



Application for an Almshouse

Data Protection. The Trust provides housing for those who comply with the requirements of the Trust. To assess suitability, it is necessary for us to acquire certain information about financial position, accommodation needs, local connections and support network: the information will only be used for this purpose and will not be given to any other organisation.

Full Details of applicant(s):

1st applicant: name			Gender	Male <input type="checkbox"/> Female <input type="checkbox"/>
Date of birth	Place of Birth:			
2nd applicant: name			Gender	Male <input type="checkbox"/> Female <input type="checkbox"/>
Date of birth	Place of Birth:			
Present address				
Tel No.	Number of years at this address			
Email address				
Single / Married / Divorced / Widowed / Partners (delete as appropriate)				

Financial information: While we appreciate that you may consider this question personal and sensitive, we are required by our governing deeds to request this information

State Pension	£	per week
Social Security Benefits including Housing & Council Tax benefit	£	per week
Occupational Pension	£	per week
Investment Income	£	per week
Wages / Salary	£	per week
Other Income	£	per week
TOTAL WEEKLY INCOME	£	
CAPITAL: Savings / value of other assets, incl. property	£	

Details of Present Accommodation:

Type of accommodation (eg 2-bed house, 2-room flat etc)			
Do you own the accommodation?	Yes <input type="checkbox"/> No <input type="checkbox"/>	If owned is it mortgaged?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Number of rooms you occupy		Do you share a kitchen or bathroom?	Yes <input type="checkbox"/> No <input type="checkbox"/>
RENT (if applicable)	£	per week	
COUNCIL TAX	£	per week	
Can you use the stairs?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Can you walk to the shops?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Can you use a standard bath?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Can you look after yourself?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Why do you want to move to a Trust property?			
Why is your present property unsuitable?			
Give details of any pets:			

Power of Attorney:

Have you granted Power of Attorney to anyone? If so, to whom?		Yes <input type="checkbox"/>	No <input type="checkbox"/>
Name		Relationship to you	
Address			
			Tel No.

Local connections

What connections do you have with St Day / Carharrack? (continue on separate sheet if necessary)			
Number of years living in St Day		Number of years living in Carharrack	
OR Number of years living in the former district of Kerrier			

Details of Next of Kin:

Name		Relationship to you	
Address			
			Tel No.
Would they be able to assist you in the event of illness?			Yes <input type="checkbox"/> No <input type="checkbox"/>

Details of one other relative or friend:

Name		Relationship to you	
Address			
			Tel No.
Would they be able to assist you in the event of illness?			Yes <input type="checkbox"/> No <input type="checkbox"/>

References: Please give names and addresses of 2 referees. These must be persons (other than family) who have known you for at least 2 years including your current or most recent landlord, if applicable

1st referee: name		How known to you	
Address			
			Tel No.
2nd referee: name		How known to you	
Address			
			Tel No.

Details of GP

Name of GP			
Address of surgery			
			Tel No.

I agree that the Trust may contact me by: Please tick as appropriate

Email

Post

Telephone

Declaration

I declare that the information given in this application is correct and complete to the best of my knowledge and belief.

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 consent to the Trust holding personal data on this form in accordance with Data Protection Regulations.

If I am appointed as a resident I consent to my GP or other medical attendant providing the Trust with a medical certificate or report about my health and condition now or at a future date if the trustees become concerned about my health.

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

Applicant/s signature/s

Name/s (please print in capital letters)

Date

Please return the completed form to:

The Clerk to the Trustees, The Community Room, Mills Street, St Day, Redruth, TR16 5LL

Telephone: 07814 792402 / 01209 822589 email: millstrust@hotmail.co.uk

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 instrument. 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 data 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.