



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. In exceptional circumstances we may be able to offer accommodation to applicants who do not live in or around Tiverton.
- 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.
- **A copy of photo ID is required. You may be asked to provide a credit check statement which you can obtain free on Experian. If not a UK national, you may need to provide evidence of your right to reside in the UK**

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 (Applicant 1)

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
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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 TWO – ABOUT YOUR CURRENT HOME (Applicant 2)

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.

£

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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	<input type="checkbox"/>	Poor	<input type="checkbox"/>	Poor	<input type="checkbox"/>	Poor	<input type="checkbox"/>
Fair	<input type="checkbox"/>	Fair	<input type="checkbox"/>	Fair	<input type="checkbox"/>	Fair	<input type="checkbox"/>
Good	<input type="checkbox"/>	Good	<input type="checkbox"/>	Good	<input type="checkbox"/>	Good	<input type="checkbox"/>
		Deaf	<input type="checkbox"/>	Partially Sighted	<input type="checkbox"/>	Frame	<input type="checkbox"/>
		Hearing Aid	<input type="checkbox"/>	Blind	<input type="checkbox"/>	Sticks	<input type="checkbox"/>
						Wheelchair	<input type="checkbox"/>
						Handrails	<input type="checkbox"/>
						Grabrails	<input type="checkbox"/>

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?

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

- **Local Authority** ☐
- **Private Landlord** ☐
- **Housing Associations** ☐

SECTION THREE HEALTH & SOCIAL FACTORS (Applicant 2)

Tick as many as you feel are applicable

General Health

Poor

☐

Fair

☐

Good

☐

Hearing

Poor

☐

Fair

☐

Good

☐

Deaf

☐

Hearing
Aid

☐

Eyesight

Poor

☐

Fair

☐

Good

☐

Partially
Sighted

☐

Blind

☐

Mobility

Poor

☐

Fair

☐

Good

☐

Frame

☐

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?

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.

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)
Telephone Number(s)
Email address

Power of Attorney (Applicant 2)

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)
Telephone Number(s)
Email address

SECTION FIVE – ABOUT YOUR INCOME (Applicant 1)

This section must be fully completed by each applicant (where applicable)

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)

This section must be fully completed by each applicant (where applicable)

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)?

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

Name

(please print name in capital letters)

Date.

ALL SECTIONS MUST BE COMPLETED IN FULL –

Please post your completed application form to:

Mrs Nikki Askew
Housing Manager
Tiverton Almshouse Trust
The Market House
Bampton Street
Tiverton, Devon
EX16 6AA Tel: 01884 251444 (office)

<u>For office use only</u>	<u>Seen by</u>
Photo of ID	
Landlord reference received	
Other references received	
Credit check (if required)	
Bank Statements	
Proof of benefits	
Proof of right to reside in UK	

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: _____

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

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.

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

Signed: _____

Name: _____

Date: _____