

Confidential



SHEPTON MALLET ALMSHOUSES

Application for Housing

Please read NOTES FOR THE GUIDANCE OF APPLICANTS before completing this form.

United Charities Shepton Mallet Almshouses is a registered charity. It is also registered with the Housing Corporation. Selection is based on the need of suitably qualified applicants. A duly appointed resident is a beneficiary of the charity, not a tenant. This means that he or she have no legal interest in the Almshouse. Trustees have no power to grant a tenancy.

Data protection. The information that you give us on this form will not be used for any purpose other than helping the Trustees and staff to consider and process your application.

Please note: Residents are not allowed to keep pets. Intending Residents must live locally.

PLEASE ANSWER ALL QUESTIONS.

WE CANNOT PROCESS INCOMPLETE APPLICATIONS

	Applicant	Spouse
Mr/Mrs/Miss
Surname
First Names
Date of Birth
Address
Telephone Number
Previous address
Was your previous accommodation:	rented / owned (please delete accordingly)	
National Insurance Number

DETAILS OF YOUR PRESENT ACCOMMODATION

1. Do you own the house you are living in? Yes / No

2. If you rent:

Do you rent the house you are living in? Yes / No

If you rent your house, how much is your monthly rent £.....

Who do you rent from:

- | | |
|---------------------|----------|
| Private landlord | Yes / No |
| Family | Yes / No |
| Housing Association | Yes / No |
| Local authority | Yes / No |

How long have you been renting your current house? years months

3. Do you live in a:

- | | |
|-------------|----------|
| House | Yes / No |
| Bungalow | Yes / No |
| Flat | Yes / No |
| Mobile home | Yes / No |

4. How many bedrooms are there?

5. Are there steps or stairs in your accommodation? Yes / No

6. Do you need downstairs accommodation? Yes / No

If yes, please give your reasons:

.....

.....

.....

.....

HEALTH (applicant)

Tick as many boxes as you feel applicable

General Health Hearing Eyesight Mobility

Poor

Poor

Poor

Poor

Fair

Fair

Fair

Fair

Good

Good

Good

Good

Hearing aid

Partially sighted

Wheelchair

Deaf

Blind

Frame

Sticks

Handrails needed

Disabilities

Grabrails needed

.....

.....

.....

Are you currently undergoing or awaiting any medical treatment

Yes

No

Please give brief details

Do you, or have you, received help from the community mental health team

Yes

No

Please give brief details

.....

.....

Do you currently have a care package?

HEALTH (spouse)

General Health	Hearing	Eyesight	Mobility
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Poor	Poor	Poor	Poor
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Fair	Fair	Fair	Fair
------	------	------	------

Good	Good	Good	Good
------	------	------	------

	Hearing aid	Partially sighted	Wheelchair
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	Deaf	Blind	Frame
--	------	-------	-------

Sticks

Handrails needed

Disabilities

Grabrails needed

.....

.....

Are you currently undergoing or awaiting any medical treatment	Yes	No
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Please give brief details

Do you, or have you, received help from the community mental health team	Yes	No
--	-----	----

Please give brief details

.....

.....

This information is in case of an Emergency.

NEXT OF KIN

Name

Address

Telephone Relationship

RELATIVES

Which members of your family live nearest to Shepton Mallet? (Please give two if possible)

Name

Address

Telephone Relationship

Name

Address

Telephone Relationship

POWER OF ATTORNEY

Have you granted Power of Attorney to anyone? Yes / No

If Yes, to who?:

Name:

Address

Telephone number:

e-mail:

FINANCIAL DETAILS

THIS SECTION MUST BE COMPLETED IN FULL

State retirement pension	£	monthly
Occupational pension	£	monthly
Total of any other pensions	£	monthly
Interest on savings and investments	£	monthly
Earnings	£	monthly
Benefits (please specify)	£	monthly
Other income (please specify)	£	monthly
Total Income	£	monthly

Are you in receipt of any state benefits? Yes No

**Current market value (approx) of your house/flat
(if you own property)**

£
£

Savings or other capital

Do you share the freehold of your house with anyone else? Yes No
If yes, please provide details

Signed:

I declare that the above information is true to the best of my knowledge

If we asked, could you provide proof? Yes No

We may ask for a letter from a referee/solicitor to confirm the details above.

Trustees are obliged to ask questions about your financial situation.

If we require written references to accompany your application, who could we ask?

Name

Address

.....

Relationship to you (**not family**)

Name

Address

.....

Relationship to you (**not family**)

Please state fully your reason for wanting to move into the Trust's sheltered housing. (Please continue on a separate sheet if necessary).

Please answer as fully as possible to assist us in assessing your need.

MEDICAL CONSENT FORM

Please provide the name, address and telephone number of your GP:

Name

Address

Telephone No:

May we approach your GP(s) if medical information is required concerning your suitability for almshouse warden-controlled accommodation?

Yes

No

Please note: Trustees can only consider your application if you agree to allow the Trust to approach your GP. We only require information about whether, in the GP's opinion, you are able to look after yourself independently and, if not, the level of care you require. Our Wardens cannot provide nursing or personal care.

Signed:.....(applicant)

Name:

Date:

Please post your completed form to:

Mrs .P. D. Gould,
Clerk to the Trustees,
13, Westbrook Road,
Evercreech,
Shepton Mallet,
Somerset,
BA4 6LR

Telephone 01749 838646



UNITED CHARITIES SHEPTON MALLET ALMSHOUSES

Notes for the guidance of applicants for our warden-controlled accommodation

1. General

Please read these notes before completing the attached application form to confirm that you meet the necessary criteria and fully understand the type of accommodation available.

2. Eligibility Criteria

To be accepted for consideration, applicants must meet **all** of the following requirements:

- (a) At the time of application you must reside within Shepton Mallet or its environs. In exceptional circumstances, we may be able to house non local people but we are limited to who we can help. Please ring the office if you need further information.
- (b) You must be at least 60 years old but not necessarily retired from employment.
- (c) Applicants must be able to demonstrate a financial or a housing need.

3. Our Accommodation

The accommodation owned by the Trust consists of 12 dwellings.

All Almshouses are self contained and centrally heated with their own bathroom and WC and a kitchen. Carpets are provided. We have a resident warden on duty every weekday

The Warden is required to visit each resident once during the morning to ensure they are well and to get in touch with residents' doctors, family or Social Services etc if necessary. At any time residents may call the Warden or Clerk for advice or assistance.

4. Maintenance Contributions

Occupants pay a weekly contribution (rent). When reviewing the weekly maintenance contribution; Trustees keep within the Rent Officer's recommendations. If a resident cannot afford this contribution, Housing Benefit may be available from Mendip District Council according to circumstances. The payment of maintenance contributions should therefore present no difficulties. Payment of maintenance contributions must be made through bank/building society standing order and preferably on a monthly basis.

5. If you fulfil our criteria and would like to apply

Please fill in the application form and send it, with any accompanying letter of supporting information, to the House Manager at the Trust's office (the address is on the form). Trustees will then assess your application and, if you fulfil our criteria, we will invite you to an informal chat with Trustees and the Clerk so that we can meet you.

6. What happens at an informal chat?

Please don't worry. We may ask to visit your home; there will be two or three Trustees present. The Clerk and the Warden may be introduced at a subsequent meeting. You will probably be asked to explain why you feel you need warden-controlled accommodation and then you will be invited to add anything you wish to your application.

The meeting is very informal and nothing to be concerned about. You may bring a friend or relative with you if you wish.

We are sure you will appreciate that we have many applications and only a few vacant almshouses (and sometimes no vacancies). This means that we need to place applicants on a list of priority based on their need. Need is difficult to define but we will know from our chat together what your requirements are.

As soon as a suitable home becomes available, we will ask you if you would like to view it. You can then decide whether you wish to join us. We are obliged to house applicants in greatest need first and some people will have to wait longer than others. Sadly, we cannot tell how long you may have to wait.

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You are welcome to contact Mrs Dawn Gould, at any time especially if your circumstances change or you wish to add further information to your application form.

We look forward to hearing from you.

