



## **Tiverton Almshouse Trust**

### **Resident Application 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 needs of people applying and our criteria are:

- You should be age 60 or over at the time of application.
- You should be capable of independent living.
- You should 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.
- You should be experiencing financial, housing, or social needs.
- You would benefit from having a warden and emergency call support

Additional points to note:

- If you are not a UK national, you may need to provide evidence of your right to reside in the UK.
- A copy of photo ID is required.
- Your total net income will be considered to determine need.
- You may be asked to provide a credit check statement which you can obtain free from Experian. Let us know if you need help doing this.
- Smoking is not permitted in our homes.
- Residents are not permitted to keep pets.

If the Trust's assessment of your case is satisfactory, you will be invited to a meeting with the Chief Executive Officer and the Housing Manager. You may bring friends/relations to this meeting if you wish. This form has the following sections:

- 1 Personal and Home Details.
- 2 Housing Need.
- 3 Financial Details - regular income and expenditure.
- 4 Health.
- 5 Wellbeing.

## 1: PERSONAL AND HOME DETAILS

The **minimum age** for an applicant, or the spouse/partner of an applicant, is **60**. Preference will be given to applicants who **currently live within the Tiverton Parish** or one of the adjoining rural parishes.

If the applicant does not live in this area, consideration will be given if a relation and/or friend does, or if there is a social connection with Tiverton, such as a club or other group.

<b>QUESTION</b>	<b>ANSWER</b>	
<b>1.1 Applicant Name</b>	Title:  Name:	
<b>1.2 Known As</b>		
<b>1.3 Date of Birth</b>		
<b>1.4 National Insurance Number</b>		
<b>1.5 Telephone Numbers</b>	Landline:  Mobile:	
<b>1.6 Email Address</b>		
<b>1.7 Doctor's Information</b>	Doctor's Name (if known):  GP Surgery & Address:  Telephone Number:	
May we approach your GP(s) if medical information is required concerning your suitability for Almshouse warden-controlled accommodation?	No <input type="checkbox"/>	Yes <input type="checkbox"/>
<b>1.8 Next of Kin/Emergency Contact 1</b>	Name: Address:  Telephone Number:  Relationship:	

QUESTION	ANSWER		
	Next of Kin <input type="checkbox"/>	Emergency Contact <input type="checkbox"/>	
<b>1.9 Next of Kin/Emergency Contact 2</b>	Name:  Address:   Telephone Number:  Relationship:  		
	Next of Kin <input type="checkbox"/>	Emergency Contact <input type="checkbox"/>	
<b>1.10 Current Home Address</b> Full address and postcode of current home. **If less than 2 years please complete section 1.13	Address:   Postcode:		
<b>1.11 Length of Time at this Address</b>			
<b>1.12 What type of property is this?</b> Select the one that applies. Add more explanation as necessary.	House <input type="checkbox"/>	Flat <input type="checkbox"/>	Bungalow <input type="checkbox"/>
	Mobile Home <input type="checkbox"/>	Friend /Family <input type="checkbox"/>	Other <input type="checkbox"/>
<b>1.13 Previous Address</b>			
<b>1.14 Length of Time at this Address (years)</b>			
<b>1.15 Relation Full Name and Address and Relationship</b> If not living in the defined area, state the name, address and relationship of a relative who does live in the defined area.	Name:  Address:   Relationship:		

QUESTION	ANSWER
<b>1.16 Relation Length of Time at this Address (years)</b>	
<b>1.17 Friend / Social Connection Details</b> If you or your relation are not living in the defined area, state the name and address of a friend or social connection in the defined area, e.g. club or group regularly attended.	Name:  Address:  Relationship:

## 2: HOUSING NEED

QUESTION	ANSWER			
<b>2.1 Home Tenure Details</b> This is about whether you own your current home or rent it. If <b>Tenant</b> go to 2.2, otherwise to <b>Section 3</b> .	Owner <input type="checkbox"/>	Lodging <input type="checkbox"/>	Renting <input type="checkbox"/>	
<b>2.2 What type of Landlord?</b> Select that which applies. Add explanation as necessary.	Private <input type="checkbox"/>	Housing Assoc <input type="checkbox"/>	Family /Friend <input type="checkbox"/>	Local Authority <input type="checkbox"/>
<b>2.3 Security of Tenure</b> State the notice period and if your tenure is currently under threat, for example having been given notice.	<b>Notice Period:</b>  <b>Notice Issued:</b> No <input type="checkbox"/> Yes <input type="checkbox"/>			
<b>2.4 Are you being pressured to vacate?</b>	No <input type="checkbox"/>		Yes <input type="checkbox"/>	
<b>2.5 Please tell us about your current accommodation; do you have central heating, stairs, a garden etc?</b>				

QUESTION	ANSWER	
<b>2.6 Current Housing Applications</b> Have you applied for housing from other providers? Select those that apply.	No <input type="checkbox"/>	Yes <input type="checkbox"/> <i>If yes ...</i>  Private <input type="checkbox"/> Local Authority <input type="checkbox"/> Housing Assoc <input type="checkbox"/> Other-explain <input type="checkbox"/>
<b>2.7 Are you able to afford the deposit for a new rental?</b>	No <input type="checkbox"/>	Yes <input type="checkbox"/>

### 3: FINANCIAL DETAILS

Please fill in amount that you receive either on a weekly, fortnightly, monthly or annual basis.

QUESTION	ANSWER			
	Weekly	Fortnight	Monthly	Annually
<b>3.1 Employment Income</b> Total of <u>all</u> employments.	£	£	£	£
<b>PENSION INCOME</b>	Weekly	Fortnight	Monthly	Annually
<b>3.2 State Retirement Pension</b>	£	£	£	£
<b>3.3 Pension paid by a past employer</b>	£	£	£	£
<b>3.4 Private pension</b>	£	£	£	£
<b>3.5 Widow's or widower's pension</b>	£	£	£	£
<b>3.6 Any other pension</b>	£	£	£	£
<b>SOCIAL SECURITY BENEFITS</b>	Weekly	Fortnight	Monthly	Annually
<b>3.7 Housing Benefit</b>	£	£	£	£
<b>3.8 Pension Credit</b>	£	£	£	£
<b>3.9 Attendance Allowance</b>	£	£	£	£
<b>3.10 Carer's Allowance</b>	£	£	£	£

<b>QUESTION</b>	<b>ANSWER</b>			
	Weekly	Fortnight	Monthly	Annually
<b>3.11 Universal Credit</b>	£	£	£	£
<b>3.12 Employment &amp; Support Allowance (ESA)</b>	£	£	£	£
<b>3.13 Personal Independence Payments (PIP)</b>	£	£	£	£
<b>3.14 Disability Living Allowance</b>	£	£	£	£
<b>OTHER INCOME</b>				
<b>3.15 Investment Capital and Income</b> From all sources.				
<b>3.16 Owned House Value</b> If applicable.				
<b>OUTGOINGS</b>	Weekly	Fortnight	Monthly	Annually
<b>3.17 Rent</b> If applicable.	£	£	£	£
<b>3.18 Mortgage Payments</b> If applicable.	£	£	£	£
<b>3.19 Council Tax</b>	£	£	£	£
<b>3.20 Cost of Energy / Utilities</b>	£	£	£	£

## 4: HEALTH

This section is about your current health. Some of the questions are to inform the Trust of your health status. Some will determine your **Health Needs**, and your ability to live independently. **Wellbeing** is covered separately.

In all cases:

- **Good** - means your daily life is not affected.
- **Fair** - means your daily life is affected some of the time.
- **Poor** - means your daily life is impacted most of the time.

Our Wardens do not provide personal care.

QUESTION	ANSWER				
<b>4.1 General Health</b>	Good <input type="checkbox"/>	Poor <input type="checkbox"/>	Fair <input type="checkbox"/>		
<b>4.2 Hearing</b>	Good <input type="checkbox"/>	Poor <input type="checkbox"/>	Fair <input type="checkbox"/>		
<b>4.3 Eyesight</b>	Good <input type="checkbox"/>	Poor <input type="checkbox"/>	Fair <input type="checkbox"/>		
<b>4.4 Mobility</b>	Good <input type="checkbox"/>	Poor <input type="checkbox"/>	Fair <input type="checkbox"/>		
<b>4.5 Mobility Aids</b> Do you need walking aids? Select all that apply.	Frame <input type="checkbox"/>	Wheel chair <input type="checkbox"/>	Grab Rails <input type="checkbox"/>	Hand Rails <input type="checkbox"/>	Sticks <input type="checkbox"/>
<b>4.6 Mobility Impact</b> Do you need to be on the ground floor or have access to a stair lift?	No <input type="checkbox"/>		Yes <input type="checkbox"/>		
<b>4.7 Care Package</b> If Yes please give details:	No <input type="checkbox"/>		Yes <input type="checkbox"/>		

## 5: WELLBEING

<b>5.1 Do you currently feel vulnerable or unsafe?</b>	No <input type="checkbox"/>	Yes <input type="checkbox"/>
<b>5.2 Do you feel isolated and/or lonely?</b>	No <input type="checkbox"/>	Yes <input type="checkbox"/>
<b>5.3 Do you have family or friends available to support you?</b>	No <input type="checkbox"/>	Yes <input type="checkbox"/>

**Additional Information: If you feel that there is any further information, we need to know in support of your application please state below:**



## 6: REFERENCES

We require references for your application. Reference 1 should either be your current landlord or employer. If you have neither this can be a character reference.

REFERENCE 1	
QUESTION	ANSWER
6.1 Mr/Mrs/Miss/Ms/Other	
6.2 Surname	
6.3 First Name (s)	
6.4 Address (including post code)	
6.5 Relationship to you (if any)	
6.6 Telephone Numbers	Landline:  Mobile:
6.7 Email Address	

REFERENCE 2	
QUESTION	ANSWER
6.1 Mr/Mrs/Miss/Ms/Other	
6.2 Surname	
6.3 First Name (s)	
6.4 Address (including post code)	
6.5 Relationship to you (if any)	
6.6 Telephone Numbers	Landline:  Mobile:
6.7 Email Address	

## Declaration

I understand the Tiverton Almshouse Trust criteria for housing, which are as follows:

- I am aged 60 years or over.
- I am capable of independent living with the assistance of family or other agencies if necessary.
- I currently live in or have a connection to the area of benefit (Tiverton).
- I understand that the Trust has a no pets and no smoking policy.
- I declare that the information provided in this application is correct.
- I understand that the Trust can terminate any appointment to an Almshouse if any of my responses are untrue, or misleading in any respect.
- I accept that if I am appointed as a resident, I shall be a beneficiary of the charity and not a tenant. The sum that I pay will be a weekly maintenance contribution and not rent.
- I consent to the Trust holding 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 my eligibility to live in the United Kingdom.

**Signature:** .....

**Name:** .....  
(please print name in capital letters)

**Date:** .....

**Please return this application to:**

**Housing Manager  
Tiverton Almshouse Trust  
Market House  
18A Bampton Street  
Tiverton, Devon, EX16 6AA**

**Telephone: 01884 251444**