



Plymouth Charity Trust



Application Form for an Almshouse

Section 1 – About You

Full nameMr/Mrs/Miss/Ms.....

Address

.....

.....Post Code.....

Telephone NoMobile Number

Length of time at this address..... Length of time resident in Plymouth.....

Council Tax Band..... National Insurance number.....

Place/Date of Birth AgeMarital status.....

Employment History: Please give details of any occupations you have followed and for how long. Any present occupations should be included:

.....

.....

About Your Partner

Full nameMr/Mrs/Miss/Ms.....

Address

.....

.....Post Code.....

Telephone NoMobile Number

Length of time at this address..... Length of time resident in Plymouth.....

Council Tax Band..... National Insurance number.....

Place/Date of Birth AgeMarital status.....

Employment History: Please give details of any occupations you have followed and for how long. Any present occupations should be included:

.....

.....

Section 2 – About your Family

Next of kin.....

Relationship

Address

.....

.....Post code

Telephone NoMobile Number

Section 3 – About your present home

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

.....

Do you, or your spouse, own it? Yes/No

If 'yes', what is its present estimated value? £.....

If you do not own the property where you currently live, who does own this property?

.....

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

.....

If rented, please give name and address of landlord:

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Current rent £.....per week

Do you receive Housing Benefit? Yes/No

Do you receive Council Tax Benefit? Yes/No

Why do you wish to leave your present accommodation?

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.....

.....

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

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.....

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

Address

.....

.....Post Code

Section 4 – Your Income

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

	Amount	Frequency
Pensions 1. State retirement pension 2. Pension paid by a past employer 3. Private pension 4. Widow's pension 5. Any other pension		

Social Security Benefit 1. Pension Credit 2. Attendance Allowance 3. Any other benefits (Inc Housing Benefit)		
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Other Income 1. Annuities 2. Bank Deposit Account 3. Building Society Account 4. Investment 5. Renting property or land that you own 6. Grants from a charity 7. Financial assistance from a relative/friend 8. From a trust fund 9. Any other income – please give details		
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Section 5 – Your Capital / Savings

1. Bank accounts Current Balance

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2. Building Society accounts Current Balance

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3. Shares Current Value

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4. National Savings Certificates

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5. Unit Trusts

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6. Premium Bonds

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Section 6 – About your Health and Social Factors

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

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

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Are there any other health or social factors that you would wish the trustees to take into consideration when assessing your application?

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Are you receiving continuing treatment for any of the above?

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.....

What aids or equipment do you use?

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Are you receiving support from anyone? (health, financial, cleaning etc)

.....

Name and address of your GP.....

.....Post Code.....

Do you have a conviction which is not spent under the Rehabilitation of Offenders Act 1974? YES / NO

If 'YES', please provide details:

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.....

Section 7 – 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.

1..... 2.....

.....

.....

Post Code.....

Section 8 – Declaration

I have read the charity’s Conditions of Entry and believe that I am eligible to apply 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 accept that if I am appointed as a resident I shall be a Licensee of the charity and not a tenant. Any weekly sum I pay will be a maintenance contribution and not a rent.

If elected agree to abide by the rules governing the Almshouses.

I confirm that I am able to look after myself, with the assistance of family and social services if necessary

Signature:

Name:

(PLEASE PRINT NAME IN CAPITAL LETTERS)

Date

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 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 but none will be disclosed for any inappropriate purpose. You may have access to your personal information on request.

The Charity is committed to the principle of equal opportunities and observes the letter and spirit of current legislation as far as the governing instrument follows.

Plymouth Charity Trust operates a policy of equal opportunities. To enable us to check whether this policy is working, please give details of your ethnic origin. This information will be kept confidentially and used only for the Trust for monitoring purposes.

- White Black-Caribbean Indian Bangladeshi Chinese

- Black-African Black-Other Pakistani

Please return your completed application to:

PLYMOUTH CHARITY TRUST
41 HELE’S TERRACE
PRINCE ROCK
PLYMOUTH
PL4 9LH