



## BEESTON'S, ANDREWES' AND PALYN'S CHARITY: ALMSHOUSE APPLICATION FORM

1. Last name: .....

2. First and any other name(s): .....

3. Date of Birth: .....

4. National Insurance No: .....

5. Single/Married/Widowed/Divorced/Separated: .....  
*(If applying as a couple each person must complete an application form)*

6. Current/Previous Occupation: .....

7. Present Address: .....

.....

.....

(please include postcode)

Telephone Number: .....

Mobile Number: .....

Email address: .....

8. What is the applicant's current accommodation (e.g. House/Flat/Bungalow/Lodgings) and number of bedrooms:

.....

9. Amount of weekly rent currently paid (if any): .....

10. Reason(s) for seeking to move from current accommodation:

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.....

.....

11. Does the applicant own a pet?... **Y / N.** If yes, please state what animal(s):

.....

12. Income and Resources:

Please put a **£ value** against **each** form of income. Where you do not receive a particular form of income please write: **NIL**.

Pensions – **please enclose** a copy of your current pension calculation issued by HMRC, and if you have a private pension your provider’s pension calculation.

	Source	Amount £	Frequency Weekly, monthly)
<b>Pensions</b>	State Retirement Pension		
	Private Pension		
	Widow / Widower’s Pension		
	Industrial Injuries Disabled Benefit		
	War Pension / War Widow’s Pension		
	Pension paid by past employer		
	Any other pension		
<b>Allowances</b>	Attendance Allowance		
	Mobility Allowance		
	Invalid Care Allowance		
	Severe Disablement Allowance		
	Disability Living Allowance		
<b>Benefits</b>	Incapacity Benefit		
	Income Support		
	Pension credit		
	Housing Benefit		
	Council Tax Benefit		
	Universal Credit		
<b>Employment Income</b>	If still in paid employment please enclose a copy of: a. your most recent P60 with your application. b. your last 3 payslips.		
<b>Other income</b>	Annuities		
	Bank deposit account		
	Building Society account		
	Investments		
	Renting property or land that you own		
	Grants from a charity		
	Financial assistance from a friend		
	From a Trust fund		
	Any other income (please give details)		
	<b>Savings and Capital</b>	<b>(Please enter either a £ value against each type of account or write NIL in each instance you do not have this form of saving.)</b>	<b>Current balance / value</b>
Bank Accounts			
Post Office Accounts			
Building Society Accounts			
National Savings Certificate			
Premium Bonds			
Unit Trusts			

13. Does the applicant own (or has ever owned) any property whether in the UK or overseas?  
If so, please provide details on the type of property(s) and current value of each below:

.....  
.....

If property has been owned in the past, whether in the UK or overseas, please provide details below on: the address of the property; the date it was purchased; the purchase value; the date it was sold or transferred; the sales value; the value of the outstanding mortgage at the date of sale; the use of the net proceeds:

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

14. If renting, please provide the name and address of the applicant's Landlord, and state the notice period the applicant is expected to give the current Landlord:

Name and address of Landlord: .....

Notice period: .....

15. Primary Next of Kin: .....

16. Relationship: .....

17. Address: .....,.....

.....

.....

(to include postcode and telephone number(s))

18. To what extent would they assist the applicant in case of illness?

.....

.....

.....

***(Please note that the charity provides housing only. As no personal care services are provided it is essential that Almshouse residents are able to care for themselves, with the assistance of family and social services as necessary)***

19. Additional Next of Kin: .....

20. Relationship: .....

21. Address: .....,.....

.....

.....

(to include postcode and telephone number(s))

22. To what extent would they assist the applicant in case of illness?

.....

.....

23. Please provide any other special circumstances or background to this application below (use a separate sheet if more space is required):

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24. Certificate.

I certify that the foregoing information given by me is in all respects true and accurate. If I am accepted as a resident, I understand that I shall be a beneficiary of the charity and not a tenant, and that any weekly sum I pay will be a maintenance contribution and not a rent.

I confirm that I am able to look after myself, with the assistance of family and social services if necessary.

The details above are correct to the best of my knowledge and belief and this application is submitted in good faith, without any attempt to withhold information, or deceive the Trustees of the Beeston's, Andrewes' and Palyn's Almshouse Charity. I am aware that failure to disclose information might jeopardise my position both before and after any potential allocation of an almshouse residence for my use.

*Please note that if the Charity discovers that any information given by you in this questionnaire or at your subsequent interview is incomplete or incorrect the Charity will review your application and may resolve that you are not eligible for accommodation in the almshouses.*

*If having been given accommodation by the Charity any of the information in this application is found to be incomplete, inaccurate or incorrect the Charity will seek to set aside your appointment as a resident and recover possession of the accommodation.*

*If your circumstances change the charity may review your eligibility to remain a resident. It is most important therefore that you reply to this questionnaire and any further questions truthfully, fully and comprehensively, as any failure to do so may put your residence at the almshouses in jeopardy.*

Signature of Applicant: ..... Date: .....

The applicant should return this completed form, the completed medical questionnaire, the name and addresses of two referees (other than family) who have known you for more than 5 years, and name and address of your landlord (if applicable) to:

Sarah Bennett, The Girdlers' Company, Girdlers' Hall, Basinghall Avenue, London EC2V 5DD

Please ensure you enclose:

- HMRC pension calculation
- Private pension calculation
- If still in employment your last three wage slips
- If still in employment your P60
- Names and addresses of two referees
- Health questionnaire (included in this application is the following page which asks about the applicant's personal health. This page must be completed and signed by the applicant's GP.)

**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.

The data you provide will be retained until either you withdraw your application or are no longer a resident of the almshouse and in either event will be held for a period of 6 months afterwards.

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ALMSHOUSE APPLICATION FORM**

Applicant's last name: .....

Applicant's First name(s): .....

25. (for the applicant): What is your state of health, both mental; and physical?  
.....

(please state nature of any physical or mental illness or infirmity below, or on a separate sheet)

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

26. (for the applicant): What medicine are you being prescribed at present?  
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.....  
.....

27. (for the applicant): Do you smoke?      Yes      No      (please circle one answer)

If you circled No, when did you last smoke? .....

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*(Please note that the charity provides housing only. As no personal care services are provided it is essential that Almshouse residents are able to care for themselves and live independently.)*

*For the applicant's GP to complete:*

How long have you known the applicant as a patient? .....

"I confirm the above is a true and fair record of the above applicant's current physical and mental health. In my opinion the applicant is able to live independently and look after themself."

Signed: .....

Please print name: .....

Date: .....

GP's Last Name: .....

GP's First Name(s): .....

GP's Address: .....

.....

*(To the applicant: please complete, give to your GP to complete, and then send this and the rest of the application form to the charity.)*

## **INFORMATION FOR APPLICANTS**

If you are successful in being appointed a resident, as opposed to a tenant, of the almshouse the charity asks you to pay a Weekly Maintenance Contribution (WMC) in lieu of rent. You can pay this weekly or by calendar month. Please contact the Charities Manager for the current WMC.

In addition you will be responsible for your own utility bills, including gas, electricity, and water rates. If you are over retirement age it is a condition that you wear a personal monitoring alarm – provided free of charge by the charity – which requires you to have a land line in your flat, the costs of which, including any installation, quarterly charge and phone calls, are your responsibility.

The water rates Thames Water will charge you are based either on a single occupier or on a standard 1-bedroom flat.

The almshouses are situated in the Borough of Southwark. The Council Tax Band is Band B.

Each flat comprises a bedroom, bathroom/shower, kitchen, lounge. Each flat has its own gas central heating.