

APPLICATION FOR ALMSHOUSE ACCOMMODATION



**St John's
Winchester**
CARE IN A VIBRANT COMMUNITY

Please answer all questions fully and clearly, and then read the declaration at the bottom of the form before signing. If you have any difficulties completing the form please contact the Charity's Office Manager (01962-854226) for assistance.

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| 1. | Your Full Name | |
| 2. | Your Date of Birth | |
| 3. | Your Marital Status | |
| 4. | If you are married and live with your spouse, please state:- Spouse's Name: Spouse's Date of Birth: | |
| 5. | Your current address, postcode, telephone number (including dialling code) and email address: | Address: Postcode: Tel No: Email: |
| 6. | Please TICK which type of accommodation you currently reside in. | House Bungalow Flat with Warden Control Flat without Warden Control Other (please state) |

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| 7. | How long have you lived at your current address? | YEARS |
| 8. | <p>If LESS THAN 10 YEARS, please give the last two addresses of where you have lived and the number of years at each address.</p> | <p><u>First Address:</u></p> <p>Landlord's Name:</p> <p>Previous Property Address:</p> <p><u>Second Address:</u></p> <p>Landlord's Name:</p> <p>Previous Property Address:</p> |
| 9. | <p>Does anyone else live at your address other than you and your spouse?</p> <p>If YES why?</p> | YES / NO |
| 10. | <p>If you OWN your own property, please complete this section:-</p> <p><i>We will require sight of a current valuation of the property and/or details of any outstanding mortgage should you be invited for interview.</i></p> | <p>What is the current market value? £</p> <p>How much mortgage do you owe? £</p> |
| 11. | <p>If you DO NOT OWN your property, please complete this section:-</p> <p>Who is your Landlord?</p> <p>Are they related to you? If YES please confirm relationship.</p> | YES / NO |

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| 12. | What is your present monthly rent (before deducting of housing benefit/council tax benefit)? | £ per month |
| 13. | <p>Have you made an application to any other housing providers, including Local Authorities, for accommodation?</p> <p>If YES please complete the following questions:-</p> <p>Name of Housing Provider</p> <p>Date of application</p> <p>Housing Provider's response</p> | YES / NO |
| 14. | <p>Are you (and your spouse) able to look after yourself(ves) and lead a fully independent life (eg showering, shopping, dressing, preparing meals, cleaning your flat)</p> <p>If NO please give further details on how you/your spouse need assistance.</p> | YES / NO |
| 15. | <p>Do you/your spouse have difficulty climbing stairs?</p> <p>If yes, please give full details of difficulty.</p> | YES / NO |

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| 16. | <p>Please provide brief details of all ongoing medical conditions you/your spouse currently have.</p> <p><i>[All information provided will be treated in the strictest confidence]</i></p> | |
| 17. | <p>Please give the name, address and telephone number of your usual doctor.</p> <p><i>(We will seek your consent to obtain further medical details from your GP before considering your application further)</i></p> | <p>GP Name: [block letters]</p> <p>GP Address: [block letters]</p> <p>GP Tel No:</p> |
| 18. | <p>Please give the names and addresses of TWO persons NOT related to you and have known you for at least 3 years who are willing to be contacted by the Charity in support of your application.</p> | <p><u>First Referee:</u></p> <p>Name: [Block Letters]</p> <p>Email Address:</p> <p>Postal Address (inc Postcode) [Block Letters]</p> <p><u>Second Referee:</u></p> <p>Name: [Block letters]</p> <p>Email Address:</p> <p>Postal Address (inc Postcode) [block letters]</p> |

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| 19. | Do you have an active role in your local community? For example, do you attend any clubs? If YES, please give details. | YES/NO |
| 20. | <p>Please give FULL details of your monthly income as follows:- <i>(we will require proof of income)</i></p> <p>Salary from any part-time/casual employment</p> <p>Government Basic State Pension (monthly figure)</p> | <p>£</p> <p>£</p> |
| 21. | <p>Do you receive any work related pension(s)? <i>(we will require proof of income)</i></p> <p>If YES please give full details of EVERY pension and the monthly amount received:-</p> <p>Company Name(s)</p> <p>Monthly amount received from each pension</p> | <p>YES / NO</p> <p>£</p> |
| 22 | <p>If you receive Government Benefits please give full details of the MONTHLY amount you receive for each:- <i>(we will require proof of income)</i></p> <p>Housing Benefit</p> <p>Council Tax Benefit</p> <p>Pension Credit</p> <p>Pensions Savings Credit</p> <p>Attendance Allowance</p> <p>Carers Allowance</p> <p>Disability Living Allowance</p> <p>Other (please state)</p> | <p>£</p> <p>£</p> <p>£</p> <p>£</p> <p>£</p> <p>£</p> <p>£</p> <p>£</p> |

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| 23. | <p>Please provide details of ALL your other capital as follows:- <i>(we will require proof of income)</i></p> <p>Name(s) of each Bank Account and total amount held in each account: £</p> <p>Name(s) of Online Bank Account and total amounts in each account: £</p> <p>Name(s) of Building Society Account and total amount in each account: £</p> <p>Total amount in any Post Office Account £</p> <p>Total amount in each ISA £</p> <p>Total amount in Premium Bonds £</p> <p>Total amount in Shares/Bonds £</p> <p>Other accounts not mentioned above £</p> | |
| 24. | <p>In the past TEN years have you:-</p> <p>Sold a property either in this country or abroad? YES/NO If so, what date did you sell the property and what were the proceeds of sale? <i>(We will require sight of the property paperwork)</i> £</p> <p>Have you transferred ownership of your home to a family member? If so, when and what were the circumstances. YES/NO</p> <p>Do you have a financial share in any family property? YES/NO If so, what value? £</p> | |

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| 24 cont/ | <p>Made any gifts to member(s) of your family or friends in an amount or for a value greater than £1000?</p> <p>If YES, please list the date/recipient's name(s), and amount/value of each gift(s)</p> | <p>YES/NO</p> <p>£</p> |
| 25. | <p>Do you have any family in Winchester or the surrounding area? If so, please provide their name, address, telephone and their relationship to you.</p> | |
| 26. | <p>Have you made a Will?</p> | <p>YES/NO</p> |
| 27. | <p>Have you put in place a Lasting or Enduring Power of Attorney with respect to your financial affairs and your health & welfare? <i>(We <u>may</u> make it a condition of any appointment as a resident that you do so, and will require evidence that you have done so)</i></p> | <p>YES/NO</p> |
| 28. | <p>Under the Immigration Act 2014 we are obliged to check the immigration status of all prospective residents. Please confirm you are entitled to reside in this country and can provide appropriate documentation if necessary.</p> | <p>YES/NO</p> |

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| 29. | Please give a full explanation, in your own words, why you have applied to St John's Winchester Charity for accommodation within their almshouse community, and describe briefly what you believe you can add to our community. <i>[Please use a separate piece of paper if you wish].</i> | |
| 30 | Where did you hear about the Charity i.e website, advertisement, word of mouth? | |

DECLARATION BY APPLICANT

I CONFIRM that the information given on this application form, including my financial information, is true, accurate and complete.

I authorise and agree to St John's Winchester Charity making further enquiries, regarding the financial or medical information which I have provided.

Signed

Date

PLEASE RETURN YOUR COMPLETED FORM TO:-

The Director, St John's Winchester Charity, 32 St John's South, The Broadway, Winchester SO23 9LN or email office@stjohnswinchester.co.uk