EVENTIDE HOMES

Registered Charity No. 202516

ALMSHOUSE APPLICATION FORM

Eventide Homes is a Charity that aims to serve those in genuine need of almshouse accommodation. This application form will help the Trustees to appoint an almshouse to the applicant with most need. In order to ensure fair treatment and allocation of dwellings in accordance to our Deed, it is necessary that the Trustees have as much information as possible.

It is therefore very important that you **carefully read and complete this form in full** following the instructions on each field. The Charity will **not** consider applications that are incomplete for any reason.

If you need any assistance in filling in the form, in another format, or any clarifications on how to complete it, please call us on **01202 515399** and we will be happy to assist.

OFFICE USE ONLY – PLEASE DO NOT FILL	
Date Received	*Priority Points*
	/ 100

INTRODUCTION - 1. ELIGIBILITY CRITERIA

We welcome applications from people who are over 60, who are either retired or working part time, are unable to afford a home in the private market and are eligible for housing benefit or universal credit or an element of these.

Applicants **must not** be:

a. A home or other property owner
b. In possession of assets and income that amount to more than £381 per week (£529 for couples).

Kindly note that **all of the above must apply**.

In case of two people applying jointly, **each** applicant must complete their own **separate** application form, **and** Satisfy **all** the eligibility criteria.

Should any of the above conditions change materially (e.g. the person inherits a substantial sum of money or becomes unable to look after themselves), the applicant(s) will be required to vacate their appointed almshouse.

Residents who live in The Eventide Homes are appointed as beneficiaries of the Charity and they **do not** have tenancy rights. If you are unsure how this affects you, please seek advice.

INTRODUCTION - 2. SELECTION POLICY

a. The Trustees aim to make the best use of our almshouses by prioritising accommodation offers to the applicant with most need at the time of a vacancy. The Trustees recognise that there are many factors that might affect whether or not someone is in need of accommodation, so a **priority points** based system has been developed to assist in the selection process.

b. The application form is only the first stage of our thorough selection process. Once an applicant has been deemed as eligible for an almshouse, the Trustees will invite them for an interview before deciding if the application will proceed any further. An invitation to an interview **does not** guarantee that the Charity will be able to offer an applicant an almshouse.
We accept expressions of interest at any time, and eligible applicants will automatically be placed on our housing register for a period of three years and in priority order as derived by the priority points awarded to their application form. Placement on our housing register **does not** guarantee that the Charity will be able to offer an applicant an almshouse.

c. If you do not wish your application to be added to our housing register, please inform us so in writing by email or letter. Our contact details can be found at the footer of the first page.

INTRODUCTION - 3. PRIVACY NOTICE

a. Under the terms of the Charity's governing instrument, it is part of the Trustees' responsibility to ensure that applicants are suitably qualified for residence. Trustees therefore need to investigate the circumstances of applicants in depth. The Charity complies with the regulations for data security under the Data Protection Act 2018 and UK General Data Protection Regulations (UK GDPR). The data we collect has been classified as Sensitive Data under Article 9 of UK GDPR. We have strong and strict procedures and policies in place to protect the collection, storage and accessibility of this data, which we may at any time assess and update as we deem necessary.

b. The personal data supplied on the application form, along with any other information relating to an almshouse appointment, will be held in either manual, or electronic form, or both. Some details will be checked with relevant organisations, but none will be disclosed for any purpose inappropriate, unrelated or unconnected with this application. We will 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.

c. If your application is unsuccessful or is cancelled or withdrawn, we will destroy your application form and remove any computer records within three years from the application date.

d. You have the 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.

INTRODUCTION - 4. EQUALITY AND DIVERSITY

The Charity operates under an Equality and Diversity Policy and all applications are considered equally and fairly, regardless of marital or partnership status, age, disability, race, religion, beliefs, gender or sexual orientation.

An optional and completely confidential Equality & Diversity Monitoring Form can be found at the end of this document. Even though completing it is voluntary, it helps us meet our aims and commitments set out in our Equality Policy, so we kindly ask that you complete and submit it along with your Application Form.

SECTION 1 – YOUR PERSONAL & CONTACT DETAILS

Title	☐ Mr ☐ Mrs ☐ Ms ☐ Other _____
Full name (please include any middle names)	
Are you known by any other name	☐ NO ☐ YES (please specify) _____
If *YES*, please specify the reason	☐ Deed poll ☐ Marriage ☐ Acquired gender
Telephone number (please include landline and mobile if available)	
Email Address	
Gender	☐ Male ☐ Female ☐ Prefer not to say
Date of Birth (please write the month in letters, e.g. 14 September 1935)	
Place of Birth	
Nationality	
If non-British Nationality, do you have Right to Rent?	☐ NO ☐ YES *(If "YES", proof must be submitted, please see Section 12)*
Marital / Civil Partnership Status	☐ Single ☐ Married ☐ Civil partnership ☐ Divorced ☐ Separated ☐ Widowed
Do you have any dependants under 16 years old?	☐ NO ☐ YES
If "*YES*" please specify how many dependants you have, and their ages	I have _____ dependants Their ages are _____
National Insurance Number	
Current occupation or occupation before retirement?	
Age you retired or intend to retire?	☐ Retired ☐ Intend to retire at age _____y.o.

Next of kin full name (please include any middle names if known)	
Relationship with next of kin	
Next of kin address (please include Post Code and County)	
Next of kin telephone number (please include landline and mobile if available)	
Next of kin Email address (if known)	
Emergency Contact name other than the next of kin above	
Emergency Contact telephone number	
What is your relationship with the above Emergency Contact?	
If there are any other personal details that you wish the trustees take into consideration when assessing your application, please mention them below	

Answering 'YES' to any of the 4 questions below, does not necessarily mean that you will be excluded from consideration.	
Are you related to or know any existing Eventide resident, employee or Trustee?	☐ NO ☐ YES
Do you have criminal convictions which have not been spent under the terms of the Rehabilitation of Offenders Act 1974?	☐ NO ☐ YES
Have you ever been evicted from a rented property or had legal action taken against your tenancy?	☐ NO ☐ YES
Have you ever been involved in a neighbour dispute and had any actions taken against yourself for antisocial behaviour or any type of harassment, or to another person?	☐ NO ☐ YES
If you have answered 'YES' on any of the above 4 questions, please provide further details below	

SECTION 2 – YOUR CURRENT ACCOMMODATION DETAILS

Current address (please include Post Code and County)	
When did you move there?	
Accommodation Type	☐ House ☐ Flat ☐ Bungalow ☐ Shared accommodation ☐ Other (please specify) _____
If you live in a flat, what floor is it in?	☐ Ground ☐ First ☐ Other (please specify) _____
Council Tax Band	☐ A ☐ B ☐ C ☐ D ☐ E ☐ F ☐ G ☐ H
Home much is your Council Tax?	£_____ ☐ per month ☐ per year
Do you	☐ Own your home ☐ Rent your home ☐ Live with your spouse or civil partner who owns the home ☐ Live with family or friends ☐ Live in a house with multiple occupants ☐ Other (please specify) _____
If you or your partner own property other than the one in which you live, please give full address and details here. This includes property owned abroad as well as in the UK.	

If you or your spouse or civil partner OWN your current home (leave section blank if not applicable)	
What is the estimated value?	
Is there a mortgage outstanding on the property?	☐ NO ☐ YES (please specify outstanding amount) _____
How much equity do you have in the property?	
If you are appointed to an almshouse, what are your intentions regarding the property you own?	

If you RENT your current home (leave section blank if not applicable)	
Are you	☐ A private tenant ☐ A council tenant ☐ A housing association tenant ☐ An Almshouse or other charitable trust tenant
Home owner's full name (please include any middle names if known)	
Are you related in any way?	☐ NO ☐ YES (please specify) _____
Landlord's full name (please include any middle names if known)	☐ Same as Owner ☐ Other (please specify their name below) _____
Landlord's address (please include Post Code and County)	
Landlord's telephone number (please include landline and mobile if available)	
Landlord's Email address (if known)	
How much is your rent?	£_____ ☐ Weekly ☐ Monthly
Do you pay Ground rent and/or a Service charge?	☐ NO ☐ YES (please specify total amount) £_____
Is your rent paid up to date?	☐ YES ☐ NO
If 'NO', please state the amount owed and the reason for arrears below	

SECTION 3 – YOUR ADDRESSES IN THE PAST 10 YEARS

Address (please include Post Code and County)	
When did you move there?	
Accommodation Type	☐ House ☐ Flat ☐ Bungalow ☐ Shared accommodation ☐ Other (please specify)________________________________
Status at the time of stay	☐ Rented ☐ Owned ☐ Partly owned

Address (please include Post Code and County)	
When did you move there?	
Accommodation Type	☐ House ☐ Flat ☐ Bungalow ☐ Shared accommodation ☐ Other (please specify)________________________________
Status at the time of stay	☐ Rented ☐ Owned ☐ Partly owned

Address (please include Post Code and County)	
When did you move there?	
Accommodation Type	☐ House ☐ Flat ☐ Bungalow ☐ Shared accommodation ☐ Other (please specify)________________________________
Status at the time of stay	☐ Rented ☐ Owned ☐ Partly owned

Please continue on a separate sheet if necessary

SECTION 4 – YOUR HEALTH AND SOCIAL FACTORS

The Charity may wish to contact your GP and ask them to complete a medical certificate to enable your application to be considered further. If you are appointed as a resident and, at a later date, Trustees or the Charity become concerned about your health and/or your ability to continue to live independently, they may need to obtain further medical evidence.

You are required to sign a Consent Form that authorises the Charity to contact your GP and acquire medical information about you, either now or in the future. This Consent Form must accompany your Application, and can be found enclosed at the end of this document.

Are you able and willing to look after yourself and your accommodation?	☐ YES ☐ NO
Please give details of any significant illnesses, injuries, operations or mental health issues you've had during the last five years	
Are there any other health or social factors that you wish the trustees take into consideration when assessing your application?	
Are you receiving continuing treatment for any of the above?	☐ YES ☐ NO

If you are receiving continuing treatment for any of the above, please provide details below	
Medical Practice name	
Medical Practice address (please include Post Code and County)	
Medical Practice telephone number (please include landline and mobile if available)	
Medical Practice Email address (if known)	
Name of your GP	

SECTION 5 – TRANSPORT MEANS

Do you own a vehicle or any other means of transport?	☐ NO ☐ Car ☐ Motorbike ☐ Mobility Scooter ☐ Bicycle ☐ Other (please specify)_____
Is the vehicle part of the Mobility Scheme?	☐ NO ☐ YES
If *YES*, please specify	How much of the DLA or PIP award covers payment? £_____ Was a top up payment included? ☐ YES ☐ NO *If paid by Hire Purchase, please fill in Section 8 further below*
For cars, motorbikes or similar, please provide more details (Make & model, reg. number, age)	

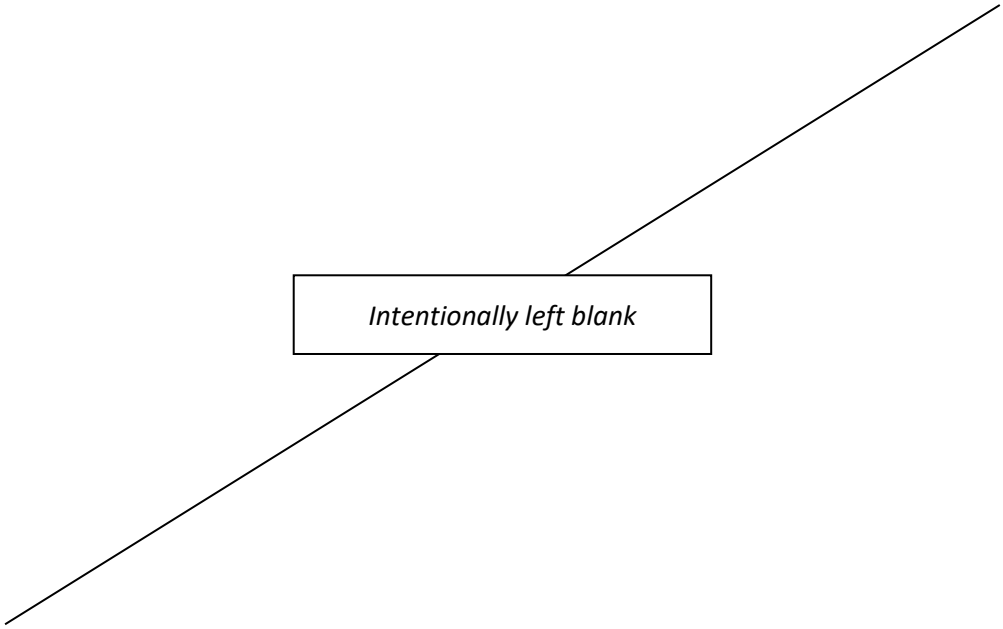
SECTION 6 – YOUR INCOME

	Amount	Please mark with **X** the appropriate column		
		Per Week	**Per Month**	**Per Year**
Earnings				
1. Employment	£			
2. Self-Employment	£			
Pensions				
3. State retirement pension	£			
4. Pension paid by a past employer	£			
5. Private pension	£			
6. Widow's or Widower's pension	£			
7. Pension Credit and/or Guaranteed Credit	£			
8. Any other pension	£			
Social Security Benefits				
9. Attendance Allowance, PIP or DLA	£			
10. Child Benefit	£			
11. Income Support	£			
12. Personal Independence Payment	£			
13. ESA or Universal Credit	£			
14. Housing Benefit	£			
15. Council Tax Benefit	£			
Other Income				
16. Bank Deposit Account Interest	£			
17. Building Society Account Interest	£			
18. Investments or Trust Funds	£			
19. Financial assistance from a relative, friend or grants from a Charity	£			
20. Any other income	£			

OFFICE USE ONLY – PLEASE DO NOT FILL	£			

SECTION 7 – YOUR SAVINGS

	Amount
Bank accounts total current balance	£
Building Society accounts total current balance	£
Shares total current value	£
National Savings (e.g. National Savings Certificates) total value	£
Unit Trusts total current value	£
Premium Bonds amount held	£
Any other savings total value	£
Any other assets worth	£
OFFICE USE ONLY – PLEASE DO NOT FILL	**£**



SECTION 8 – YOUR BORROWING & DEBTS

	Commitment Type (Please mark with **X** the appropriate column)								
Provider's Name	Mortgage	Credit Card	Store Card	Hire Purchase	Overdraft	Other	Outstanding Balance	Monthly Payment	Credit Limit (where applicable)
							£	£	£
							£	£	£
							£	£	£
							£	£	£
							£	£	£
						OFFICE USE ONLY – PLEASE DO NOT FILL	£	£	£

YEARLY TOTALS *OFFICE USE ONLY – PLEASE DO NOT FILL*	£	£	
	INCOME	EXPENSES	POINTS

SECTION 9 – YOUR REFERENCES

Please give the names and addresses of two responsible people (not relatives or Eventide residents) 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. We will never disclose sensitive personal data to the referees but we will supply them with basic information regarding you and your application.

Referee 1	
Full name (please include any middle names if known)	
Address (please include Post Code and County)	
Telephone number (please include landline and mobile if available)	
Email address (if known)	
How long have they known you for?	
How do they know you?	

Referee 2	
Full name (please include any middle names if known)	
Address (please include Post Code and County)	
Telephone number (please include landline and mobile if available)	
Email address (if known)	
How long have they known you for?	
How do they know you?	

SECTION 10 – MOVING TO AN ALMSHOUSE

Please indicate the main reasons for wanting accommodation (tick ALL applicable)

- ☐ Homeless
- ☐ Domestic violence
- ☐ Loss of tied accommodation
- ☐ Eviction or repossession
- ☐ Racial harassment
- ☐ Harassment (non-racial) or neighbour nuisance
- ☐ Required / asked to leave by family or friends
- ☐ Been served notice on your tenancy
- ☐ Financial or mortgage difficulties
- ☐ Unable to physically manage present accommodation
- ☐ Overcrowding in your current home
- ☐ Poor condition of current home
- ☐ Present accommodation required for improvements or redevelopment
- ☐ Relationship breakdown with partner (non-violent)
- ☐ Feeling isolated, insecure, worried about personal safety
- ☐ To be closer to family or friends
- ☐ Other (please specify) _____

Have you applied for accommodation elsewhere?

☐ NO ☐ Local Authority ☐ Private Landlord ☐ Other Almshouse

☐ Other (please specify) _____

Applicants should be aware that almshouses are Charities offering safe accommodation to their residents. Please state below:

1. **Why you wish to leave your current home?**
2. **Please give details as to why do you think you are entitled to a charitable home here?**
3. **What can you bring to the charity and how do you envisage you can support the charity?**

How did you find out about Eventide Homes (please tick all that apply)?

☐ Advertisement ☐ Leaflet ☐ Online media ☐ Friend/family ☐ GP/Social Worker

☐ Current resident ☐ Other (please specify) _____

SECTION 11 – DECLARATION

By submitting my application to Eventide Homes, I hereby declare the following:

1. I understand that the Charity may check some or all of the information I have provided to process my application. They may also obtain information about me from other organisations, or give information about me to them to make sure the information is accurate in order to process my application and I consent in them doing so.
2. I am granting my consent to the processing of my private data in accordance with the Charity's Privacy Policy.
3. The information I have given on this form is correct and complete to the best of my knowledge and belief. I understand that the Trustees are entitled to terminate any appointment to an almshouse I may be offered as a result of this application, if my answers in this application form are (or are found to be in the future) untrue, or misleading in any respect (for example, due to omitting or misstating relevant facts).
4. 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 I make 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.
5. 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 direct debit.
6. I confirm that I am able and willing to look after myself and live independently.
7. 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 GP Authorisation Form.
8. I declare that I have taken permission from my next of kin, emergency contact and referees to disclose their contact details to the Charity so as to be contacted in regards to my application.
9. I have carefully read the Resident's Handbook, and agree to abide by it should I be appointed to an almshouse. I understand that it is the Charity's right to evict me in case of failure to abide by the instructions contained in the Resident's Handbook.
10. I understand that, if shortlisted, an invitation to attend for an interview will be offered. I acknowledge that such invitation does not guarantee that an almshouse will be offered to me.

11. I understand that the appointment of all residents is entirely at the discretion of the Trustees of the Charity and that the Charity's decision is final with no right of appeal. I acknowledge however that, if rejected, I can always reapply, but only if my circumstances have deteriorated.
12. I understand that my application will be kept to a housing register maintained in order to assess who is most in need of accommodation when a vacancy arises. I acknowledge that placement on said register does not guarantee that the Charity will be able to offer me an almshouse.
13. I acknowledge that pets are not allowed.
14. I consent that the Charity may contact me by ☐ Email ☐ Post ☐ Telephone

THE APPLICANT

Signature

PRINT NAME IN CAPITALS

Date

The witness signing the form below **must not** be a relative of the applicant.

THE WITNESS

Signature

PRINT NAME IN CAPITALS

Date

Witness Address
(please include Post Code and County)

SECTION 12 – SUPPORTING DOCUMENTS

Every application needs to be accompanied by the following supporting documents:

- A copy of your birth certificate or passport
- A copy of your proof of current residency (contract or any other relevant document)
- A copy of your proof of eligibility of Housing Benefit or Local Housing Allowance
- The completed and signed GP Authorisation Form (see last page)
- Copies of proof of all savings/borrowing
  (please include at least 3 months banks statements for current account)
- Proof of Settled Status and Right to Rent (if applicable)
- Any separate sheets you filled in
- Optionally, the completed Equality & Diversity Form (see next page)

Please send the application form and supporting documents by post or Email to:

The Eventide Homes
57A Edgecombe Gardens
605 Castle Lane West
Bournemouth
BH8 9TW

Email: enquiries@eventidehomes.co.uk

Intentionally left blank

EQUALITY & DIVERSITY MONITORING FORM

Eventides Homes want to meet the aims and commitments set out in our Equality Policy. This includes not discriminating under the Equality Act 2010, and building an accurate picture of the make-up of our residents in encouraging equality and diversity.

The Charity needs your help and co-operation to enable it to do this, but filling in this form is **voluntary**. The information provided will be strictly confidential and will remain anonymous. Your answers will:

- **not** be used as part of the selection process or affect your application in any way
- **not** be seen by the Trustees panel
- be used for statistical purposes **only**

No information will be published or shared in any way that would allow any individual to be identified. If you have any questions about the form please call us on **01202 515399** and we will be happy to assist.

What is your gender?	☐ Male ☐ Female ☐ I prefer not to say ☐ I self-identify as (please specify) _____
What is your Ethnic Group? *Your Ethnic Group is not about nationality, place of birth or citizenship. It is about the group to which you perceive you belong.*	☐ White: English/Welsh/Scottish/Northern Irish/British ☐ White: Irish ☐ White: Gypsy or Irish traveller ☐ White: Other White ☐ Mixed Ethnic group: White & Black Caribbean ☐ Mixed Ethnic group: White & Black African ☐ Mixed Ethnic group: White & Asian ☐ Mixed Ethnic group: Other Mixed ☐ Arab ☐ Asian/Asian British: Indian ☐ Asian/Asian British: Pakistani ☐ Asian/Asian British: Bangladeshi ☐ Asian/Asian British: Chinese ☐ Asian/Asian British: Other Asian ☐ Black/African/Caribbean/Black British: African ☐ Black/African/Caribbean/Black British: Caribbean ☐ Black/African/Caribbean/Black British: Other Black ☐ Other ethnic group (please specify) _____ ☐ I prefer not to say

continued on the next page...

What is your age group?	☐ 60-70 ☐ 71-80 ☐ 80+ ☐ I prefer not to say
What is your Marital / Civil Partnership Status?	☐ Single ☐ Married ☐ Civil partnership ☐ Divorced ☐ Separated ☐ Widowed ☐ I prefer not to say
What is your Sexual Orientation?	☐ Heterosexual ☐ Bisexual ☐ Homosexual (Gay/Lesbian) ☐ Other (please specify) _____ ☐ I prefer not to say
What is your religion or belief?	☐ Buddhist ☐ Christian ☐ Hindu ☐ Jewish ☐ Muslim ☐ Sikh ☐ Other (please specify) _____ ☐ No religion or atheist ☐ Agnostic ☐ I prefer not to say
Do you have any criminal convictions which have not been spent under the terms of the Rehabilitation of Offenders Act 1974?	☐ YES ☐ NO
Under the Equality Act 2010, a person has a disability if they have a physical or mental impairment that has a 'substantial' and 'long-term' negative effect on their ability to do normal daily activities.	On the basis of this definition, do you have a disability? ☐ YES ☐ NO

Thank you for taking the time to complete this Equality & Diversity Form

GP Authorisation Form

I, (FULL NAME IN CAPITALS) _____

whose date of birth is _____

of address _____

_____

hereby authorise my GP for the time being to provide Eventides Homes Charity (Registered Charity No 202516) with:

1. relevant information about my current health and ability in regards to any application I make to become a resident of The Eventide Homes, and
2. advice about my health needs, should this be necessary at any future time, unless and until I have ceased to live in the property provided by the Charity.

THE APPLICANT

_____ _____

Signature PRINT NAME IN CAPITALS

_____

Date