



## Application Form for an Almshouse

**Confidential**

We need to make sure you are eligible to apply to become an Almshouse resident. Please read the Frequently Asked Questions before completing this form, to check that you believe you are eligible to apply and that almshouse accommodation would be suitable for you.

### Section 1 – About You

	First Applicant	Second Applicant
Title (Mr/Mrs/Ms etc.)		
Surname		
Forename(s)		
Date of Birth		
Telephone Number		
Mobile Number		
Email Address		
Employment History – please give brief details of your current occupation (if any) and brief details of your employment history		

### Section 2 – About your present home

Address.....

.....Post Code.....

Length of time at this address.....Council Tax Band.....

Length of time lived in or around Devizes.....

Type of accommodation (e.g. 3 bedroom house, 2 bed room flat):.....

Do you, or your spouse, own it? Yes/No

If 'yes', what is its present estimated value? £.....

If you, or your spouse, have ever owned the property where you currently live, in what circumstances did you cease to be the owner?

.....

If renting, please give name and address of landlord:

.....  
 .....

Current rent £.....per week

### Section 3 – Your 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 frequently you receive them, e.g. weekly, monthly or annually:

	First Applicant		Second Applicant	
Wages or Salary from Employment	£	per wk/mnth	£	per wk/mnth
State Pension	£	per wk/mnth	£	per wk/mnth
Occupational Pension	£	per wk/mnth	£	per wk/mnth
Any Other Pensions / Income	£	per wk/mnth	£	per wk/mnth
Benefits	£	per wk/mnth	£	per wk/mnth
Do you currently receive Housing Benefit?	Yes / No		Do you currently receive Council Tax Benefit?	Yes / No

### Section 4 – Your Capital (Savings / Investments / Property) and Borrowing

	First Applicant		Second Applicant	
Bank accounts – current balance	£		£	
Building Society Accounts – current balance	£		£	
Other savings – current balance	£		£	
Investments – current value	£		£	
Do you have a mortgage? If yes, how much is owed?	Yes / No		Yes / No	
Do you have any other loans or debts outstanding? If so, please provide details.	Yes / No		Yes / No	

**Section 5 – About your Health and Social Factors**

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

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

.....  
.....

Are you currently receiving treatment for any illness? YES/NO

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? YES/NO

If Yes, please give details below:

.....  
.....

Why do you wish to leave your present accommodation?

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

**Section 6 – About your Family**

Next of kin.....

Relationship.....

Address.....

.....

.....Post code.....

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

Email Address: .....

**Section 7 – 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. If you are currently renting accommodation, one of the referees should be your current landlord. Please indicate how you know the referees.

Name of Referee 1.....2.....

Address of Referee 1.....2.....

.....

Post Code .....

Relationship to you 1..... 2.....

.....

How long have they 1.....years 2.....years  
known you?

**Section 8 – Declaration**

I have read the charity’s Frequently Asked Questions and believe that I am eligible to apply 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 a 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 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 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 the charity holding personal data on this form in accordance with Data Protection Regulations (see Data Protection Statement below).

I agree that the charity may contact me by: (Please tick as appropriate.)

email                       post                       telephone

Signature(s):              (1).....                      (2).....

Name(s)                      (1).....                      (2).....  
(PLEASE PRINT NAME(S) IN CAPITAL LETTERS)

Date .....

Please return your completed application to:              Clerk to the Trustees, Devizes Almshouse Charity  
Slade House, St James Gardens, Devizes, SN10 1EL

**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 since the charity reserves the right to investigate and 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.