

APPLICATION FOR ALMSHOUSE ACCOMMODATION



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 Office Manager (01962-854226) for assistance.

Personal Details

1.	Your Full Name	
2.	Your Date of Birth	
3.	Your Marital Status	
4.	Are you married or do you live with a partner? If so please provide their details. please state: -	Name Date of Birth -----/-----/-----
5.	Your current address, postcode, telephone number (including dialling code) and email address	
	Address: Postcode: Tel No: Email: Car Owner: YES/NO	
6.	Please TICK which type of accommodation you currently reside in	House Bungalow Flat with Warden Control Flat without Warden Control Other (please state)
7.	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>	YES NO
Financial affairs		
Health & welfare		

Name of Applicant _____

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Name of Applicant _____

8.	How long have you lived at your current address?	YEARS
9.	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><u>First Address:</u></p> <p>Landlord's Name:</p> <p>Previous Property Address:</p> <p>Years _____</p> <p><u>Second Address:</u></p> <p>Landlord's Name:</p> <p>Previous Property Address:</p> <p>Years _____</p>		
10.	Does anyone else live at your address other than you and your partner/spouse? If YES who?	YES / NO Relationship _____
11.	If you OWN your own property, please complete this section: - <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>	What is the current market value? £ How much mortgage do you owe? £
12.	If you DO NOT OWN your property, please complete this section: - Who is your Landlord? Are they related to you? If YES please confirm relationship.	Landlord name and address YES / NO If yes please state relationship _____

Name of Applicant _____

Financial Information

13.	What is your present monthly rent (before deducting of housing benefit/council tax benefit)? <i>(If applicable)</i>	£	per month
14.	Do you or your partner/spouse receive any work-related pension(s)? <i>(we will require proof of income)</i> If YES please give full details of EVERY pension and the monthly amount received: - Monthly amount received from each pension	YES / NO	YES / NO
		First Applicant Company Name(s)	Second Applicant Company Name(s)
15.	Please give FULL details of your monthly income as follows: - <i>(we will require proof of income)</i> Salary from any part-time/casual employment Government Basic State Pension (monthly figure) Investments or other regular income.	First Applicant	Second Applicant
		£	£
		£	£
		£	£
16.	If you or your partner/spouse receive Government Benefits please give full details of the MONTHLY amount you receive for each: - <i>(we will require proof of income)</i>		
		First Applicant	Second Applicant
	Housing Benefit	£	£
	Council Tax Benefit	£	£
	Pension Credit	£	£
	Pensions Savings Credit	£	£
	Attendance Allowance	£	£
	Carers Allowance	£	£
	Disability Living Allowance	£	£
	Other (please state)	£	£
17.	Please provide details of <u>ALL</u> other capital for you and your partner/spouse have as follows: - <i>(we will require proof of income)</i>		
	Name(s) of each Bank Account and total amount held in each account:	£	£
	Name(s) of Online Bank Account and total amounts in each account:	£	£
	Name(s) of Building Society Account and total amount in each account	£	£

Name of Applicant _____

	Total amount in any Post Office Account	£	£
	Total amount in each ISA	£	£
	Total amount in Premium Bonds	£	£
	Total amount in Shares/Bonds	£	£
	Other accounts or assets not mentioned above	£	£
18.	<p>In the past TEN years have you or your partner/spouse: -</p> <p>Sold a property either in this country or abroad? 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.</p> <p>Do you have a financial share in any family property? If so, what value?</p> <p>Have you or your partner/spouse made any gifts to member(s) of your family or friends in an amount or for a value greater than £1000? If YES, please list the date/recipient's name(s), and amount/value of each gift(s)</p>	<p>YES/NO</p> <p>£</p> <p>YES/NO</p> <p>YES/NO</p> <p>£</p> <p>YES/NO</p> <p>£</p>	<p>YES/NO</p> <p>£</p> <p>YES/NO</p> <p>YES/NO</p> <p>£</p> <p>YES/NO</p> <p>£</p>
19.	<p>Have you or your partner/spouse made an application to any other housing providers, including Local Authorities for accommodation?</p> <p>If YES please complete the following questions: -</p>	<p>YES / NO -</p> <p>Date of application / /</p> <p>Name of Housing Provider</p> <p>Housing Provider's response</p>	
20.	Have you made a Will?	YES/NO	

Name of Applicant _____

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Name of Applicant _____

Medical Information

21.	<p>Please provide brief details of all ongoing medical conditions you and/or your spouse or partner currently have.</p> <p><i>[All information provided will be treated in the strictest confidence]</i></p>	
22.	<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>
23.	<p>Do you/your spouse or partner have difficulty climbing stairs? If yes, please give full details of difficulty.</p>	YES / NO
24.	<p>Are you (and your spouse/partner) 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

Name of Applicant _____

25.	Do you or your spouse/partner have any family in Winchester or the surrounding area? If so, please provide their name, address, telephone and their relationship to you.
	<p>Name</p> <p>Relationship</p> <p>Address</p> <p>Telephone</p> <p>e-mail</p>
	<p>Name</p> <p>Relationship</p> <p>Address</p> <p>Telephone</p> <p>e-mail</p>

Name of Applicant _____

Reference Information

26.	Please give the names and addresses of TWO persons NOT related to you or your spouse/partner and have known you for at least 3 years who are willing to be contacted by the St John's in support of your application.
	<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>Telephone number</u></p>
	<p><u>Second Referee:</u></p> <p>Name: [Block letters]</p> <p>Email Address:</p> <p>Postal Address (inc Postcode) [block letters]</p> <p><u>Telephone number</u></p>

Name of Applicant _____

Getting to know you

Please tell us, in your own words, why you have applied to St John’s Winchester for accommodation within our almshouse community.

This is so we can get to know you and so you feel fully supported within our community. Please describe briefly what your interests are and what you enjoy doing in the local community. For example, do you attend any clubs? This will enable us to support you to get to know what may be of interest within our almshouse community and locally.

[Please use a separate piece of paper if you wish].

27.	
28.	Where did you hear about us? eg website, word of mouth, advertisement etc

DECLARATION BY APPLICANT

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

I understand that St John’s Winchester will keep and store my personal information to process my application and, is successful thereafter in line with the Data Protection Act and GDPR requirements 2018.

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

First Applicant Signed Date

Second Applicant Signed Date

PLEASE RETURN YOUR COMPLETED FORM TO: -

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

Name of Applicant _____