

SAMPSON'S ALMSHOUSES



West Street, Farnham, Surrey GU9 7AW

Registered Charity 201693

The Charity provides housing for persons who are in housing need, over pension age with limited financial resources. They must be capable of independent living and in sympathy with the ethos of the Church of England. A connection with Farnham area will be an advantage but the overall housing needs of the individual applicants will be taken into account.

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.

APPLICATION FORM

The information contained in this application form will be provided to the charity in confidence and will not be disclosed to anyone other than the Clerk and Trustees without the applicant's permission. Any failure to disclose relevant information may prejudice this application.

YOURSELF

SPOUSE/PARTNER

Mr/Mrs/Ms Other:

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Surname:

.....

Given names:

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.....

Date of birth:/...../.....

...../...../.....

Current Address:

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.....
.....

Post Code:

Council tax band:

Time lived at this address: years, months

Telephone number:

Mobile:

E- mails:
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YOURSELF

SPOUSE/PARTNER

National Insurance Number:

.....

Retired: Yes No

Yes No

Occupations - past and present:

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NEXT OF KIN DETAILS

Name:

Relationship to you:

His /Her address:

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.....
.....

Post Code:

E-mail:

His /Her Telephone Number:

Mobile:

Are they fit and able? Yes No

REFERENCES

Please provide the names and addresses and telephone numbers of two people from whom references can be obtained. They must have known you for at least two years and not be family members.

Name of Referee 1:

Address:

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Post Code:

E-mail:

Telephone Number:

Mobile:

Name of Referee 2:

Address:

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Post Code:

E-mail:

Telephone Number:

Mobile:

Please state how long you have known them and in what capacity.

Referee 1:

.....

Referee 2:

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FINANCIAL INFORMATION

To enable the trustees to assess your application, please provide the following information. Further particulars and evidence may be required.

NET Income : Please answer all questions and enter NIL where appropriate.

INCOME AMOUNT PER WEEK

Income	Yourself	Spouse/partner
Salary or wages		
Emoluments or fees		
Tips		
Pensions	Yourself	Spouse/partner
State retirement Pension		
Widows pension Widows allowance		
War Disablement Pension		
War Widows Pension		
Employer's Pension		
Widows Pension from late spouse/partners Employment Pension Credit		
Allowances	Yourself	Spouse/partner
Attendance Allowance		
Industrial Injuries Disablement Benefit		
Carers Allowance		

Severe Disablement Premium		
Disability Living Allowance		
Personal Independence Payments		
Employment and Support Allowance		
Benefits	Yourself	Spouse/partner
Income Support		
Universal Credit		
Housing Benefit		
Council Tax Benefit		
Other	Yourself	Spouse /Partner
Maintenance received by yourself		
Voluntary or charitable payments received		
Rental Income from any property		
Any other income give details		

Answer all questions and enter NIL where appropriate

CAPITAL

Savings, capital and assets	Yourself	Spouse/partner
Bank Accounts		
Post Office Accounts		
Building Society Accounts		
Premium Bonds		
National Savings Certificates + date bought		
Capital and assets	Yourself	Spouse/Partner
Cars/vehicles		
Redundancy payments (in last 12 months)		
Cash - this includes any at home		
Any other capital –please give details		
Stocks, shares and unit trusts Please give current value or state names and types of investments and number of stocks/shares held on a separate sheet of paper.		
Have you given away any significant assets in the last 7 years?	<i>Circle either</i> Yes No	<i>Circle either</i> Yes No
If YES give details		

If you or your partner own any property other than the one you live in please give details	Address	Address
Value		
Mortgage		
Details of loans or outstanding debts		

Please use BLACK ink throughout

PRESENT ACCOMMODATION

Please give a description of the property you occupy by CIRCLING as appropriate.

House: Detached Semi-detached Terraced Bungalow Chalet
Caravan Flat/apartment With a garden multi-storey block
Lodgings

How many rooms do you occupy?

Bedrooms Living rooms Bathrooms

Kitchen Other

Who lives with you?

Do you share any of the rooms? Yes No

Do you or your spouse/ partner own your current accommodation? Yes No

If you do own the property what is the current estimated value?

£.....

How much money do you still need to repay on a mortgage associated with this property?

£.....

If there is no mortgage please write NONE.....

What are your intentions regarding this property if you were to be offered appointment to an Almshouse?

If you do not own the property where you are living -who does own it?

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Is this person related to you in any way? Yes No

If YES what is the relationship?

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Please tell us more about your present housing situation by answering the following questions.

What type of tenancy lease do you hold?

Assured Short-hold

Other

How much rent (and separately any service charges) do you pay per month?

Rent £..... Service Charge £.....

Council tax £..... Water Rates £.....

Are you anticipating a major change in your housing circumstances shortly?:

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How long have you lived in the Farnham area?

Why do you want to move from your present accommodation?

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.....

Why do you want to move to a Sampson's Almshouse?:

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HEALTH AND SOCIAL FACTORS

Are there any health or social factors that you would like the Trustees to take into consideration when assessing your application? Please state if there are any specific medical reasons you wish to have considered

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The charity will wish to write to your GP asking him 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 become concerned about your health and/or your ability to continue to live independently they may need to obtain a further medical report. Please sign and return the enclosed form in which you authorise your GP to provide us with medical information about you either now or in the future.

GP contact details:

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The Charity's Governing Documents state that the residents should be of good character. Whilst a conviction will not automatically exclude you from being considered the Trustees need to be fully aware of your circumstances.

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

YES NO

If 'YES', please provide details:

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CERTIFICATION

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 this application form carefully (and the charity's Residents' Handbook) and agree to abide by it (them) 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

YOURSELF

SPOUSE/PARTNER

Names in **BLOCK CAPS**

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Signatures

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DATED

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Read through your application carefully, attach any separate sheets of paper and send it by e-mail to: **clerk@sampsonsalmshouses.co.uk**