

ST MARY'S HOSPITAL ALMSHOUSES

St Martin's Square, Chichester, West Sussex PO19 1NR

Registered Charity No: 202631



ST. MARY'S HOSPITAL
ALMSHOUSES

St Mary's provides housing for people in need in accordance with the Charity's governing documents which require applicants to be "Persons of limited means, who have resided in any ecclesiastical parish in the Diocese of Chichester, any part of which is within 15 miles of Chichester Cathedral for the 5 years preceding their application."

When considering applications, further, detailed consideration may be given to additional criteria including applicants':

- Capacity to live independently, looking after themselves and maintaining their accommodation satisfactorily
- Financial circumstances, and capacity to source alternative accommodation options
- Emotional or social vulnerability due to age, health or disability
- Absence or distance from support to extended family
- Interest in engaging with the Christian ethos and spiritual life of the community
- Capacity to contribute to the community life of St. Mary's

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.

Section 1 : ABOUT YOU

| | |
|---|--------|
| Full Name: | |
| Mr/Mrs/Miss/Ms: | |
| Address: | |
| Contact details: | |
| Phone Number: | Email: |
| If less than five years at this address, please provide details of addresses where you have lived over the past with relevant dates: | |
| Date of Birth: | |
| Nationality: | |
| If you hold a UK passport please provide your passport number. If not, please provide proof of your immigration status and nationality: | |
| Religion: | |
| If you attend Church or other faith group please provide details of this: | |

Second Applicant (if applicable)

| | |
|---|--------|
| Full Name: | |
| Mr/Mrs/Miss/Ms: | |
| Address: | |
| Contact details: | |
| Phone Number: | Email: |
| If less than five years at this address, please provide details of addresses where you have lived over the past with relevant dates: | |
| Date of Birth: | |
| Nationality: | |
| If you hold a UK passport please provide your passport number. If not, please provide proof of your immigration status and nationality: | |
| Religion: | |
| If you attend Church or other faith group please provide details of this: | |

Section 2: ABOUT YOUR FAMILY

| | |
|------------------|--------|
| Next of kin: | |
| Relationship: | |
| Address: | |
| Contact details: | |
| Phone Number: | Email: |

Section 3: ABOUT YOUR PRESENT HOME

If you don't own your present home please complete section (a) below.

| Section A | | | |
|---|----------|---|----------|
| Type of accommodation: e.g : 3 bedroom house, 2 room flat | | | |
| Name and address of your landlord: NB The trustees will require a reference from your landlord prior to an appointment being made. | | | |
| Current rent: | | Rent per week OR pcm: | |
| Do you receive housing benefit or other benefits to help with housing costs? | YES / NO | Do you receive a council tax discount or reduction? | YES / NO |
| Why do you wish to leave your present accommodation? | | | |
| What other avenues have you explored (or are exploring) to secure alternative accommodation? Have you made an application for housing to your local Council? | | | |
| Do you have a formal tenancy agreement? | | | |
| If not, what kind of agreement do you have with your landlord? | | | |
| If you, or your spouse/partner, have previously owned any residential property, please provide details and explain the circumstances in which you disposed of your interest | | | |
| 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 own your home, please complete section (b)

| Section B | |
|---|----------|
| Type of accommodation: e.g: 3 bedroom house, 2 room flat | |
| Is the property in your sole ownership? | YES / NO |
| Is the property subject to a mortgage, if so what is the value of this? | YES / NO |
| Why do you wish to leave your present accommodation? | |
| What other avenues have you explored (or are exploring) to secure alternative accommodation? Have you made an application for housing to your local Council? | |

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 | | |
| 2. Pension paid by a past employer | | |
| 3. Private pension | | |
| 4. Widows/Widower's pension | | |
| 5. Any other pension | | |
| Social Security Benefits: | | |
| 1. Pension Credit | | |
| 2. Attendance Allowance | | |
| 3. Universal Credit | | |
| 4. Other benefits | | |
| Any other income please give details | | |
| | | |

| | |
|---|--|
| Employment or Self-Employment: | |
| Please explain type of employment and hours of work: You will be required to show evidence of earnings such as payslips or proof of earnings (if self- employed) at interview. | |

Section 5 – YOUR SAVINGS

| TYPE | DETAILS | CURRENT BALANCE/VALUE |
|---|---------|-----------------------|
| Bank Accounts | | |
| Building Society Accounts | | |
| Shares | | |
| National Savings | | |
| Other property held by you but not lived in | | |

Section 6 – BORROWING

| | | |
|---|----------|---------------------------------|
| Do you have any loans or other debts outstanding (other than that noted under Section 3)? | YES / NO | If YES, please provide details: |
|---|----------|---------------------------------|

Section 7 – ABOUT YOUR HEALTH & SOCIAL FACTORS

| | |
|---|----------|
| Do you require any assistance with day to day tasks such as cooking, cleaning or maintaining your health? | YES / NO |
| If YES, please give details: | |
| Please give details of any significant illnesses, injuries or operations during the last five years: | |
| Are you currently receiving treatment for any illnesses? | YES / NO |
| If YES, please give details: | |
| 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: | |
| Name and address of your GP: | |

The charity will write to your GP asking him/her 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. By signing and returning the declaration at the end of this the future.

| | |
|---|----------|
| Do you have a conviction which is not spent under the Rehabilitation of Offenders Act 1974? | YES / NO |
| If YES, please give details: | |

Section 8 – REFERENCES

Please provide the names and addresses of two responsible persons (not relatives) who know you well whom Trustees may make an approach for a reference. If you are a member of Church or other faith group it would be helpful if one of your referees was a priest, minister or faith group leader.

| Reference 1 | |
|-------------|--|
| Name | |
| Address | |
| Phone | |
| Email | |

| Reference 2 | |
|-------------|--|
| Name | |
| Address | |
| Phone | |
| Email | |

Section 9 – REASONS FOR APPLYING

Please provide below your reasons for applying to St Mary's Hospital. Include, where possible, information relevant to the entry criteria (see page one), if you wish this may be provided in a separate document.

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Section 10 – DECLARATION

I/We have read the charity's entry criteria and believe that I/we am/are eligible to apply to live in one of the charity's almshouses.

I/We declare that the information given in this application is correct and complete to the best of my/our knowledge and belief.

I/We understand that the Trustees would be entitled to terminate any appointment to an almshouse dwelling.

I/We may be given as a result of this application, if my/our answers in this application form are untrue, or misleading in any respect (for example, due to omitting or misstating relevant facts).

I/We have read this application form carefully (and the charity's Terms of Appointment) and agree to abide by them should I/we be appointed to an almshouse.

I/We accept that if appointed as a resident(s) I/we shall be a beneficiary of the charity and not a tenant. Any weekly sum I/we pay will be a maintenance contribution and not a rent.

I/We confirm that I/we am/are able to look after myself/ourselves and to live independently, with the assistance of family and social services if necessary.

I/We consent to my/our GP or other medical attendant providing the charity with a medical certificate or report about my/our health and condition now or at a future date in accordance with the terms of the form of authority under Section 7.

I/We declare that I/we am/are legally entitled to reside in the UK (under immigration law) and will provide evidence of this when requested. A few examples of acceptable evidence: current UK passport, driving licence or birth/adoption certificate, recent correspondence from HMRC, a UK Government department (inc Pensions), local authority. A full list of acceptable evidence will be provided if necessary. I/We consent to the charity holding personal data on this form in accordance with Data Protection Regulations.

I/We consent to the charity requesting appropriate information held by housing, health and social care providers which may be relevant to my/our application for accommodation.

I/We agree that the charity may contact me/us by: (please tick as appropriate)

Email Post Telephone

SIGNATURE(s):

NAME(s):

Please print in capital letters

DATE:

Please return your completed application form to:
The Scheme Manager
St Mary's Hospital St Martin's Square Chichester
West Sussex PO19 1NR