

APPLICATION FOR AN ALMSHOUSE

BERKSWELL CHARITIES

Charity Commission Registered Number 1194243

Almshouse Association No. 310

Registered Address.

Telephone No. 01676-535190 or 07305585770

"Stroma Broch"

Email Address. theclerkatberkswellcharities@gmail.com

52 Meeting House Lane

Balsall Common

Coventry

CV7 7FX.

Berkswell Charity provides housing for people in need in accordance with the charity's Governing Document. The charity's entry criteria are the relief of poverty among the inhabitants of the area of benefit, by the provision of housing accommodation.

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 Charity 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 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

Section 1 – About You

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

Address.....

.....

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

Telephone No.....Mobile Number.....

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

Date of Birth.....Age.....Marital status.....

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

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.....

How did you hear about Berkswell Charities?.....

.....
...

Second Applicant

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

Address.....

.....

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

Telephone NoMobile Number

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

Date of Birth.....Age.....Marital status.....

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

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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):

.....

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?

.....

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?

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If rented, please give name and address of landlord:

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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

Why do you wish to leave your present accommodation?

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

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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.....

.....

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

	Amount	Frequency
Pensions <ol style="list-style-type: none"> 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 <ol style="list-style-type: none"> 1. Pension Credit 2. Attendance Allowance 3. Universal Credit 4. Any other benefits 		
Employment or self-employment Please explain type of employment and hours of work You are required to send evidence of earnings such as payslips or proof of earnings with your application		
Other Income <ol style="list-style-type: none"> 1. Annuities 2. Bank Deposit Account 3. Building Society Account 4. Investment 5. Renting property or land that you own 6. Grants from a charity 7. Financial assistance from a relative/friend 8. From a trust fund 9. Any other income – please give details 		

Section 5 – Your Capital

1. Bank accounts: Current Balance

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2. Building Society accounts: Current Balance

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3. Shares: Current Value

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

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5. Unit Trusts: Current Value

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6. Premium Bonds: Amount held

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Section 6 – Borrowing

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

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.....
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

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

If Yes, please give details below:

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.....
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:

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.....
.....
Name and address of your GP

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

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, at a later date, 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

This information will be processed solely for the purposes of this application.

If 'YES', please provide details, specifically the date of conviction, the offence and sentence imposed:

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.....

Do you have any County Court Judgments? YES/NO

If YES, please provide details.....

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.....

Please confirm that you will undertake to obtain a DBS certificate and produce it to the Trustees.

YES/NO

Section 8- Pets

Do you have any pets or animals? Yes / No

If Yes please give details.

Note animals are **NOT** allowed in the Almshouse Properties.

Section 9- Additional Information

Applicants should be aware that almshouses are intended to be a community where residents can live safely together. If you wish to make any other statements in support of your application and suitability for almshouse accommodation please use the space below.

Section 10. Why you are in “ need”

Please set out to the Trustees of Berkswell Charities why you are in “need,” whether this be financial, social, health related or any other “need” of a charitable nature. Please provide as much detailed information as possible together with supporting evidence. If more space is required then do please attach a separate sheet.

Section 10 – 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.

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

.....

.....

Post Code.....

Section 11 – 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 am able to 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 and sensitive data relating to me and my personal circumstances in accordance with the General Data Protection Regulations.

I understand that I have the right to request access to the information that is held by the Charity relating to my data. I understand that I have the right to decline to provide information requested within this form.

The charity is obliged to check the immigration status of prospective residents and will need to see proof of identity such as passport or driving licence.

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

☐ email

☐ post

☐ telephone

Signature.....

Name.....

(PLEASE PRINT NAME IN CAPITAL LETTERS)

Date

Please return your completed application with supporting documents to: The Clerk to The Trustees:

Charity Address: Ms. L Daintith
 "Stroma Broch"
 52 Meeting House Lane
 Balsall Common
 Coventry
 CV7 7FX.

Please supply the following documents to support your application. The Trustees reserve the right to request further documentation to enable them to consider your application.

1. Copy photo identification , i.e. driving licence or passport
2. If employed/self-employed copy pay slips or proof of earnings for the last 3 months
3. If in receipt of benefits, copy evidence of benefits received
4. If held, copy DBS certificate
5. Last 3 months bank statements
6. Proof of any debts
7. Any medical evidence that you wish to be considered to support your application
8. Any other evidence to support the basis of your application that you are in "need" and wish to be considered as a beneficiary of Berkswell Charities

