

**Powell and Welch Almshouse Charity - Bitteswell**  
**Application Form for an Almshouse**

**Section 1 – About You** - Please fill in the two columns below entitled Applicant and Partner

	Applicant	Partner
Title (Mr/Mrs/Miss):		
Forenames:		
Surname:		
Date of Birth:		
Married/Widowed/Single/Divorced/Co-habiting:		
Place of Birth:		
Telephone Number:		
Mobile Number:		
Email Address:		
Length of Time at Current Address		
Previous Addresses if less than 3 years:		
Date of Retirement:		
Current/last Employer including type of work and dates employed:		
Current Address:		
Postcode:		

**Section 2 – About your Family**

	Applicant	Partner
Name of Next of Kin:		
Relationship:		
Telephone Number:		
Mobile Number:		

	<b>Applicant</b>	<b>Partner</b>
Address of Next of Kin:		
Postcode		

### Section 3 – About your Current Home

Are you: (Please tick) Owner/ Occupier <input type="checkbox"/> Council Tenant <input type="checkbox"/> Housing Association Tenant <input type="checkbox"/> Tenant of Private Landlord <input type="checkbox"/> Other _____	In a Caravan/ Mobile Home <input type="checkbox"/> Living with a relative <input type="checkbox"/> Lodging <input type="checkbox"/> In property tied to a job <input type="checkbox"/>
If you are an owner/occupier please state: Value of Property: £ Will you Sell or Let the Property?	Outstanding Mortgage Value: £ Monthly Mortgage Payment: £
If you are not an owner/occupier please state: Name of Landlord: Is this person related to you in any way? If <b>YES</b> what is the relationship? Address: Postcode:	Weekly Rent: £ Arrears: £
<b>For all applicants:</b> Number of Living Rooms: Do you share any facilities with others? <input type="checkbox"/> Do you have a Downstairs Toilet? <input type="checkbox"/>	Number of Bedrooms: Number of Bathrooms:

Do you receive Housing Benefit?	Yes/No
Do you receive Council Tax Benefit?	Yes/No
Why do you wish to leave your present accommodation? Unable to afford/maintain property <input type="checkbox"/> Sharing with others <input type="checkbox"/> Lonely <input type="checkbox"/> Subject to vandalism <input type="checkbox"/> Ill Health <input type="checkbox"/>	Accommodation too large <input type="checkbox"/> About to be made homeless <input type="checkbox"/> Subject to harassment <input type="checkbox"/> Mover nearer to relatives <input type="checkbox"/> Other reasons: Please explain: <input type="checkbox"/>
What are your intentions regarding your current property if you are appointed to an Almshouse?	
If you or your partner own property other than the one in which you live, please give details here. This should include property owned abroad as well as in the UK:	
Have you applied to any other Almshouse Charity, Housing Association etc for accommodation? If so please give details:	

## Section 4 – Your Financial Circumstances

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

	Amount	Frequency
<b>Salary/Wages</b>	£	
<b>Pensions</b> 1. State retirement pension 2. Pension paid by a past employer 3. Private pension 4. Widow's pension 5. Any other pension		
<b>Welfare Benefits</b> 1. Pension Credit 2. Attendance Allowance 3. Disability Living Allowance 4. Personal Independence Payment 5. Employment and Support Allowance 6. Carer's Allowance 7. Any other benefits		

	Amount	Frequency
<b>Other Income</b> 1. Annuities 2. Bank Deposit Account Interest 3. Building Society Account Interest 4. Income from other Investments 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		
<b>Your Capital</b>  Bank Accounts Current Balance Building Society Accounts Current Balance Shares Current Value National Savings Certificates Value Unit Trusts Value Premium Bonds Value Any other Capital or Investments Value		

## Section 6 – About your Health

	Applicant	Partner
Name/ address of Doctor:		
Postcode: Telephone number:		
Chronic Illnesses:		
Current Medication:		
Operations: (Please give dates)		
Smoker or non-smoker?		
Are you Registered Disabled?		
Do you have a Social Worker?		
Name of Social Worker:		
Do you own/ drive a car?		

Do you have a pet? If so please state type and age of animal:		
Do you currently receive help from Family/ Social Services/ Nursing Services/ or other agency with:		
a) Bathing?	a)	a)
b) Dressing?	b)	b)
c) Cooking?	c)	c)
d) Housework?	d)	d)
e) Shopping?	e)	e)
f) Any other activity? (please give details)	f)	f)
Do you attend a Day Centre? If yes please provide details:		
Where did you hear about the Almshouses?		
Is there any other information which you feel will be helpful in considering your application?		
Is there anyone that you would like us to contact to discuss your application on your behalf?		

## Section 7 – Convictions

Our Trust Deed states that residents should be of good character and so we need to ask you if you have any criminal convictions. A conviction will not automatically exclude you from being considered as an applicant but the Trustees need to be fully aware of your circumstances.

	Applicant	Partner
Do you have any criminal convictions?	YES/NO	YES/NO
If Yes, please provide details:		

## Section 8 – 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.

Referee One:	Referee Two:
Name:	Name:
Address:	Address:
Postcode:	Postcode:
Telephone:	Telephone:
Email Address:	Email Address:

## Section 9 – Declaration

I believe that I meet the eligibility requirements to apply to live in one of the charity's Almshouses. I declare that the information given in this application is correct, complete, and accurate to the best of my knowledge and belief. I understand that my appointment as a Resident would be jeopardised if any information later proved to have been withheld.

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 agree that my signature to this application form authorises the Trustees to seek a medical reference from my Doctor if required. I confirm that I am able to look after myself, with the assistance of family and social services if necessary. I am aware there is no warden, expert care or nursing service available at the Almshouses.

**Signature:** .....

**Name:** .....  
**(PLEASE PRINT NAME IN CAPITAL LETTERS)**

**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. 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.

**Please return your completed application to:**

**Mrs M Reid  
Clerk to the Trustees  
Newstead House  
The Green  
Bitteswell  
Lutterworth  
Leicestershire  
LE17 4SG**

**Equal Opportunities:** The Charity (The Powell and Welch Almshouse Charity) believes in equal opportunities. As a provider of housing, it will limit selection of residents solely in accordance with the criteria laid out in the Charity's Trust Deed. The Charity will not discriminate on any other basis, including race, colour, gender, creed or sexual orientation. The information provided on this form will be used to assess your application for housing in an Almshouse owned by the charity. We may contact relevant third parties to verify the information you have provided or to obtain additional pertinent information about you. By submitting this application, you give your consent for us to make these enquiries and for the third parties to disclose the information that we request.