

Almshouse Application Form

Please complete in capital letters and a black pen

About You

Personal details

Title First name Surname

.....

Date of Birth Place of Birth Age Council Tax Band National Insurance Number

.....

Ethnicity

.....

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.

Address and contact details

Number Street Town/City County Postcode

.....

Telephone number Mobile number Email address

.....

How long have you lived at this address? Years Months

How long have you been a Plymouth resident?
or how long did you live here for previously? Years Months

Employment history

Please give details of any occupations you have followed and for how long (employer name, start and end date). Any present occupations should be included:

.....

.....

GP details

Name Address of Surgery

.....

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Your partner's details

If you do not have a partner ignore this page

Title First name Surname

Date of Birth Place of Birth Age Council Tax Band National Insurance Number

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.....
.....

GP details

Name Address of Surgery

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About Your Family

Next of kin details in case of emergency

Full name		Relationship		
.....			
Number	Street	Town/City	County	Postcode
.....
Telephone number	Mobile number	Email address		
.....		

About Your Home

Your current living situation

Type of accommodation i.e 3 bedroom house, 2 bedroom flat. Please add below:

.....

Do you or your spouse own this home? Yes No If yes, what is its estimated present value? £

If no, who owns your current property? Family member Privatey rented Council Other please specify

If the property is owned by a family member how you are related?

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

.....

Do you receive Housing Benefit? Yes No Do you receive Council Tax Benefit? Yes No

Please complete this section if you live in rented accomodation

Please give the name and address of your Landlord

Full name				
.....				
Number	Street	Town/City	County	Postcode
.....
How much rent do you currently pay? £			Per week <input type="checkbox"/>	Per month <input type="checkbox"/>

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Your current living situation continued

Why are you leaving your present accomodation?

.....

.....

Is there a mortgage outstanding on the property? Yes No

If yes, how much on your mortgage is outstanding? £

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

Number	Street	Town/City	County	Postcode
.....

Your Income

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

Please complete all sources of income and how regularly you receive them.
Leave fields blank if they are not relevant to you:

Complete all Pension types	Amount	Weekly	Monthly
1. State retirement pension	£	<input type="checkbox"/>	<input type="checkbox"/>
2. Pension paid by a past employer	£	<input type="checkbox"/>	<input type="checkbox"/>
3. Private pension	£	<input type="checkbox"/>	<input type="checkbox"/>
4. Widow's pension	£	<input type="checkbox"/>	<input type="checkbox"/>
5. Any other pension	£	<input type="checkbox"/>	<input type="checkbox"/>
6. I do not have a pension	<input type="checkbox"/>		

Complete any Social Security Benefits

1. Pension Credit	£	<input type="checkbox"/>	<input type="checkbox"/>
2. Attendance Allowance	£	<input type="checkbox"/>	<input type="checkbox"/>
3. Any other benefits (Inc Housing)	£	<input type="checkbox"/>	<input type="checkbox"/>

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Your income continued

Other Income and savings	Amount	Weekly	Monthly
1. Annuities	£	<input type="checkbox"/>	<input type="checkbox"/>
2. Bank Deposit Account	£	<input type="checkbox"/>	<input type="checkbox"/>
3. Building Society Account	£	<input type="checkbox"/>	<input type="checkbox"/>
4. Investments	£	<input type="checkbox"/>	<input type="checkbox"/>
5. Renting property or land that you own	£	<input type="checkbox"/>	<input type="checkbox"/>
6. Grants from a charity	£	<input type="checkbox"/>	<input type="checkbox"/>
7. Financial support from a relative/friend	£	<input type="checkbox"/>	<input type="checkbox"/>
8. From a trust fund	£	<input type="checkbox"/>	<input type="checkbox"/>

Any other income – please give details

Please add ALL of your Capital/Saving Amounts below:

Bank account Currant balance
 £

Health and Social

About your health and social factors:

Have you had any significant illnesses, injuries or operations during the last five years? Yes No

 If yes please outline details

.....

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

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

Are you receiving continuing treatment for any of the above?

Do you use any aids or equipment?

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

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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 character reference.

Referee 1. Full name

.....

Number	Street	Town/City	County	Postcode
.....
Telephone number	Mobile number	Email address		
.....		

Referee 2. Full name

.....

Number	Street	Town/City	County	Postcode
.....
Telephone number	Mobile number	Email address		
.....		

Declaration

Please read and sign before sending the form

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	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.