**TIVERTON ALMSHOUSE TRUST** 

**APPLICATION FOR ALMSHOUSE ACCOMMODATION**

**Please read NOTES FOR THE GUIDANCE OF APPLICANTS before completing this form.**

Tiverton Almshouse Trust is a registered charity (206984). It is a registered provider of social housing (A1070) with Homes England. Selection is based on the need of people applying and our criteria is that you should be

* Over the age of 60;
* Capable of independent living
* Have resided in Tiverton or the surrounding areas for preferably at least two years
* Are experiencing financial, housing, or social needs.
* Would benefit from having an onsite warden and emergency call support

**Data Protection Statement:** It is part of the Trust’s responsibility to ensure that applicants for Almshouses are suitably qualified under the terms of the Trust’s governing document. The Trust, therefore, needs to investigate the personal circumstances of applicants.

* **The Trust complies with the regulations for data security under the General Data Protection Regulations (GDPR).**
* **The data we collect has been classified as Sensitive Data under Article 9 of GDPR.**
* **We have strong procedures and policies in place to protect the collection and storage of this data**. The personal data supplied on this form and other information relating to an Almshouse appointment or your health and welfare will be held on file.
* **Some details may be checked with relevant organisations since the Trust reserves the right to investigate and verify what you write on this form.** No details will be disclosed for any inappropriate purpose. You may have access to your personal information on receipt of a written request.

**Please Note**

* **An assessment of your total income will be undertaken to determine need.**
* **Smoking is not permitted in our homes.**
* **Residents are not permitted to keep animals**

**PLEASE ANSWER ALL QUESTIONS – WE CANNOT PROCESS INCOMPLETE APPLICATIONS.**

**SECTION ONE – ABOUT YOU** **(Applicant 1)**

|  |
| --- |
| **Mr/Mrs/Miss/Ms/other** |
| **Surname** |
| **First name(s)** |
| **Date of Birth** |
| **Marital Status** |
| **Address**  **Postcode** |
| **Length of time at this address** |
| **Telephone Number** |
| **Email address** |
| **Previous Address**  **Postcode** |
| **Length of time at this address** |
| **National Insurance Number** |
| **Nationality** |

**SECTION ONE – ABOUT YOU (Applicant 2)**

|  |
| --- |
| **Mr/Mrs/Miss/Ms/other** |
| **Surname** |
| **First name(s)** |
| **Date of Birth** |
| **Marital Status** |
| **Address**  **Postcode** |
| **Length of time at this address** |
| **Telephone Number** |
| **Email address** |
| **Previous Address**  **Postcode** |
| **Length of time at this address** |
| **National Insurance Number** |
| **Nationality** |

**SECTION TWO – ABOUT YOUR CURRENT HOME**

Do you own the house you are living in **Yes/No**

If you do own your home, what is the estimated present value?

|  |
| --- |
| **£** |

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

|  |
| --- |
|  |

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

|  |
| --- |
| **£** |

If you rent your present home, who do you rent from? (Delete all that do not apply)

|  |  |  |  |
| --- | --- | --- | --- |
| **Private** | **Family** | **Housing Association** | **Local Authority** |

How much is your monthly rent?

|  |
| --- |
| **£** |

How long have you been renting your current home?

|  |  |
| --- | --- |
| **Years** | **Months** |

What Type of property are you currently living in?

|  |  |  |
| --- | --- | --- |
| **House** | **Bungalow** | **Flat** |
| **Mobile Home** | **Staying with friends/family** | **Other (please describe)** |

How many bedrooms are there?

|  |
| --- |
|  |

Are there steps or stairs in your current accommodation? **Yes/No**

Do you need downstairs accommodation, if so can you please give the reasons for this request?

|  |
| --- |
|  |

**SECTION THREE HEALTH & SOCIAL FACTORS** **(Applicant 1)**

*Tick as many as you feel are applicable*

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **General Health** | | **Hearing** | | **Eyesight** | | **Mobility** | |
|  |  |  |  |  |  |  |  |
| **Poor** |  | **Poor** |  | **Poor** |  | **Poor** |  |
|  |  |  |  |  |  |  |  |
| **Fair** |  | **Fair** |  | **Fair** |  | **Fair** |  |
|  |  |  |  |  |  |  |  |
| **Good** |  | **Good** |  | **Good** |  | **Good** |  |
|  | |  |  |  |  |  |  |
|  | | **Deaf** |  | **Partially Sighted** |  | **Frame** |  |
|  |  |  |  |  |  |
| **Hearing Aid** |  | **Blind** |  | **Sticks** |  |
|  |  |  |  |  |  |
|  | |  | | **Wheelchair** |  |
|  | |  | |  |  |
|  | |  | | **Handrails** |  |
|  | |  | |  |  |
|  | |  | | **Grabrails** |  |
|  | |  | |  |  |

Can you detail any physical or mental disabilities you experience and how they might impact upon your living in our accommodation independently?

*If none please write NONE.*

|  |
| --- |
|  |

Do you currently have a care package in place and if so who is the provider?

|  |
| --- |
|  |

Can you provide details of any significant illness, operations or mental health issues during the last five years? *If none please write NONE.*

|  |
| --- |
|  |

Are there any other Health & Social factors you would like the Trust to consider when assessing your application and do they require ongoing treatment?

|  |
| --- |
|  |

**SECTION THREE HEALTH & SOCIAL FACTORS** **(Applicant 2)**

*Tick as many as you feel are applicable*

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **General Health** | | **Hearing** | | **Eyesight** | | **Mobility** | |
|  |  |  |  |  |  |  |  |
| **Poor** |  | **Poor** |  | **Poor** |  | **Poor** |  |
|  |  |  |  |  |  |  |  |
| **Fair** |  | **Fair** |  | **Fair** |  | **Fair** |  |
|  |  |  |  |  |  |  |  |
| **Good** |  | **Good** |  | **Good** |  | **Good** |  |
|  | |  |  |  |  |  |  |
|  | | **Deaf** |  | **Partially Sighted** |  | **Frame** |  |
|  |  |  |  |  |  |
| **Hearing Aid** |  | **Blind** |  | **Sticks** |  |
|  |  |  |  |  |  |
|  | |  | | **Wheelchair** |  |
|  | |  | |  |  |
|  | |  | | **Handrails** |  |
|  | |  | |  |  |
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|  |

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|  |

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|  |
| --- |
|  |

Are there any other Health & Social factors you would like the Trust to consider when assessing your application and do they require ongoing treatment?

|  |
| --- |
|  |

**Have you applied to any of the following for housing currently:**

* **Local Authority**
* **Private Landlords**
* **Housing Associations**

**SECTION FOUR – ABOUT YOUR FAMILY (Applicant 1)**

**Next of Kin**

|  |
| --- |
| Mr/Mrs/Miss/Ms/other |
| Surname |
| First name(s) |
| Address  Postcode |
| Relationship to you |
| Telephone Number(s) |
| Email address |

**Other relatives or friends who live in or near Tiverton**.

|  |
| --- |
| Mr/Mrs/Miss/Ms/other |
| Surname |
| First name(s) |
| Address  Postcode |
| Relationship to you |
| Telephone Number(s) |
| Email address |

|  |
| --- |
| Mr/Mrs/Miss/Ms/other |
| Surname |
| First name(s) |
| Address  Postcode |
| Relationship to you |
| Telephone Number(s) |
| Email address |

**SECTION FOUR – ABOUT YOUR FAMILY (Applicant 2)**

**Next of Kin**

|  |
| --- |
| Mr/Mrs/Miss/Ms/other |
| Surname |
| First name(s) |
| Address  Postcode |
| Relationship to you |
| Telephone Number(s) |
| Email address |

**Other relatives or friends who live in or near Tiverton**.

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| --- |
| Mr/Mrs/Miss/Ms/other |
| Surname |
| First name(s) |
| Address  Postcode |
| Relationship to you |
| Telephone Number(s) |
| Email address |

|  |
| --- |
| Mr/Mrs/Miss/Ms/other |
| Surname |
| First name(s) |
| Address  Postcode |
| Relationship to you |
| Telephone Number(s) |
| Email address |

**Power of Attorney (Applicant 1)**

Have you granted power of attorney to anyone legally **Yes/No**

|  |
| --- |
| Mr/Mrs/Miss/Ms/other |
| Surname |
| First name(s) |
| Address  Postcode |
| Relationship to you |
| Telephone Number(s) |
| Email address |

**WILLS & EXECUTORS**

Have you made a Will **Yes/No**

If Yes can you provide details for the named Executors to the Will

|  |
| --- |
| Mr/Mrs/Miss/Ms/other |
| Surname |
| First name(s) |
| Address  Postcode |
| Relationship to you (if any) |
| Telephone Number(s) |
| Email address |

|  |
| --- |
| Mr/Mrs/Miss/Ms/other |
| Surname |
| First name(s) |
| Address  Postcode |
| Relationship to you (if any) |
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| Email address |

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| --- |
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| Surname |
| First name(s) |
| Address  Postcode |
| Relationship to you |
| Telephone Number(s) |
| Email address |

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| --- |
| Mr/Mrs/Miss/Ms/other |
| Surname |
| First name(s) |
| Address  Postcode |
| Relationship to you (if any) |
| Telephone Number(s) |
| Email address |

|  |
| --- |
| Mr/Mrs/Miss/Ms/other |
| Surname |
| First name(s) |
| Address  Postcode |
| Relationship to you (if any) |
| Telephone Number(s) |
| Email address |

**SECTION FIVE – ABOUT YOUR INCOME (Applicant 1)**

|  |  |  |
| --- | --- | --- |
| To enable the Trust to assess your level of need, 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. | | |
|  | Amount | Frequency |
| **Pensions**  1. State retirement pension  2. Pension paid by a past employer  3. Private pension  4. Widow’s or widower’s pension  5. Any other pension |  |  |
| **Social Security benefit**  1. Housing Benefit  2. Pension Credit  3. Attendance Allowance  4. Universal Credit  5. Any other benefits |  |  |
| **Other income**  1. Annuities  2. Bank/Building Society account  3. Investments  4. Renting property or land that you own  5. Grants from a charity  6. Financial assistance from friend/relative  7. Financial assistance from a Trust fund  8. Any other income – please provide detail |  |  |
| **Employment or self-employment**  Please explain type of employment & hours of work. You will need to bring evidence of earnings such as payslips or proof of earnings, if self-employed, as part of the application process. |  |  |

**SECTION FIVE – ABOUT YOUR INCOME (Applicant 2)**

|  |  |  |
| --- | --- | --- |
| To enable the Trust to assess your level of need, 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. | | |
|  | Amount | Frequency |
| **Pensions**  1. State retirement pension  2. Pension paid by a past employer  3. Private pension  4. Widow’s or widower’s pension  5. Any other pension |  |  |
| **Social Security benefit**  1. Housing Benefit  2. Pension Credit  3. Attendance Allowance  4. Universal Credit  5. Any other benefits |  |  |
| **Other income**  1. Annuities  2. Bank/Building Society account  3. Investments  4. Renting property or land that you own  5. Grants from a charity  6. Financial assistance from friend/relative  7. Financial assistance from a Trust fund  8. Any other income – please provide detail |  |  |
| **Employment or self-employment**  Please explain type of employment & hours of work. You will need to bring evidence of earnings such as payslips or proof of earnings, if self-employed, as part of the application process. |  |  |

**SECTION SIX – ABOUT YOUR CAPITAL (Applicant 1)**

|  |  |
| --- | --- |
| Type | Current balance/current value |
| Bank accounts (**please attach bank statements showing the last three months' activity**). These will be returned to you as soon as possible. | £ |
| Building society accounts | £ |
| Shares – current value | £ |
| National savings certificates | £ |
| Unit Trusts – current value | £ |
| Premium bonds – current value | £ |

**SECTION SIX – ABOUT YOUR CAPITAL (Applicant 2)**

|  |  |
| --- | --- |
| Type | Current balance/current value |
| Bank accounts (**please attach bank statements showing the last three months' activity**). These will be returned to you as soon as possible. | £ |
| Building society accounts | £ |
| Shares – current value | £ |
| National savings certificates | £ |
| Unit Trusts – current value | £ |
| Premium bonds – current value | £ |

**SECTION 7 - REASONS FOR WANTING TO MOVE INTO TRUST ACCOMMODATION**

|  |
| --- |
|  |

**SECTION EIGHT - REFERENCES**

If we require references for your application, who could we ask (not family)?

One must be your current landlord.

Referee One

|  |
| --- |
| Mr/Mrs/Miss/Ms/other |
| Surname |
| First name(s) |
| Address  Postcode |
| Relationship to you (if any) |
| Telephone Number(s) |
| Email address |

Referee Two

|  |
| --- |
| Mr/Mrs/Miss/Ms/other |
| Surname |
| First name(s) |
| Address  Postcode |
| Relationship to you (if any) |
| Telephone Number(s) |
| Email address |

**SECTION 9 - DECLARATION**

* **I understand the Tiverton Almshouse Trust conditions of entry which are as follows**
* **Aged 60 years or over**
* **Capable of independent living**
* **Either currently live in or have a connection to the area of benefit (Tiverton)**

**and believe that I am eligible to live in one of the Trust’s Almshouses.**

**I do not smoke or have any pets**

* **I declare that the information provided in this application is correct and complete to the best of my knowledge and belief.**
* **I understand that the Trust would be entitled to terminate any appointment to an almshouse flat I may be appointed to 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 accept that if I am appointed as a resident I shall be a beneficiary of the charity and not a tenant. The weekly sum that I pay will be a maintenance contribution and not rent.**
* **I confirm that I can look after myself and to live independently, with the assistance of family or other agencies if necessary.**
* **I consent to my GP or other medical advisor providing the Trust with a medical certificate or report about my health and condition now or at a future date, in accordance with the attached form of authority.**
* **I consent to the Trust holding personal and sensitive data relating to me and my personal circumstances under the General Data Protection Regulations (GDPR).**
* **I understand that I have the right to request access to the information that is held by the Trust relating to my data. I understand that I have the right to decline to provide the information requested within this form.**
* **The Trust is obliged to check the immigration status of prospective residents and I have given my National Insurance number on the form as proof of residence.**
* **I agree that the Trust may contact me by: (Please tick as appropriate.)**

🞏 **email** 🞏 **post** 🞏 **telephone**

Signature(s)

Name(s)

(Please print name in capital letters)

Date.

**ALL SECTIONS MUST BE COMPLETED IN FULL –**

Please post your completed application form to:

Mrs Lisa Brooks

House Manager

Tiverton Almshouse Trust

The Market House

Bampton Street

Tiverton, Devon

EX16 6AA

Tel: 01884 251444 (office

**Please ensure you complete the consent form**

**CONSENT FORM (Applicant 1)**

Please provide the name, address and telephone number of your GP:

|  |
| --- |
| Practice Name |
| Address  Postcode |
| GP name |
| Telephone Number(s) |

May we approach your GP(s) if medical information is required concerning your suitability for Almshouse warden-controlled accommodation?

Yes No

**Please note: Directors can only consider your application if you agree to allow the Trust to approach your GP. We only require information about whether, in the GP’s opinion, you are able to look after yourself independently and, if not, the level of care you require. Our Wardens cannot provide nursing and personal care.**

Signed: (applicant)

It is part of the Trust’s responsibility to ensure that applicants for almshouses are suitably qualified under the terms of the charity’s governing instruments. The Trust, therefore, needs 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.

**Applicants are advised that failure to disclose any relevant information may prejudice their application. Misleading or inaccurate information may lead to an appointment being set aside at some time in the future and you may have to leave the Tiverton Almshouse Trust.**

Please sign to confirm your understanding and consent to the above process.

Signed:

Name:

Date:

Version 1 Dated October 2021

**Please ensure you complete the consent form**

**CONSENT FORM (Applicant 2)**

Please provide the name, address and telephone number of your GP:

|  |
| --- |
| Practice Name |
| Address  Postcode |
| GP name |
| Telephone Number(s) |

May we approach your GP(s) if medical information is required concerning your suitability for Almshouse warden-controlled accommodation?

Yes No

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Signed:

Name:

Date:

Version 1 Dated October 2021