



THOMAS WHITE COTTAGE HOMES (2016) CHARITY

A Charitable Incorporated Organisation Charity Number 1168780

Clerk & Treasurer: Malford J Harris, 8 Willowsmere Drive, Lichfield, Staffordshire WS14 9XF

Tel: 07799 412274 **Email:** malford.harris@gmail.com

The Charity provides housing for women in need over 60 years of age who preferably are resident at the time of their appointment within the Ancient Parish of Bromsgrove. The details about yourself which you are asked to provide on this form are to enable the Charity's trustees to assess your suitability to be a beneficiary of the Charity and be appointed to one of its almshouse flats at New Road, Bromsgrove. The Charity cannot guarantee that any application will be granted.

APPLICATION FORM

Section 1 – About You

Full Name: _____ Mrs/Miss/Ms: _____

Full Address: _____ Postcode: _____

Length of time at current address: _____

Council Tax band: _____

Email address: _____

Landline Number: _____

Mobile: _____

Date of birth: _____ Age: _____

Marital status: _____

Employment History: Please give details of any occupations you have followed and for how long. Any present occupations should be included:

Section 2 – About your family

Next of kin: _____ Relationship to you: _____

Full Address: _____ Postcode: _____

Telephone Number: _____ Mobile Number: _____

Email Address: _____

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 an outstanding mortgage on the property and, if so, how much is outstanding?
(If there is no outstanding 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 rented, please give name and address of landlord: _____

Current rent £ _____ per week

Do you receive Housing Benefit? ☐ Yes ☐ No

Do you receive Council Tax Benefit? ☐ Yes ☐ No

Why do you wish to leave your present accommodation? _____

What are your intentions regarding your current property if you are appointed to one of the Charity’s
almshouse flats? _____

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: _____

Postcode: _____

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 regularly you receive them, e.g. weekly, monthly or annually:

	Amount	Frequency
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 Benefits		
1. Pension Credit		
2. Attendance Allowance		
3. Any other benefits		
Other Income		
1. Annuities		
2. Bank deposits		
3. Building Society Accounts		
4. Investments		
5. Renting property or land that you own		
6. Grants from a charity		
7. Financial assistance from a relative/friend		
8. From a trust fund		
9. Any other income – please give details		

Section 5 – Your Capital

Bank Accounts	Current Balance: £
Building Society Accounts	Current Balance: £
Shares	Current Value: £
National Savings Certificates	
Unit Trusts	
Premium Bonds	

Section 6 - About your 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?

Are you receiving continuing treatment for any of the above?

Name and address of your GP:

Postcode:

The Charity may wish to write to your GP asking them to complete a medical certificate. By signing this form, you authorise your GP to provide us with medical information about you.

Do you have a conviction which is not spent under the Rehabilitation of Offenders Act 1974?

☐ Yes ☐ No

If "Yes", please provide details:

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.

1. Name: _____
Address: _____

Postcode: _____
Telephone Number: _____
Email Address: _____

2. Name: _____
Address: _____

Postcode: _____
Telephone Number: _____
Email Address: _____

Section 8 – Declaration

I believe that I am eligible to apply to live in one of the Charity's almshouse flats. I understand that residence is governed by a Residents' Handbook and agree to abide by it should I be appointed to an almshouse flat.

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

I accept that if I am appointed as a resident I shall be a beneficiary of the Charity and not a tenant. Any sums I pay will be a maintenance contribution and not a rent.

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

Signature: _____

Name: _____
(PLEASE PRINT NAME IN CAPITAL LETTERS)

Date: _____

Data Protection Statement:

It is part of the trustees' responsibilities to ensure that applicants for the Charity's almshouse flats 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 flat appointment or your care management will be held on file. Some details 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.

Please return your completed application to:

Mr Malford Harris

Clerk: Whites Cottage Homes

8 Willowsmere Drive,

Lichfield,

Staffordshire

WS14 9XF