

Application for Almshouse

Please read the charity's Eligibility criteria **before** completing this application. If you believe that you are eligible to apply to live in one of the charity's Almshouses then please fully complete the application form and return to address on page 9. If you have any queries please contact our office on 020 8441 3222.

This assessment for sheltered housing does not comprise an offer or part of an offer for accommodation and does not bind Eleanor Palmer Trust in any way.

The applicant(s) must go through the complete referral process and receive a formal, written offer of accommodation from Eleanor Palmer Trust.

Section 1 – About You

NAME AND ADDRESS OF APPLICANT(S)

	Forenames	Surname and any previous married names	Title	Marital Status	Date of Birth	Age
Applicant <i>(You)</i>						
2 nd Applicant <i>(if applicable)</i>						
Address	Post code:					
Home Tel. No:	Mobile No:					
	2 nd Applicant Mobile No:					
Email - You :	Your National Insurance Number:					
Email - 2 nd Applicant:	2 nd Applicant National Insurance Number:					
Proof will be required to demonstrate you have a right of abode in the UK						

Section 3 – About your present home

Type of accommodation (e.g. 3 bedroom house, 2 bedroom flat):

.....

How long have you been living at your current address? Second Applicant?

If less than 5 years, previous address(es):.....

.....

.....

Have you previously owned a property? **Yes / No (details)**

.....

Do you currently own a property or the property that you live in? **Yes / No**

.....

If No, are you related to OR a friend of the owner of the property? *(Please provide full details)*

.....

.....

If rented, please provide the FULL name, address and telephone number of your current landlord:

.....

.....

.....

Is your current home close to buses/shops?

Can you cope with the maintenance demands of present property and garden? **Yes / No**

If **No**, please give details

.....

Is the heating efficient? **Yes / No** if **no** please give details.....

.....

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

.....

Do you have any pets? **Yes / No**. If **Yes**, please give details (please include any pets including birds, fish, reptiles or small caged).....

(The Trustees do occasionally accept residents with small pets; however, this is at the Trustees' discretion; if approved there are rules and responsibilities for keeping pets in the EPT Almshouse).

Have you and/or the second applicant applied to any other Housing Associations, Almshouse, Barnet Borough Council or other? **Yes / No** If **Yes** please give details

.....

Section 4 - Next of Kin, Relative or friend(s), likely to give support;

Forename(s)..... Surname.....

Address

.....Post code

Telephone No Mobile Number.....

Relationship..... Frequency of Contact.....

Or friend, likely to give support:

Forename(s)..... Surname.....

Address

.....Post code

Telephone No Mobile Number.....

Relationship..... Frequency of Contact.....

(Please use a separate sheet if you require additional writing space)

Section 5 - About your Health and Social Factors

Do you feel you are able, to live independently and to look after yourself and your accommodation, if some support is provided?

<i>Please detail if you are affected as listed below:-</i>	<u>Applicant</u>	<u>Second Applicant</u>
Sight	Good/ Fair/ Poor/ Reg. Blind	Good/ Fair/ Poor/ Reg. Blind
Hearing	Good/ Fair /Poor/ Reg. Deaf	Good/ Fair/ Poor/ Reg. Deaf
Any Disability	.....	.....
Speech	.....	.....
Dementia Y/N	.....	.....
Wheelchair User Y/N	.....	.....
Mobility Scooter Y/N	.....	.....
Other...	.....	.....

What areas would you, or your partner, possibly need assistance/support with?

Please state general condition of health; do you suffer from any illness or have had injuries or operations in the last five years? (*List illnesses*)

Applicant

Second Applicant

Are there any other health or social factors that you would wish the Trustees to take into consideration when assessing your application? **Yes / No**

Are you currently suffering from an illness that will require you now, or in the future, to be prescribed the use an oxygen cylinder? Please provide details if applicable:

PLEASE NOTE: Smoking is not permitted in any communal or garden areas.

Smoking is also not permitted in the properties if a gas cylinder is in use by a resident, for conditions such as COPD.

Please give names of all medication which you take regularly:

<u>Applicant</u>	<u>Second Applicant</u>
.....
.....
.....
.....
.....

Please give name, address and telephone number of your GP:

<u>Applicant</u>	<u>Second Applicant</u>
.....
.....
.....
.....
.....Tel: .....	.....Tel:

Please give name, telephone number and email of your Social Worker:

<u>Applicant</u>	<u>Second Applicant</u>
Name:	Name:
.....
Tel:	Tel:
Email:	Email:

The charity may wish to write to your GP and/or Social Worker asking them 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, the EPT staff and 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 drive? **Yes / No**

Do either of you own or lease a vehicle? If Yes, please provide details

.....

What address is the vehicle kept at?.....

Do you have any unspent criminal convictions or police cautions?.....

.....

<u>Applicant</u>	<u>Second Applicant</u>
Do you receive supportive services e.g. home carer, meals on wheels, etc.? Yes / No will this continue?.....	Do you receive supportive services e.g. home carer, meals on wheels, etc.? Yes / No will this continue?.....
Do you attend any clubs e.g. Activity club, dementia club, movement to music?	Do you attend any clubs e.g. Activity club, dementia club, movement to music?
Do you have any housing needs which require adaptations to your home? Yes / No <i>Details:</i>	Do you have any housing needs which require adaptations to your home? Yes / No <i>Details:</i>
Can you manage stairs? Yes /with difficulty / No	Can you manage stairs? Yes / with difficulty / No

Do you need ground floor accommodation? If yes, please provide details

.....
.....

Is there a medical reason why you are unable to use a lift? If yes, please provide details

.....

Section5 - Financial Information

To enable the Trustees to assess your application, please provide the following information. This should include details of **all** sources of income.

<u>Applicant</u>	<u>Second Applicant</u>
Are you currently retired, employed self-employed, or a volunteer.....	Are you currently retired, employed self-employed, or a volunteer.....
If employed or self-employed, please explain type of employment and hours of work.....	If employed or self-employed, please explain type of employment and hours of work.....
<i>You will be required to provide evidence of earnings such as payslips or proof of earnings (if self-employed) at the home visit meeting</i>	<i>You will be required to provide evidence of earnings such as payslips or proof of earnings (if self-employed) at the home visit meeting</i>
Previous employment. Position held and how long?	Previous employment. Position held and how long?

Does your household receive Housing Benefit? **Yes/No** *If Yes, is it full HB or do you top it up?*

Does your household receive Council Tax Benefit? **Yes/No** *If Yes, is it full CT or do you top it up?*

Property/Assets

If you own your current property, what is the approximate value of the property? £.....

Is there an outstanding mortgage? **Yes /No** If so how much? £.....

Have you or 2nd Applicant owned a property or previously had a mortgage? **Yes / No**

If Yes, please provide details:.....

Have you or 2nd Applicant considered buying a leasehold sheltered flat? **Yes / No**

If Yes, please provide details:.....

Do You or 2nd Applicant own a property other than the one in which you live?

If **Yes**, please provide details below: (This should **include property owned abroad** as well as in the UK)

Address.....

What is the purpose of the property (e.g. holiday home, investment, inherited...)

..... and what is the income? £.....

What is the value of **all other** properties owned either by you or the second Applicant? £.....

Is there an outstanding mortgage? **Yes /No** If **Yes**, how much? £.....

<u>Applicant</u>	<u>Second Applicant</u>
Current account balance: £.....	Current account balance: £.....
Cash Savings (bank, Post Office A/c., National Savings, building society, etc. £.....	Cash Savings (bank, Post Office A/c., National Savings, building society, etc. £.....
Investments (Shares, Premium Bonds, Trust Fund, property, etc.) current value? £.....	Investments (Shares, Premium Bonds, Trust Fund, property, etc.) current value? £.....
Pension fund in your name yet to be claimed? £	Pension fund in your name yet to be claimed? £

Copies of bank, credit card, savings, pensions and all relevant statements will be required.

OUTGOINGS	Applicant	Weekly OR Monthly W/M	Second Applicant	Weekly OR Monthly W/M
Rent or Mortgage	£		£	
Secured loan/loan/charging order	£		£	
Council Tax	£		£	
Service charge/ground rent	£		£	
Water	£		£	
Electricity	£		£	
Gas or other household fuels	£		£	
Telephone and/or Broadband	£		£	
Satellite/cable	£		£	
Mobile phone	£		£	
TV Licence	£		£	
Household appliance rental/insurance	£		£	
Fines/CCJs/decrees/arrears payments	£		£	
Hire purchase and/or catalogues	£		£	
Car loan/other loan/home improvements/pay day loans/bank loans	£		£	
Family/friends loan repayments	£		£	
Credit card/store card payment	£		£	
Car servicing/spares	£		£	
Road tax	£		£	
Home insurance	£		£	
Fuel/parking	£		£	
Public transport	£		£	
Food/toiletries/cleaning	£		£	
Lunch/dinner at work	£		£	
Other groceries	£		£	
Other payments <i>(please provide details)</i>	£		£	
Total Weekly OR Monthly Outgoings	£	Weekly OR Monthly W/M	£	Weekly OR Monthly W/M

Section 6 - Income *(Copies of recently dated documents may be required)*

INCOME	Applicant	Weekly OR Monthly W/M	Second Applicant	Weekly OR Monthly W/M
Take home pay/lump sum payment	£		£	
Working Tax Credit	£		£	
Employers/Auto enrolment pension	£		£	
Average earnings (if in self-employment)	£		£	
State Pension	£		£	
Private or Other pension	£		£	
Job Seekers Allowance (JSA)	£		£	
Employment and Support Allowance (ESA)	£		£	
Disability Living Allowance (DLA) OR Personal Independence Payment (PIP)	£		£	
Pension Credit	£		£	
Carers Allowance	£		£	
Attendance Allowance	£		£	
Other sources of income such as interest on savings etc..	£		£	
Total Weekly OR Monthly Income	£	Weekly OR Monthly W/M	£	Weekly OR Monthly W/M

Current Outstanding Debts

Please give details of any rent arrears, utility bill arrears, court fines, debts including credit card

Balances, catalogue debts or other debts.....

.....

.....

Section 7 - 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..... Post Code.....

Your relationship to the referee: **Your relationship to the referee:**

Section 8 - Declaration of First Applicant

I have read the charity’s Eligibility criteria 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 accept that if I am appointed as a resident I shall be a beneficiary of the charity and **not a tenant** and I will have no legal interest in the property. Any monthly 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 agree that the charity may contact me by: ***(Please tick all as appropriate.)***

- email post telephone

Signature..... Print Name.....Date.....

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. If your application for accommodation is successful, the personal data supplied on this form and other information relating to an almshouse appointment will be held on file for the duration of your appointment as a resident and for six further years. 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. If your application is unsuccessful, your application form and other personal data supplied will be destroyed.

Please sign below to indicate your acceptance for the Charity to hold your personal data.

Signature..... Print Name.....Date.....

(1st Applicant)

Section 9 - Declaration of Second Applicant *(if applicable)*

I have read the charity's Eligibility criteria 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 accept that if I am appointed as a resident I shall be a beneficiary of the charity and **not a tenant** and I will have no legal interest in the property. Any monthly 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 agree that the charity may contact me by: ***(Please tick all as appropriate.)***

email

post

telephone

Signature..... Print Name.....Date.....

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. If your application for accommodation is successful, the personal data supplied on this form and other information relating to an almshouse appointment will be held on file for the duration of your appointment as a resident and for six further years. 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. If your application is unsuccessful, your application form will be destroyed.

Please sign below to indicate your acceptance for the Charity to hold your personal data.

Signature..... Print Name.....Date.....

(2nd Applicant)

Please return your duly completed and signed form to: - Mrs G Oliver
Chief Executive
Eleanor Palmer Trust
106B Wood Street
Barnet
Hertfordshire
EN5 4BY

If you have any questions please call our head office, telephone number 020 8441 3222