



Application for an Almshouse

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 provided within this Application Form is provided in confidence and will not be disclosed to anyone other than the Trustees and Clerks of WJ Mills Cottages Trust. 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)			
Please include a copy of ID showing age and proof of residence at current address, i.e. driving licence, or council tax/utility bill along with passport or other government recognised document showing your date of birth.			

Financial information: To enable the Trustees to assess your application, the information below **MUST** be provided to the best of your knowledge, along with your latest 3 Months Bank Statements for **ALL Accounts** including savings in your name whether Joint or Sole (must include ISA's, Bonds, Investments & shares etc.), most recent P60/pension statement, most recent evidence of means tested benefits and a current credit reference check.

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

Please list below any additional income you are in receipt of:

Do you have any debts outstanding? i.e. Car finance, loans, credit cards

Yes No

If Yes please give further details below.

Are you related to any existing WJ Mills (Cottages) Trust resident, employee, or Trustee? Yes No

If Yes please give further details below.

Do you have any criminal convictions which have not been spent under the terms of the Rehabilitation of Offenders Act 1974? Yes No

If Yes please give further details below.

Have you ever been evicted from a rented property or had legal action taken against your tenancy?

Yes No

If Yes please give further details below.

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		
Do you have rent arrears	Yes <input type="checkbox"/> No <input type="checkbox"/>		
If YES please state the total amount and explain the reason why			
Landlord details			
COUNCIL TAX	£ per week		
Are you in receipt of Housing Benefit?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Are you in receipt of Council Tax Benefit	Yes <input type="checkbox"/> No <input type="checkbox"/>
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:			

Employment Details

Are you in current employment?		Yes <input type="checkbox"/> No <input type="checkbox"/>
Employers Name		
Address		
	Tel No.	
Job Title		
How long have you worked there?		
Weekly Hours (full time is considered 35 hrs/week)		
Are you retired?	Yes <input type="checkbox"/> No <input type="checkbox"/>	
If yes what was your last employed position?		
Date you retired?		
Are you unable to work?	Yes <input type="checkbox"/> No <input type="checkbox"/>	
If yes please give details		

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.

I confirm that I do not and will not use/sell recreational drugs.

I confirm that I do not and will not keep weapons or anything considered to be a weapon on the property.

I understand that my application and/or appointment may be set aside immediately and without further liability or penalty if I am found to be in breach of any of the above declarations.

Applicants are advised that failure to disclose any relevant information may prejudice their application. Knowingly providing misleading or inaccurate information could lead to the setting aside on an appointment to an Almshouse, which would then have to be vacated.

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: 01209 822589 email: millstrust@hotmail.co.uk web: <https://wjmillscottgustrust.org.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 document. Trustees, therefore, need to investigate the personal circumstances of applicants. **The Charity complies with the regulations for data security under the General Data Protection Regulations (GDPR). The data we collect has been classified as Sensitive Data under Article 9 of 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 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.**