

HADLEIGH GRAND FEOFFMENT CHARITY

HADLEIGH, SUFFOLK

Office 20, Hadleigh Business Centre, Crockatt Road, Lady Lane Industrial Estate, Hadleigh.

IP7 6RH

Telephone Number: 07719 953295

Registered Charity No 246018

ALMSHOUSE APPLICATION – CONFIDENTIAL TO THE TRUSTEES

The Hadleigh Grand Feoffment charity provides housing for people in need in accordance with the charity's Governing Document. The charity's general criteria are that the applicant shall be resident within the former Urban District Council of Hadleigh, be past retirement age, not in full time employment and be self-sufficient.

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 since the charity reserves the right to investigate and verify what you write in this form,** but no details will be disclosed for any inappropriate purpose. You may have access to your personal information on request.

Application Form – to be returned to the Collector/Managing Agent.

Section 1 – About You

Full name.....Mr/Mrs/Miss/Ms.....

Address and Postcode

.....

.....

Email Address

Home Telephone Number

Mobile Telephone Number

Length of time at your current address

Council Tax Band

Date of Birth..... Age..... Marital Status

National Insurance Number

Employment History - Please give details of your current occupation (if any) and brief details of your employment history.

.....

.....

.....

.....

Section 2 – Second Applicant

Full name.....Mr/Mrs/Miss/Ms.....

Address and Postcode

.....
.....

Email Address

Home Telephone Number

Mobile Telephone Number

Length of time at your current address

Council Tax Band

Date of Birth..... Age..... Marital Status

National Insurance Number

Employment History - Please give details of your current occupation (if any) and brief details of your employment history.

.....
.....
.....
.....

Section 3 – About your Family

Next of Kin

Relationship

Address and Postcode

.....

.....

Email Address

Home Telephone No

Mobile Number

Section 4 – 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?

£.....

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

Address and Postcode

.....

.....

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

.....

If you, or your spouse, have ever owned the property where you currently live, in what circumstances did you cease to be the owner?

.....

If rented, please give the name and address of the landlord.

.....

.....

Current rent per week £

Do you receive Housing Benefit or other Benefits to help with housing costs? Yes / No

Do you receive Council Tax discount or reduction? Yes / No

Section 4 Continued

Why do you wish to leave your present accommodation?

.....

.....

.....

.....

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

.....

.....

.....

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

Address and Postcode

.....

.....

.....

Section 5 – 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 frequently you receive them, e.g., weekly, monthly, or annually:

| | Amount | Frequency |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------|-----------|
| Pensions <ol style="list-style-type: none">1. State retirement pension2. Pension paid by a past employer3. Private pension4. Widow's or Widower's pension5. Any other pension | | |
| Social Security Benefit <ol style="list-style-type: none">1. Pension Credit2. Attendance Allowance3. Universal Credit4. Any other benefits | | |
| Employment or self-employment Please explain type of employment and hours of work. You will be required to bring evidence of earnings such as payslips or proof of earnings (if self-employed) to interview. | | |
| Other Income <ol style="list-style-type: none">1. Annuities2. Bank Deposit Account3. Building Society Account4. Investment5. Renting property or land that you own6. Grants from a charity7. Financial assistance from a relative/friend8. From a trust fund9. Any other income – please give details | | |

Section 5 Continued – Your Capital

1. Bank accounts: Current Balance

.....

2. Building Society accounts: Current Balance

.....

3. Shares: Current Value

.....

.....

4. National Savings (e.g., National Savings Certificates): Value

.....

5. Unit Trusts: Current Value

.....

6. Premium Bonds: Amount held

.....

Section 6 – Borrowing

Do you have any loans or other debts outstanding? If so, please provide details.

.....

.....

.....

Section 7 – About your Health and Social Factors

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

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

.....

Are you currently receiving treatment for any illness? YES/NO

If Yes, please give details below:

.....

.....

Are there any other health or social factors that you would wish the trustees to take into consideration when assessing your application? YES/NO

If Yes, please give details below:

.....

.....

Name and address of your GP

.....

The charity may wish to write to your GP asking him to complete a medical certificate to enable your application to be considered further. If you are appointed as a resident and, later, trustees become concerned about your health and/or your ability to continue to live independently they may need to obtain a further medical report. Please sign and return the enclosed form in which you authorise your GP to provide us with medical information about you either now or in the future.

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

YES / NO

If 'YES', please provide details:

.....

.....

Section 8 – 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. If you are currently renting accommodation, one of the referees should be your current landlord. Please indicate how you know the referees.

1st Reference

Name and address

.....
.....
.....

Telephone Number

Email

Relationship

2nd Reference

Name and address

.....
.....
.....

Telephone Number

Email

Relationship

Section 9 – 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 understand that the Trustees would be entitled to terminate any appointment to an almshouse dwelling I may be given as a result of this application, if my answers in this application form are untrue, or misleading in any respect (for example, due to omitting or misstating relevant facts).

I have read this application form carefully (and the charity’s Residents’ Handbook) and agree to abide by it (them) should I be appointed to an almshouse.

I accept that if I am appointed as a resident, I shall be a beneficiary of the charity and not a tenant. Any weekly sum I pay will be a maintenance contribution and not a rent.

I confirm that I can look after myself and to live independently, with the assistance of family and social services if necessary.

I consent to my GP or other medical attendant providing the charity with a medical certificate or report about my health and condition now or at a future date in accordance with the terms of the attached form of authority.

I consent to the charity holding personal data on this form in accordance with Data Protection Regulations.

I agree that the charity may contact me by: (Please tick as appropriate.)

email post telephone

Signature.....

Name (CAPITAL LETTERS)

Date