

The Eventide Homes
Registered Charity no. 202516

Application for Residence

This form is to apply for a home with The Eventide Homes.

Please fill in all parts of the form and return to us together with a copy of your proof of residency, and eligibility of Housing Benefit or Local Housing Allowance and any other relevant documents in support of your application.

If you need help filling in the form, please ask us. **Our office contact number is 01202 515399.** Please call if you have any questions.

The witness signing the form and referees must not be relatives of the applicant.

If your application is unsuccessful or is cancelled, we will destroy your application form and remove any computer records within six months.

ELIGIBILITY CRITERIA

Applicants must **not** be:

- A home or other property owner
- In paid employment

Applicants must be:

- Of State Pensionable age (applicants over 60 will be considered if retired early for health reasons at the Trustees discretion).
- Of good character and with no history of serious debt problems
- Retired, or retiring before moving into the Homes
- In need of housing assistance as a result of limited means
- Able to look after themselves and therefore in reasonable health.

All of the above must apply. In the case of a couple, **both** applicants must satisfy **all** the eligibility criteria and **complete separate application forms**. Where any of the above changes materially, e.g. the person inherits a substantial sum of money or becomes unable to look after themselves, they will be required to vacate their Home.

Privacy Notice

It is part of the trustees’ responsibility to ensure that applicants are suitably qualified for residence, under the terms of the charity’s governing instrument.

Trustees therefore need to investigate the circumstances of applicants. The personal data supplied on the application form, and any other information relating to an almshouse appointment or to your support needs, will be held in either manual or electronic form.

Some details will be checked with relevant organisations, but none will be disclosed for any inappropriate purpose unconnected with the application. We may also disclose your information if we have a duty to do so, or if the law allows us or compels us to. You have a right to see and correct the information we hold about you.

If your application is unsuccessful or is cancelled, we will destroy your application form and remove any computer records within three years. You have a right to complain to the Information Commissioner’s Office (ICO) if you think there is a problem with the way we are handling your data.

Section 1 – About You

Full nameMr/Mrs/Miss/Ms.....

Address

.....

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

Telephone NoMobile Number

Email

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

Date of Birth Place of Birth..... Age.....

Please supply a copy of birth certificate or passport with application

Marital status..... National Ins No

Current Occupation or occupation before retirement

.....

Section 2 – About your Family

Next of kinRelationship.....

Address

.....

.....Post code

Telephone NoMobile Number

Emergency Contact details other than above.....

.....Relationship.....

Section 3 – About your present home

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

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

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

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:

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.....

Current rent £.....per week

Do you receive Housing Benefit? Yes/No if 'Yes', how much? £.....

Do you receive Council Tax Benefit? Yes/No if 'Yes', how much? £.....

Why do you wish to leave your present accommodation?

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What are your intentions regarding your current property if you are appointed to an almshouse?

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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 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

.....

.....Post Code

Section 4 – Previous addresses in past ten years. (Please list)

- 1
Time at this address.....years. Did you own the property Yes/No
- 2
Time at this address.....years. Did you own the property Yes/No
- 3
Time at this address.....years. Did you own the property Yes/No
- 4
Time at this address.....years. Did you own the property Yes/No

Section 5 – 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:

PLEASE SUPPLY COPIES OF PROOF OF BENEFIT ENTITLEMENTS AND BANK/BUILDING SOCIETY SAVINGS/ACCOUNTS WITH YOUR APPLICATIONS.

	Amount	Frequency <i>weekly/four weekly, monthly</i>
Pensions <ol style="list-style-type: none"> 1. State retirement pension 2. Pension paid by a past employer 3. Private pension 4. Widow’s pension 5. Any other pension 		
Social Security Benefit <ol style="list-style-type: none"> 1. Pension Credit & /or Guaranteed Credit 2. Attendance Allowance 3. Income Support 4. Any other benefits 		
Other Income <ol style="list-style-type: none"> 1. Annuities 2. Bank Deposit Account 3. Building Society Account 4. Investment 5. Financial assistance from a relative/friend 6. Any other income – please give details 		

Section 6 – Your Capital

1. Bank accounts Current Balance

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2. Building Society accounts Current Balance

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3. Shares Current Value

.....

4. National Savings Certificates/Investment

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5. Premium Bonds

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Section 7 – 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

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Are there any other health or social factors that you would wish the trustees to take into consideration when assessing your application? *(these can also be continued on a separate sheet)*

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Are you receiving continuing treatment for any of the above?

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Name and address of your GP.....

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

Have you ever been involved in a neighbour dispute and had any actions taken against them for antisocial behaviour or harassment, including racial harassment? Yes / No

If 'Yes' please provide details:

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Do you have a conviction which is not spent under the Rehabilitation of Offenders Act 1974? Yes / No
(have you been convicted of an offence and not served a sentence)

If 'Yes', please provide details:

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.....

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.

1.....	2.....
.....
.....
Post Code.....
Telephone Number.....

Are you related to an Eventide Homes Trustee, member of staff or current resident? Yes/No

If 'Yes', please give their name/s

How did you find out about Eventide Homes?

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Section 9 – Declaration

I understand the information I have provided to process my application and that the Charity may check some of the information I have supplied. We may also obtain information about me from certain other organisations, or give information about me to them to make sure the information is accurate in order to process my application. By submitting your Application Data you are granting your consent to the processing of that information in accordance with our General Privacy Policy.

I declare that the information I have given on this form is correct and complete.

I confirm that, to the best of my knowledge, I satisfy the charity's eligibility criteria, as supplied to me on application. I understand that any false representation made by me with regard to the eligibility criteria will render me ineligible to remain at Eventide Homes at any time in the future, if I am offered a place.

I agree that if I am offered accommodation 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 and will be paid by monthly bank standing order.

I confirm that I am able to look after myself, and declare that the information provided on this form is complete and true.

Applicant's Signature:

Name:
(PLEASE PRINT NAME IN CAPITAL LETTERS)

Date

Witness

Witness Signature

Date

Witness Name

Address

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.....

(please print name & address)