



Application Form for Independent Accommodation

It is very important that you complete all sections of the application form as we cannot process forms with missing information. You must also include supporting documentation, where relevant, in order for this application to be considered.

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. That means that Trustees have 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. We will never disclose your details for any inappropriate purpose, however you should be aware that your **details will be checked with relevant organisations, since the charity reserves the right to investigate and verify what you write in this form**. You have access to your personal information on request.

Please confirm the following:

- | | |
|--|-----------------------|
| I am single | <input type="radio"/> |
| I am older than 50 years old | <input type="radio"/> |
| I am in financial, housing and social need | <input type="radio"/> |
| I am able to live by myself and anticipate continuing in good physical and mental health for at least two years. | <input type="radio"/> |
| I have a permanent right to live in the UK, with entitlement to claim state benefits, and can provide evidence of this | <input type="radio"/> |
| I have completed this form on my own behalf to the best of my knowledge and belief | <input type="radio"/> |

If any of the above statements do not apply to you, please contact the Clerk to discuss your situation before proceeding further.



YOUR DETAILS		
Title		
Full name		
Date of Birth		
Current address (including postcode)		
Previous address(es) Please list each address you have lived at over the last five years. Continue on a separate piece of paper if necessary.		
Contact Telephone no.		
Email		
Who is your current Landlord?		
What is your nationality?		
What is your country of origin?		
<i>Note: If you are not a British citizen, please provide evidence of eligibility to live in the UK</i>		
<input type="checkbox"/> I have enclosed Evidence of UK residency eligibility with this application (e.g. passport)		
Do you have any family or dependents? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If yes, give details:		
Please confirm you do not have any pets:		
<input type="checkbox"/> I confirm I do not have any pets		
How did you hear about us?		



RESPONSIBLE PERSON / NEXT OF KIN

*We will contact the person named below as part of the application process. Please note, if we are unable to contact them (or if you do not list a contact) **we will not be able to process this application.***

Name	
Address	
Contact Number	
Relationship to you	

EMERGENCY CONTACT (if different from above)

Name	
Address	
Contact Number	
Relationship to you	

REFERENCES

Please provide the names of two people whom we may approach for a reference. They must have known you for at least two years and may not be family members

Reference 1		Reference 2	
Name		Name	
Address (incl. postcode)		Address (incl. postcode)	
Telephone		Telephone	
Email		Email	
How do they know you?		How do they know you?	



*The Friendly
Almshouses*

ACCOMMODATION NEED

Tell us briefly why you need to move from your current accommodation

Date you need to move by



EMPLOYMENT

Are you currently working?	<input type="checkbox"/> Yes - full time	<input type="checkbox"/> Yes - part time
	<input type="checkbox"/> No - seeking work	<input type="checkbox"/> No - unable to work <input type="checkbox"/> No retired
If Yes, Employer Name		
Job Title		
Salary		
NI Number		

SAVINGS STATEMENT

Do you have any savings and/or investments? (includes any property part or sole owned, current accounts, savings/deposit accounts, ISAs, stocks & shares, premium bonds and any other savings)	<input type="checkbox"/> Yes <input type="checkbox"/> No
If Yes, please list type and amount below	
Type	Amount

DEBT STATEMENT

Please list all of your outstanding debts, e.g. credit cards, loans etc.
Please indicate payment frequency for each outstanding debt – weekly / 2-weekly / 4-weekly / monthly

Type	Amount	Payment schedule
<i>Example: Credit Card</i>	<i>£150.00 per month</i>	<i>monthly</i>

INCOME STATEMENT

Please list all of your income, including pensions, wages, benefits.
Please indicate payment frequency for each income type – weekly / 2-weekly / 4-weekly / monthly

Type	Amount	Payment schedule
<i>Example: Housing Benefit</i>	<i>£210.20 per week</i>	<i>weekly</i>



HEALTH & NEEDS STATEMENT

You must be able to live independently at the Almshouses

Do you have any health problems?

☐

Yes

☐

No

If yes, please give details, including any medication being taken

Are you receiving hospital treatment?

☐

Yes

☐

No

If Yes, please give details

Do you consider yourself to have a disability?

☐

Yes

☐

No

If yes, please give details

Do you need a flat on the ground floor?

☐

Yes

☐

No

If yes, please tell us why

Are you under the care of a social worker?

☐

Yes

☐

No

If yes, please provide the following information:

Name

Contact Telephone

Contact Email

Local Authority

Please provide the name and address of your current doctor

If you are offered accommodation, you will be expected to register with a local surgery

Name

Surgery

Address

Postcode

Contact Number



Declaration

I declare that the information given in this application is correct and complete to the best of my knowledge and belief. The Friendly Almshouses will verify the information provided in this statement. **I understand that the Trustees are 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. This includes 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.

I confirm that I am able to look after myself and to live independently, with the assistance of family and social services if necessary, and anticipate being able to continue doing so for at least 2 years.

I consent to the charity holding personal data on this form in accordance with Data Protection Regulations.

I agree that the charity may contact me by (please tick as appropriate)

☐ email

☐ post

☐ telephone

email address (if applicable):.....

Signature.....

Name.....

(PLEASE PRINT NAME IN CAPITAL LETTERS)

Date

Please return this form and copies of your supporting documentation by email to:
support@friendlyalmshouses.org

Or post:

The Office

The Friendly Almshouses

155 Stockwell Park Road

London. SW9 0TL

Please save a copy for your records.