**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.

**YOUR 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?  ***(We may make it a condition of any appointment as a resident that you do so, and will require evidence that you have done so*** |  | **YES** | **NO** |
| Financial affairs |  |  |
| Health & welfare |  |  |

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| --- | --- | --- |
| 8. | How long have you lived at your current address? | MONTHS / 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 | |
|  | **First Address:**  Landlord’s Name:  Previous Property Address:  Years \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **Second Address:**  Landlord’s Name:  Previous Property Address:  Years \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
| 10 | Does anyone else live at your address other than you and your partner/spouse?  If **YES** who? | YES / NO  Relationship:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| 10a | Have you and/or your partner/spouse ever been refused housing or evicted by a Private Landlord or Housing Provider? If so, please give dates and details | YES / NO |
| 10b | Do you and/or your partner/spouse have any *unspent* criminal convictions?  If YES, please give details | YES / NO |
| 11. | If you **OWN** your own property,  please complete this section: -  ***We will require sight of a current valuation of the property and/or details of any outstanding mortgage should you be invited for interview.*** | 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 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

**Financial Information**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 13. | What is your present monthly rent (before deducting of housing benefit/council tax benefit)?  ***(If applicable)*** | £ per month | | |
| 14. | Do you or your partner/spouse receive any work-related pension(s)?  ***(we will require proof of income)***  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: - ***(we will require proof of income)***  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: ***(we will require proof of income)*** | | | |
| 16.  cont. | Housing Benefit  Council Tax Benefit  Pension Credit  Pensions Savings Credit  Attendance Allowance  Carers Allowance  Disability Living Allowance  Other Sources of income (please state) | First Applicant  £  £  £  £  £  £  £  £ | Second Applicant  £  £  £  £  £  £  £  £  £  £ | |
| 17. | **Please provide details of ALL other capital for you and your partner/spouse have as follows: - *(we will require proof of income)*** | | | |
|  | 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 | | £ | £ |
|  | 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. | In the past **TEN** years have you or your partner/spouse: -  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? ***(We will require sight of the property paperwork)***  Have you transferred ownership of your home to a family member? If so, when and what were the circumstances.  Do you have a financial share in any family property?  If so, what value?  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) | YES / NO  £  YES / NO  YES / NO  £  YES / NO  £ | YES / NO  £  YES / NO  YES / NO  £  YES / NO  £ | |
| 19. | Have you or your partner/spouse made an application to any other housing providers, including Local Authorities for accommodation?  If **YES,** please complete the following questions: | YES / NO -  Date of application / /  Name of Housing Provider  Housing Provider’s response | | |
| 20. | Have you made a Will? | YES / NO | | |

**MEDICAL INFORMATION**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 21. | Please provide brief details of all ongoing medical conditions you and/or your spouse or partner currently have.  ***[All information provided will be treated in the strictest confidence]*** | | | |
|  |  | | | |
| 22. | Please give the name, address and telephone number of your usual doctor.  ***(We will seek your consent to obtain further medical details from your GP before considering your application further)*** | | GP Name:  [block letters]  GP Address:  [block letters]  GP Tel No: | |
| 23. | Do you/your spouse or partner have difficulty climbing stairs?  If yes, please give full details of difficulty. | YES / NO | | |
| 24. | Are you (and your spouse/partner) able to look after yourself(/ves) and lead a fully independent life (e.g. showering, shopping, dressing, preparing meals, cleaning your flat)?  If **NO** please give further details on how you/your spouse need assistance. | YES / NO | | |
| 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 and their ability to support you to live independently | | |
|  | Name:  Relationship:  Address:  Telephone:  e-mail: | | |
|  | Name:  Relationship:  Address:  Telephone:  e-mail: | | |

**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. We may contact your referee by telephone regarding their reference in support of your application. |
|  | First Referee:  Name:  [Block Letters]  Email Address:  Postal Address (inc. Postcode):  [Block Letters]  Telephone number: |
|  | Second Referee:  Name:  [Block letters]  Email Address:  Postal Address (inc. Postcode):  [block letters]  Telephone number: |

**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.  **We would appreciate it if you could also complete the ‘Getting to Know You’ form.**  [please use a separate piece of paper to answer this question if you wish] | | |
| 27. | Where did you hear about us? E.g. 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 after consultation with me.***

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](mailto:office@stjohnswinchester.co.uk)