**JESUS HOSPITAL CHARITY**

Registered Charity No. 1075889

**Jesus Hospital Charity, Ravenscroft Lodge, 37 Union Street, Barnet, Herts., EN5 4HY.**

**Telephone Number: 0208 440 4374**

**E-Mail:** **jhc1679@btconnect.com**

**info@jesushospitalcharity.org.uk**

# Application for Almshouse Accommodation

**Applicants for an Almshouse are considered, provided the following criteria are met:**

1. **Entry is limited to ladies aged over fifty.**
2. **A period of residence in the area of benefit.** This is the former urban districts of Barnet. This comprises Chipping/High Barnet, East Barnet and Friern Barnet. The Trustees may consider applicants who do not live in any of these areas, but do live elsewhere in the borough of Barnet.
3. **That you are able to live independently.** (condition of entry will be dependent on a letter from your doctor supporting this)
4. **In housing need.** You must demonstrate a pressing reason to move from where you are currently staying.
5. **Evidence of your financial situation.**

It is essential that **ALL** questions are answered fully and accurately.

Please Note: As part of the application process, a home visit is usually undertaken.

Please use CAPITAL letters on this page and BLACK ink. If a question does not apply to you, please write **N/A.**

**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.

**All information given will be treated in the strictest confidence.**

(Please note that the Trustees will ask to see documents, e.g. birth certificates, marriage certificate, bank books, passport etc., in support of statements you have made).

**Section 1 – About You**

Full name…………………………………………………………………………………………..

Mrs/Miss/Ms..............................................

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

Marital status...................................................

Address…….............................................................................................................................

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

…………………………………………………………………………………….…………………………………………………….

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

Telephone No…………………………..............…………

Mobile Number.................................................

Email……………………………………………………………...

Length of time at this address……………………………................……

If you have ever lived elsewhere in the former districts of Chipping/High Barnet, East Barnet or Friern Barnet or elsewhere in the Borough. Please provide details of all previous addresses.

Address……………………………………………………………………………………………………………………………..

………………………………………………………………………………………………………………………………………….

………………………………………………………………………………………………………………………………………….Post Code……………………………………………………….

Dates………………………………………………………………………………………………………………………………….

Reason for moving…………………………………………………………………………………………………………….

………………………………………………………………………………………………………………………………………….

…………………………………………………………………………………………………………………………………………..

Employment History – **You will be required to bring evidence of earnings such as payslips or proof of earnings (if self employed) to interview**

Are you retired? YES/NO

Your National Insurance Number ……………………………………………………………………

Please give details of your previous/current occupation (if any) including hurs of work and brief details of your employment history. (If you are not employed or retired, please state reason and previous work including dates): ……………..................................................................................................................................

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

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

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

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

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

**Section 2 – About your Family**

Name of next of kin or other person with authority willing to act for you who may be contacted in an emergency

MR/MRS/MS/MISS……………………………… MR/MRS/MS/MISS………………………………

ADDRESS……………………………………….. ………………………………………………………

…………………………………………………….. ………………………………………………………

……………………………………………………. ………………………………………………………

……………………………………………………. ……………………………………………………..

Post-code………………….… …………………. Post-code…………….……………………………

Telephone no…………………………………. … Telephone no .……………………………………

Mobile no………………………………………… Mobile no…………………………………………

E-Mail…………………………………………… E-Mail.……….:………………………………….

Relationship to you …………………………… Relationship to you……………………..……….

**Section 3 – About your present home**

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

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

Do you, or your spouse, own it? YES / NO

If **‘yes’**, what is its present estimated 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?

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

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

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

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 rented, please give name and address of landlord:

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

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

Do you share this property with anyone else if so please state relationship and what accommodation is exclusively for your use?………………………………………………………………………………………………………………………………….

Current rent £…………….……per week Do you have security of tenure? YES / NO

Please circle round any of the following included in the rent?

Gas / Electricity / Heating / Water / Council Tax / Other Please state ……………………………..

Do you receive Housing Benefit or other Benefits to help with housing costs? Yes/No

Do you receive Council Tax discount or reduction? Yes/No

Why do you wish to leave your present accommodation?

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

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

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

What are your intentions regarding your current accommodation if you are appointed to an almshouse and how much notice are you required to give?

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

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

If you own property, or ever have owned a 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:

Address…….............................................................................................................................

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

……………………………………………………… Post Code……...…………………………………………………

**Section 4 – 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:

|  |  |  |
| --- | --- | --- |
|  | **Amount**  | **Frequency** |
| **Pensions**1. State retirement pension
 |  |  |
| 1. Pension paid by a past employer
 |  |  |
| 1. Private pension
 |  |  |
| 1. Widow’s or Widower’s pension
 |  |  |
| 1. Any other pension
 |  |  |
|  | **Amount**  | **Frequency** |
| **Social Security Benefit**1. Pension Credit
 |  |  |
| 1. Attendance Allowance
 |  |  |
| 1. Universal Credit
 |  |  |
| 1. Housing benefit
 |  |  |
| 1. Any other benefits
 |  |  |
| **Employment****1.** If employed how much do you earn  gross |  |  |
| **Other Income** 1. Annuities
 |  |  |
| 1. Bank Deposit Account
 |  |  |
| 1. Building Society Account
 |  |  |
| 1. Investment
 |  |  |
| 1. Renting property or land that you own
 |  |  |
| 1. Grants from a charity
 |  |  |
| 1. Financial assistance from a relative/friend
 |  |  |
| 1. From a trust fund
 |  |  |
| 1. Any other income – please give details
 |  |  |

**Section 5 – Your Capital**

**(The Trustees will ask for photo-copies of pages of passbooks/ bank/building society statements/ pay slips etc.)**

**1.** Bank accounts: Current Balance

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

**2.** Building Society accounts: Current Balance

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

**3.** Shares: Current Value

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

**4.** National Savings (e.g. National Savings Certificates): Value

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

**5.** Unit Trusts: Current Value

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

**6.** Premium Bonds: Amount held

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

**7.** Other please specify

…………………………………………………………………………………………………………………………………………..

**Section 6 – Borrowing**

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

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

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

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

**Section 7 – 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:

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

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

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

Name and address of your GP...........................................................................................................................................

…………………………………………………………………….……………………………………………………………………

………………………………………………………………………………………………………………………………………….

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

Telephone Number ……………………………………………

Authorisation to contact your doctor

Signed……………………………………………………………………….. Date ………………………………………….

Do you have a conviction which is not spent under the Rehabilitation of Offenders Act 1974? YES / NO

If ‘YES’, 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. If you are currently renting accommodation, one of the referees should be your current landlord. Please indicate how you know the referees.

MR/MRS/MS/MISS……………………………. MR/MRS/MS/MISS..………………………………

……………………………………………………. ………………………………………………………

…………………………………………………… ………………………………………………………

……………………………………………………. ………………………………………………………

Post-code………………….… …………………. Post-code…………….……………………………

Telephone no…………………………………. … Telephone no .……………………………………

Mobile no………………………………………… Mobile no…………………………………………

E-Mail…………………………………………… E-Mail.……….:………………………………….

Relationship to you …………………………… Relationship to you……………………..……….

**Section 9 – Other information**

How did you hear of Jesus Hospital Charity and have you applied anywhere else for housing if so please give details?

…………………………………………………………………………………………………………………………………………..

………………………………………………………………………………………………………………………………………….

…………………………………………………………………………………………………………………………………………..

 If there is any further information which you would like the Trustees to take into account while considering your application please give it briefly below.

 …………………………………………………………………………………………………………………………………………

 ………………………………………………………………………………………………………………………………………….

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

If you were accepted into an Almshouse, how would you contribute to the community in which you may live?

…………………………………………………………………………………………………………………………………………

 …………………………………………………………………………………………………………………………………………

 ………………………………………………………………………………………………………………………………………….

 ………………………………………………………………………………………………………………………………………….

**Section 10 – Declaration**

I have read the charity’s Conditions of Entry 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 misstating relevant facts).**

I have read and understood this application form and information sheet provided 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 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 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 terms of the attached form of authority.

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

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

🞏 email 🞏 post 🞏 telephone

Signature.................................................................................................................................

Name......................................................................................................................................

(PLEASE PRINT NAME IN CAPITAL LETTERS)

Date …………………………………………

Please send your completed application form to:

**JESUS HOSPITAL CHARITY,**

RAVENSCROFT LODGE,

37 UNION STREET,

BARNET,

HERTS.,

EN5 4HY.