITALS)

Signed (Applicant 2)

PRINT NAME (IN CAPITALS)

Date