



Application Form for an Almshouse

Barnstaple Almshouses, C/O Chudleigh House, Grange Road, Bideford, Devon EX39 4AR, Contact telephone number 07976633528. www.barnstaplealmshouses.co.uk email joanna@barnstaplealmshouses.co.uk. Registered Charity number 1186225. Office Hours Monday, Tuesday and Thursdays 9am – 5pm.

Barnstaple Almshouses provides housing for people in need over 55 years of age who reside in the area of Barnstaple and 5 miles radius.

Section 1 – About You

Full nameMr/Mrs/Miss/Ms.....

Address

.....

.....Post Code.....

Telephone NoMobile Number

Length of time at this address.....Council Tax Band.....

Date of Birth AgeMarital status.....

Are you a UK citizen YES / NO Passport Number

Name of GP GP Practice.....

National Insurance Number

Employment History: Please give details of any occupations you have followed and for how long. Any present occupations should be included:

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.....

Current Weekly / Monthly Gross Pay (including tax and NI)

Section 2 – About your Family

Next of kin.....

Relationship

Address

.....

.....Post code

Telephone NoMobile Number

Section 3 – About your present home

Type of accommodation (e.g. 3 bedroom house, 2 room flat):

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Do you, or your spouse, own it? Yes/No

If 'yes', what is its present estimated value? £.....

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

.....

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

.....

If rented, please give name and address of landlord:

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Current rent £.....per week

Do you receive Housing Benefit? Yes/No

Do you receive Council Tax Benefit? Yes/No

Why do you wish to leave your present accommodation?

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

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Is there a mortgage outstanding on the property and, if so, how much is outstanding? If there is no mortgage, please write NONE

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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:

Address

.....

.....Post Code

Section 4 – 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 regularly you receive them, e.g. weekly, monthly or annually:

Do you have savings or assets over £15,000 **YES / NO**

Total Value of savings £.....

	Amount	Frequency
Pensions 1. State retirement pension 2. Pension paid by a past/current employer 3. Private pension 4. Widow's pension 5. Disablement Pension 6. Any other pension		

Social Security Benefit 1. Incapacity Benefit 2. Income Support 3. Pension Credit 4. Attendance Allowance 5. Council Tax Benefit 6. Any other Benefits		
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Other Income 1. Maintenance allowances from spouse 2. Annuities 3. Bank Deposit Account Interest 4. Building Society Account Interest 5. Investment 6. Renting property or land that you own 7. Grants from a charity 8. Financial assistance from a relative/friend 9. Income from a trust fund 10. Any other income – please give details		
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Section 5 – Your Capital

1. Bank accounts Current Balance, *please enter all accounts.*

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2. Building Society accounts Current Balance *please enter all accounts*

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3. Shares Current Value

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4. National Savings Certificates

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5. Unit Trusts

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6. Premium Bonds

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Section 6 – About your Health and Social Factors

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

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

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Please tick the box if you have any problems with

Breathing

Dizziness

Heart

Anxiety

Mobility

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

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Are you receiving continuing treatment for any of the above?

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Name and address of your GP.....

.....Post Code.....

The charity will wish to write to your GP asking him to complete a medical certificate. Please sign and return the enclosed form in which you authorise your GP to provide us with medical information about you.

Do you have a conviction which is not spent under the Rehabilitation of Offenders Act 1974? YES / NO

If 'YES', please provide details:

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Section 7 – 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.

1..... 2.....

.....

.....

Post Code.....

Qualifications and conditions of Entry

Residents shall be occupied by single men or women or partners, being of good character, who have resided for at least 10 years in the area known as the Borough of Barnstaple. They must be independent and able to look after themselves. The almshouses are not residential homes and there is no provision of healthcare services. In LAW almspeople are Residents and do not have a tenancy agreement.

Residents are expected to abide by the current Residents Handbook, failure to do so is likely to result in termination of residency.

Contributions

Residents shall contribute towards the cost of maintaining the buildings of the Charity by the payment of a weekly sum set by the trustees. Heating and water rates are included.

Disqualifications

Any person who knowingly completes this application incorrectly or has subsequently been found to have done so, or who develops a dependency on alcohol, drugs or other serious complaints that affects their relationship within the almshouse community as defined within the charities scheme, shall have their residency reviewed by the Trustees who may decide to terminate their residency.

Section 8 – 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 have read the charity's Residents' Handbook and agree to abide by it should I be appointed to an almshouse.

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 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 am able to look after myself, with the assistance of family and social services if necessary

Signature:

Name:

(PLEASE PRINT NAME IN CAPITAL LETTERS)

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.

Please return your completed application to:

Barnstaple Almshouses
C/o Joanna Northridge, Chudleigh House, Grange Road, Bideford, Devon. EX39 4AR

Please enclose a copy of

- Your latest payslip
- Latest Bank Statement(s)
- Proof of current address