The Municipal & Owen Carter Almshouse Charity

Registered Charity no. 232200

Application for Residence

This form is to apply for a home with Old Rope Walk Almshouse.

Please fill in all parts of the form and return to us together with a copy of your proof of residency, and eligibility of Housing Benefit or Local Housing Allowance and any other relevant documents in support of your application. If you need help filling in the form or have any questions, please ask us.
Our office contact number is 07480643426.

ELIGIBILITY CRITERIA

Applicants must be:

- Of State Pensionable age (applicants over 60 will be considered if retired early for health reasons at the Trustees discretion).
- Of good character and with no history of serious debt problems
- Retired, or retiring before moving into the Homes
- In need of housing assistance as a result of limited means
- Must not own a home or another property
- Able to look after themselves and therefore in reasonable health.

All of the above must apply. In the case of a couple, **both** applicants must satisfy **all** the eligibility criteria and **complete separate application forms**. Where any of the above changes materially, e.g. the person inherits a substantial sum of money or becomes unable to look after themselves, they will be required to vacate their Home. All decisions are at the discretion of the board of trustee's and are final.

Privacy Notice

It is part of the trustees' responsibility to ensure that applicants are suitably qualified for residence, under the terms of the charity's governing instrument.

Trustees therefore need to investigate the circumstances of applicants. The personal data supplied on the application form, and any other information relating to an almshouse appointment or to your support needs, will be held in either manual or electronic form.

Some details will be checked with relevant organisations, but none will be disclosed for any inappropriate purpose unconnected with the application. We may also disclose your information if we have a duty to do so, or if the law allows us or compels us to. You have a right to see and correct the information we hold about you.

If your application is unsuccessful or is cancelled, we will destroy your application form and remove any computer records within three years. You have a right to complain to the Information Commissioner's Office (ICO) if you think there is a problem with the way we are handling your data.

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Date Application……..

Section 1 – About You

Full name ……..Mr/Mrs/Miss/Ms

Address .....

.....

…… Post Code.....

Mobile No ……..... Home Phone Number .....

Email ……..

Marital status.....National Ins No ……..

Date of Birth ……Age……Place of Birth……..

Current Occupation or occupation before retirement ……

Do you have connections to the Carter Tiles/ Poole Pottery Industries in Poole? .....
.....

Section 2 – About your Present Home

Type of accommodation (e.g. house/flat and no of rooms):

.....

Length of time at current address……Council Tax Band……

Do you, or your spouse, own it? **Yes/No** Estimated value £.....

If you do not own the property where you currently live, who does own this property?

.....

Is this person related to you in any way? If **YES** what is the relationship?

.....

If rented, please give name and address of landlord:

.....

.....

Current Rent/Mortgage £……per month

Do you receive Housing Benefit **Yes/No** if 'Yes', how much? £……..

Do you receive Council Tax Benefit **Yes/No** if 'Yes', how much? £……..

Why do you wish to leave your present accommodation?

.....

.....

.....

.....

What are your intentions regarding your current property if you are appointed to an Almshouse?

.....

.....

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 or your partner own property other than the one in which you live, please give details below. This should include property owned abroad as well as in the UK:

Address .....

.....

Section 3 – Previous Addresses

Please provide all addresses for the last ten years

1 .....

.....Time at this address……years. Owned/Rented *(please circle)*

2 .....

.....Time at this address……years. Owned/Rented *(please circle)*

3 .....

.....Time at this address……years. Owned/Rented *(please circle)*

4 .....

.....Time at this address……years. Owned/Rented *(please circle)*

Section 4 – Income

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:

PLEASE SUPPLY COPIES OF PROOF OF BENEFIT ENTITLEMENTS AND BANK/BUILDING SOCIETY SAVINGS/ACCOUNTS WITH YOUR APPLICATIONS.

	Amount	**Frequency** *weekly/four weekly, monthly*
Pensions 1. State retirement pension 2. Pension paid by a past employer 3. Private pension 4. Widow's pension 5. Any other pension		
Social Security Benefit 1. Pension Credit & /or Guaranteed Credit 2. Attendance Allowance 3. Income Support 4. Any other benefits		
Other Income 1. Annuities 2. Bank Deposit Account 3. Building Society Account 4. Investment 5. Financial assistance from a relative/friend 6. Any other income – please give details		

Section 5 – Capital

1. Name/Bank Accounts……Current Balance……

2. Name/Bank Accounts……Current Balance……

3. Name/Building Society ……Current Balance……

4. Name/Building Society ……Current Balance……

5. Shares Current Value.....
.....

6. National Savings Certificates/Investment……

7. Premium Bonds.....

Section 6 – Health and Social Factors

Are you able and willing to look after yourself and your accommodation?.....

Please give details of any significant illnesses, injuries or operations during the last five years

.....

……

Are there any other health or social factors that you would wish the trustees to take into consideration when assessing your application? *(use separate sheet if necessary)*

.....

.....

.....

Are you receiving continuing treatment for any of the above?

.....

.....

Name and Address of GP.....

……...Post Code.....

Have you ever been involved in a dispute and had any actions taken against you, them or a third party for antisocial behaviour or harassment? To include but not limited to racial/sexual/gender harassment. **Yes / No**

If 'Yes' please provide details ……

……

Do you have a conviction which is not spent under the Rehabilitation of Offenders Act 1974? **Yes / No** (*have you been convicted of an offence and not served a sentence*)

If 'Yes', please provide details:

.....

.....

Section 7 – Next of Kin and Family

Next of kin .....Relationship……

Address .....

…… Post code .....

Telephone No ……..……Mobile Number .....

Emergency Contact details other than above……..

.....Relationship…….....

Do you consent for us to contact the above named next of kin or emergency contact in the event of emergency or for what reason that the trustees deem necessary for your appropriate care and wellbeing? **Yes/No**

Do you have family or close friends that live close to The Old Rope Walk? 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.

1…….	2.....
……..	.....
……..	.....
Post Code……..	.....
Tel: ……. …….	Tel: ……

Are you related to an Old Rope Walk Trustee/ member of staff/current resident? **Yes/No**

Please provide further information……..

……

How did you find out about Old Rope Walk? ……

Section 9 – Declaration

I understand that the information I have provided to process my application may be checked by the trustees and it's staff to verify the details supplied are correct. The trustees and staff may also obtain information about me from certain other organisations, or give information about me to them to make sure the information is accurate in order to process my application. By submitting your Application Data you are granting your consent to the processing of that information in accordance with our General Privacy and Data Protection Policy.

I declare that the information I have given on this form is correct and complete.

I confirm that, to the best of my knowledge, I satisfy the charity's eligibility criteria, as supplied to me on application. I understand that any false representation made by me with regard to the eligibility criteria will render me ineligible to remain at Old Rope Walk at any time in the future, if I am offered a place.

I agree that if I am offered accommodation 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 and will be paid by monthly bank standing order.

I confirm that I am able to look after myself, and declare that the information provided on this form is complete and true.

Applicant's Signature: .....

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

Date .....

Witness (please print name & address)

The witness signing the form and referees must not be relatives of the applicant.

Witness Signature .....Date .....

Witness Name.....

Address .....
.....

Please supply a copy of 1) Birth certificate or Passport as proof of residency 2) Three month's bank statements 3) Proof of eligibility for any benefits you are in receipt of 4) A recent council tax bill.

Please return to The Admin Clerk, Old Rope Walk, Hamworthy, Poole, BH15 4AU with a SAE