

TIVERTON ALMSHOUSE TRUST

Application for Housing

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

Tiverton Almshouse Trust is a registered charity. It is also registered with the Housing Corporation. Selection is based on the need of suitably qualified applicants.

Date protection: The information that you give us on this form will not be used for any purpose other than helping the Directors and staff to consider and process your application. It will not be given to any other organisation.

Please note: Residents are not allowed to keep animals.

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

	Applicant	Spouse
Mr/Mrs/Miss
Surname:
First Names:
Date of Birth:
Address:

Telephone Number:
Previous Address:

Was your previous accommodation:	rented/owned (please delete accordingly)	
National Insurance No:
Nationality:	

DETAILS OF YOUR PRESENT ACCOMMODATION

1. Do you own the house you are living in? Yes / No

2. If you rent:

Do you rent the house you are living in? Yes / No

If you rent your house, how much is your monthly rent? £.....

Who do you rent from:

- Private landlord Yes / No
- Family Yes / No
- Housing Association Yes / No
- Local authority Yes / No

How long have you been renting your current house? years months

3. Do you live in a:

- House Yes / No
- Bungalow Yes / No
- Flat Yes / No
- Mobile home Yes / No

4. How many bedrooms are there?

5. Are there steps or stairs in your accommodation? Yes / No

6. Do you need downstairs accommodation? Yes/ No

If yes, please give your reasons:

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HEALTH (applicant)

Tick as many boxes as you feel applicable

General Health

Poor
Fair
Good

Hearing

Poor
Fair
Good
Hearing aid
Deaf

Eyesight

Poor
Fair
Good
Partially sighted
Blind

Mobility

Poor
Fair
Good
Wheelchair
Frame
Sticks
Handrails needed
Grabrails needed

Disabilities

.....

.....

.....

Are you currently undergoing or awaiting any medical treatment? Yes No

Please give brief details

Do you, or have you, received help from the community mental health team? Yes No

Please give brief details

.....

.....

Do you currently have a care package?

HEALTH (spouse)

Tick as many boxes as you feel applicable

General Health

Poor
Fair
Good

Hearing

Poor
Fair
Good
Hearing aid
Deaf

Eyesight

Poor
Fair
Good
Partially sighted
Blind

Mobility

Poor
Fair
Good
Wheelchair
Frame
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Handrails needed
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Disabilities

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Are you currently undergoing or awaiting any medical treatment? Yes No

Please give brief details

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Please give brief details

.....

.....

Do you currently have a care package?

FINANCIAL DETAILS

THIS SECTION MUST BE COMPLETED IN FULL

State retirement pension	£	monthly
Occupational pension	£	monthly
Total of any other pensions	£	monthly
Interest on savings and investments	£	monthly
Earnings	£	monthly
Benefits (please specify)	£	monthly
Other income (please specify)	£	monthly
Total income	£	monthly

Are you in receipt of any state benefits? Yes No

Current market value (approx) of your house/flat (if you own property)

£
£

Savings or other capital

Do you share the freehold of your house with anyone else? Yes No

If yes, please provide details

I confirm that all my income and savings are declared above and the information is true to the best of my knowledge.

Signed:

If we asked, could you provide proof? Yes No

We may ask for a letter from a referee/solicitor to confirm the details above.

Directors are obliged to ask questions about your financial situation.

NEXT OF KIN

Name:

Address:

Telephone:Relationship

RELATIVES

Which members of your family live nearest to Tiverton? (Please give two if possible)

Name:

Address:

Telephone:Relationship

Name:

Address:

Telephone:Relationship

POWER OF ATTORNEY

Have you granted Power of Attorney to anyone? Yes / No

If Yes, to who?

Name:

Address:

Telephone number:

e-mail:

If we require written references to accompany your application, who could we ask?

Name:

Address:

.....

Relationship to you (not family)

Name:

Address:

.....

Relationship to you (not family)

Please state fully your reason for wanting to move into the Trust's sheltered housing. (Please continue on a separate sheet if necessary).

Please answer as fully as possible to assist us in assessing your need.

Please state below how you heard of or knew of the Tiverton Almshouse Trust.

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 make sure that you have signed the financial details section.

CONSENT FORM

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

Name:

Address:

.....

.....

Telephone No:.....

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 any appointment being set aside at some time in the future and you having to leave Tiverton Almshouse Trust.

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

Signed:

Name:

Date:

Please make sure you have signed this form twice.