APPLICATION FOR AN ALMSHOUSE

The Buckingham Almshouses & Welfare Charity has Almshouses that are restricted to housing poor persons of good character who have been resident for the past two years or have a strong association with the Parish of Buckingham (Buckingham, Gawcott with Lenborough and Bourton) at the time of appointment.

Data Protection Statement: it is part of the Trustees' responsibilities to ensure that the 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 Data Protection Act 2018 and the UK General Data Protection Regulations (UK GDPR).  The data we collect has been classified as Sensitive Data under Article 9 of UK 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 will be held on file. **Some details may be checked with relevant organisations since the charity reserves the right to investigate an 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.

**SECTION 1 – ABOUT YOU**

|  |  |
| --- | --- |
| Title. (Mr, Mrs, Dr, etc) |  |
| Full name |  |
| Email Address |  |
| Phone Number |  |
| Mobile Phone |  |
| Current address |  |
| Length of time at this address |  |
| Council Tax Band |  |
| Date of Birth |  |
| Age |  |
| Marital Status |  |
| Are you registered with Bucks Home Choice? (www.buckshomechoice.org.uk) - if so please provide your reference number |  |
| Employment History - Please give details of your current occupation (if any) and brief details of your employment history |  |
| How did you hear about the charity? |  |

**SECTION 2 - ABOUT YOUR FAMILY**

|  |  |
| --- | --- |
| Next of Kin |  |
| Relationship |  |
| Address |  |
| Contact number(s) |  |
| Emai address |  |

**SECTION 3 - ABOUT YOUR PRESENT HOME**

|  |  |
| --- | --- |
| Type of accommodation (e,g. 3 bedroom house, 2 bedroom flat) |  |
| Do you own it? |  |
| If 'yes' what is the present value? |  |
| Is there a mortgage outstanding on the property and, if so, how much is outstanding? If there is no mortgage please write 'none' |  |
| If you do not own the property where you currently live, who does own this property (e,g. Private landlord, council) |  |
| Is this person related to you in any way? If YES, what is the relationship? |  |
| If you have ever owned the property where you live, in what circumstances did you cease to be the owner? |  |
| If rented, please give the name and address of the landlord: |  |
| Current rent (per month) |  |
| Do you receive Housing Benefit or other Benefits to help you with housing costs? |  |
| Do you receive Council Tax discount or reduction? |  |
| Why do you wish to leave your current accommodation? |  |
| What are your intentions regarding your current accommodation if you are appointed to an almshouse? |  |
| If you own property other than the one in which you live now, please give details below.  This should include property owned abroad as well as in the UK: |  |

**SECTION 4 - YOUR INCOME**

To enable 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, e,g. weekly, monthly or annually.

**PENSIONS**

|  |  |
| --- | --- |
| **State Pension** | Yes/No |
| Amount |  |
| Frequency | Weekly/Monthly |

|  |  |
| --- | --- |
| **Pension Paid by past employer** | Yes/No |
| Amount |  |
| Frequency | Weekly/Monthly |

|  |  |
| --- | --- |
| **Private Pension** | Yes/No |
| Amount |  |
| Frequency | Weekly/Monthly |

|  |  |
| --- | --- |
| **Widow's or widower's pension** | Yes/No |
| Amount |  |
| Frequency | Weekly/Monthly |

|  |  |
| --- | --- |
| **Any other pensions** | Yes/No |
| Amount |  |
| Frequency | Weekly/Monthly |

**BENEFITS**

|  |  |
| --- | --- |
| **Social Security Benefit** | Yes/No |
| Amount |  |
| Frequency | Weekly/Monthly |

|  |  |
| --- | --- |
| **Attendance Allowance** | Yes/No |
| Amount |  |
| Frequency | Weekly/Monthly |

|  |  |
| --- | --- |
| **Universal Credit** | Yes/No |
| Amount |  |
| Frequency | Weekly/Monthly |

|  |  |
| --- | --- |
| **Any other benefits** | Yes/No |
| Amount |  |
| Frequency | Weekly/Monthly |

**EMPLOYMENT/SELF EMPLOYMENT**

|  |  |
| --- | --- |
| Please explain the type of employment and hours or work (if no employment please state 'none') | |
| Income amount |  |
| Frequency |  |

**OTHER INCOME**

|  |  |
| --- | --- |
| **Annuities** | Yes/No |
| Amount |  |
| Frequency | Weekly/Monthly |

|  |  |
| --- | --- |
| **Bank Deposit Account** | Yes/No |
| Amount |  |
| Frequency | Weekly/Monthly |

|  |  |
| --- | --- |
| **Building Society Account** | Yes/No |
| Amount |  |
| Frequency | Weekly/Monthly |

|  |  |
| --- | --- |
| **Investment Accounts** | Yes/No |
| Amount |  |
| Frequency | Weekly/Monthly |

|  |  |
| --- | --- |
| **Renting property or land that you own** | Yes/No |
| Amount |  |
| Frequency | Weekly/Monthly |

|  |  |
| --- | --- |
| **Grants from charity** | Yes/No |
| Amount |  |
| Frequency | Weekly/Monthly |

|  |  |
| --- | --- |
| **Financial Assistance from a relative/friend** | Yes/No |
| Amount |  |
| Frequency | Weekly/Monthly |

|  |  |
| --- | --- |
| **From a Trust Fund** | Yes/No |
| Amount |  |
| Frequency | Weekly/Monthly |

**Please give details of any other income:**

**SECTION 5: YOUR CAPITAL**

|  |  |
| --- | --- |
| Bank Account Balance(s) |  |
| Building Society accounts: current balance |  |
| Shares: Current Value |  |
| National Savings (e.g. National Savings Certificates):  Value |  |
| Unit Trusts: Value |  |

**SECTION 6: BORROWING**

|  |
| --- |
| Do you have any loans or other debts outstanding? If so, please provide details. |

**SECTION 10 - ABOUT YOUR HEALTH & SOCIAL FACTORS**

|  |  |
| --- | --- |
| Are you able and willing to live independently and look after yourself and your accommodation |  |
| Please give details of any significant illnesses, injuries or operations during the last 5 years |  |
| Are you currently receiving treatment for any illness? If ' yes' please give details below |  |
| Are there any other health or social factors that you would wish the trustees to take into consideration when assessing your application.  If 'yes' please give details below. |  |

|  |  |
| --- | --- |
| Name and address of your GP |  |
| Do you consent to the charity contacting your GP to obtain medical information about you now and in the future? |  |

**SECTION 11. CONVICTIONS**

|  |
| --- |
| Do you have a conviction which is not spent under the Rehabilitation of Offenders Act 1974?  If ‘yes’ please provide details |

**SECTION 12. REFERENCES**

Please give the names and addresses of two responsible people (not relatives) who you know 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 indicated how you know the referees.  We will never disclose sensitive personal data to the referees, but we will supply them with basic information regarding your application

**Reference 1**

|  |  |
| --- | --- |
| Name & postal address |  |
| Email |  |
| Phone Number |  |
| Relationship to you |  |

**Reference2**

|  |  |
| --- | --- |
| Name & postal address |  |
| Email |  |
| Phone Number |  |
| Relationship to you |  |

**ADDITIONAL INFORMATION (Optional)**

Applicants should be aware that almshouses are intended to be a community where residents can live safely together. If you wish to make any other statements in support of your application and suitability for almshouse accommodation please enter it below.

**DECLARATION**

I have read the charity's conditions of entry and believe that I met the beneficiary criteria 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 the result of this application, if my answers in this application form are untrue, or misleading in any respect (for example, due to omitting or miss-stating relevant facts).**  
  
I have read this application form carefully and agree to abide by it should I be appointed to an almshouse.  
  
I accept that if I am appointed as a resident I shall be a beneficiary of the charity an not a tenant. Any weekly/monthly 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.  
  
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 in accordance with the form of authority provided by the charity.  
I consent to the charity holding personal and sensitive date 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.  
  
The charity is obliged to check the immigration status of prospective residents and will need to see proof of identity such as a passport or driving licence.  
  
In submitting this form electronically I confirm my agreement to the above declaration.  
  
***Note: you will be asked to sign a hard copy of this document if your application is successful***

I understand that the charity may contact me by

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Email |  | Post |  | Telephone |  |