

LANCASTER CHARITY
Registered Charity No. 213461
PLATTEN AND BENSON ALMHOUSE TRUST
Registered Charity Number: 500574

Application Form for an Almshouse

The Lancaster Charity and the Platten & Benson Almshouse Trust provide housing for people in need in accordance with the Charity's Governing Document.

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 – "First Applicant"

Full Name.....

Address.....

.....

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

Telephone Number Mobile Number

Email

Age..... Date of Birth..... NI Number

Marital Status (Please indicate) :

Single Married Single and living with a partner
Married but separated Widowed Divorced

Maiden Name (if applicable)

All Other names you have been known by:-

.....

Nationality.....

Place of Birth.....

If you are making a joint application, please provide details of the second applicant:-

Full Name.....

Address.....

.....

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

Telephone Number Mobile Number

Email

Age.....Date of Birth..... NI Number

Marital Status (Please indicate) :

Single Married Single and living with a partner

Married but separated Widowed Divorced

Maiden Name (if applicable)

All Other names s/he has been known by:-

.....

Nationality.....

Place of Birth.....

About Your Family:-

Name of Next of Kin/Emergency Contact

.....

Their Relationship to you

Address.....

.....

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

Telephone Number Mobile Number

Email Address

Other Personal Details

How many consecutive years have you been resident in the Lancaster City Council District?

Self

Second Applicant (if applicable)

Do you have any other family living within the area? YES NO

(if yes please give details e.g. son, daughter, brother, sister, grandchildren etc.)

.....
.....
.....

About Your Present Home

Do you currently live in a house bungalow flat lodgings

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

Do you share it, if so with whom?.....

Do you share a kitchen Bathroom Other rooms

Do you, or your spouse/partner, own it? YES NO

If 'yes', what is its present estimated value? £.....

Is there a mortgage outstanding on the property YES NO

If yes, how much is outstanding? £.....

Do you, or anyone else included in this application, own any property other than where you live?

YES NO

If yes, state the value of the property and the share that any of you have in it:-

.....

Your present home (continued)

If you do not own your present home please provide the Name and Address of your Landlord, Housing Association or Agent:

.....
.....
.....
..... Telephone Number

Email Address

(The Trustees reserve the right to obtain a reference from your present landlord)

Are you currently on any Council or Housing Association waiting list? YES NO

If so, which?

How long have you been waiting?

If there is any Additional Information you would like us to know in support of your application, please tell us in the space below:-

Section 3 Your Income, Capital and Other Assets

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.

What is your total annual income from all sources, (jointly if you are applying with someone else)?

£.....

Sources of Income:-

	Applicant	Second Applicant (If applicable)
Net Wages	£.....pw/pm	£.....pw/pm
Occupational/Private Pension	£.....pw/pm	£.....pw/pm
State Retirement Pension	£.....pw/pm	£.....pw/pm
Pension Credit	£.....pw/pm	£.....pw/pm
Universal Credit	£.....pw/pm	£.....pw/pm
Employment Support Allowance	£.....pw/pm	£.....pw/pm
Attendance Allowance	£.....pw/pm	£.....pw/pm
DLA/Personal Independence Payment	£.....pw/pm	£.....pw/pm
Carers Allowance	£.....pw/pm	£.....pw/pm
Tax Credits	£.....pw/pm	£.....pw/pm
Other benefits (SSP, Industrial Injuries etc.)	£.....pw/pm	£.....pw/pm
Maintenance	£.....pw/pm	£.....pw/pm
Any Other Income	£.....pw/pm	£.....pw/pm

(please, specify)

.....

Please, give the total amount of savings that you or anyone who will be living with you have in any bank, building society, stocks, shares or other investment: £.....

(NB: PROOF MAY BE REQUIRED)

Do you, or your partner if applicable, own a car? YES NO

Do you, or your partner if applicable own any other significant assets? YES NO

If yes, please state what they are and the value.....

.....

Section 4 Borrowing

Do you have any loans or other debts outstanding? If so, please provide details, including the total amount you owe.

.....
.....

Section 5 Health and Well-being

It is essential that Almshouse Residents are able to live independently and look after themselves. We do not provide any assistance with health or social care.

Do you have any health conditions or disabilities YES NO

If yes, please tell us in as much detail as you can what they are and how they affect you:-

.....
.....
.....
.....

Please, state if you have any difficulty managing stairs: YES NO

Would your Next of Kin help in case of illness? YES NO

Do you currently have a Local Authority care package in place, or do you expect to require one within the next year? YES NO

GP Details:-

Name

Address

.....

Postcode

Telephone

Section 6 Details of Two Referees

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. We will never disclose sensitive personal data to the referees but we will supply them with basic information regarding you and your application.

First Referee

Name :.....

Their relationship to you (i.e. Landlord, Employer, work colleague, etc.)

.....

Address.....

.....

Postcode

Telephone Number

Mobile Number

Email Address

Second Referee

Name :.....

Their relationship to you (i.e. Landlord, Employer, work colleague, etc.)

.....

Address.....

.....

Postcode

Telephone Number

Mobile Number

Email Address

Section 2. Declaration

I 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. Any weekly sum I pay will be a maintenance contribution and not a rent. My status will be that of Contractual Licensee and I understand that I retain any statutory rights applicable to that status.

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 should it be required.

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 (GDPR).

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, although this may affect my application.

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

Post : Telephone : Email :

Signature

Name

Signature

Name

Date

Please, return the completed form to:

The Almoner, Lancaster Charity, William Penny's, Regent Street, LANCASTER, LA1 1SG

Revised January 2019