*Confidential*

**CULLOMPTON UNITED CHARITIES**

**Application for Housing**

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

Cullompton United Charities is a registered charity. 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 Trustees 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

1. Do you live in a:

House Yes / No

Bungalow Yes / No

Flat Yes / No

Mobile home Yes / No

1. How many bedrooms are there?

1. Are there steps or stairs in your accommodation? Yes / No
2. Do you need downstairs accommodation? Yes/ No

If yes, please give your reasons:

……………………………………………………………………………………………

……………………………………………………………………………………………

……………………………………………………………………………………………

……………………………………………………………………………………………

**HEALTH (applicant) Tick as many boxes as you feel applicable**

**General Health Hearing Eyesight Mobility**

Poor Poor Poor Poor

Fair Fair Fair Fair

Good Good Good Good

Hearing aid Partially sighted Wheelchair

Deaf Blind 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 Yes No

mental health team?

Please give brief details ……………………………………………………………….

……………………………………………………………………………………………….

……………………………………………………………………………………………….

Do you currently have a care package? …………………………….

**HEALTH (spouse) Tick as many boxes as you feel applicable**

**General Health Hearing Eyesight Mobility**

Poor Poor Poor Poor

Fair Fair Fair Fair

Good Good Good Good

Hearing aid Partially sighted Wheelchair

Deaf Blind Frame

Sticks

Handrails needed

Grabrails needed

Disabilities …………………………………………

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…………………………………………………

…………………………………………………

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? …………………………….

**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.

**Trustees are obliged to ask questions about your financial situation.**

|  |
| --- |
| **POWER OF ATTORNEY** |
| Have you granted Power of Attorney to anyone? Yes / No |
| If Yes, to who? |
| Name: |
| Address: |
|  |
|  |
| Telephone number: e-mail: |

**NEXT OF KIN**

Name: ……………………………………………………………………..

Address: ……………………………………………………………………………….

Telephone: ………………………………..Relationship ………………………….........

**RELATIVES**

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

Name: ……………………………………………………………………..

Address: ……………………………………………………………………………….

Telephone: ………………………………..Relationship ………………………….........

Name: ……………………………………………………………………..

Address: ……………………………………………………………………………….

Telephone: ………………………………..Relationship ………………………….........

**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 Charities Almshouses.**  (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 Cullompton United Charities Almshouses.**

**P**

Please post your completed application form to:

Mrs Ann Walters

Clerk to the Trustees

2 The Celandines

St George’s Well

Cullompton, Devon

EX15 1AT

Tel: 01884 32166

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 an almshouse.

Yes No

**Please note: Trustees can only consider your application if you agree to allow the United Charities to approach your GP. We only require information about whether, in the GP’s opinion, you are able to look after yourself independently, we cannot provide nursing care.**

Signed: ………………………………………..(applicant)

It is part of the United Charities responsibility to ensure that applicants for almshouses are suitably qualified under the terms of the charity’s governing instruments. The United Charitiers therefore needs to investigate the personal circumstances of applicants. The personal data supplied on this form and other information relating to an almshouse appointment, 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 Cullompton United Charities Almshouses.**

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

Signed: ……………………………………….

Name: ………………………………………..

Date: ……………………………………….

Please make sure you have signed this form twice.