APPLICATION FOR ACCOMMODATON

IN STRICT CONFIDENCE

FULL NAMES OF APPLICANT(S):

ADDRESS:

TELEPHONE NO:

MARITAL / RELATIONSHIP STATUS:

NUMBER YEARS RESIDENT IN DERBY:

DATE(S) OF BIRTH:

ARE ANY APPLICANTS IN ANY FORM OF EMPLOYMENT? (if yes please state details)

OCCUPATION (if applicable):

Full Time / Part Time (if applicable):

DRIVER

FINANCIAL INFORMATION

ASSETS

AMOUNT IN BANK	£	
BUILDING SOCIETY	£	
INVESTMENTS, SHARES / ISA's	£	
LOANS PAID TO YOU	£	
VEHICLES	£	
PROPERTY	£	
TOTAL ASSETS	£	

LIABILITIES

LOANS OUTSTANDING	£	
CREDIT CARD DEBTS	£	
LOANS DUE TO FRIENDS /RELATIVES	£	
OTHER	£	
TOTAL LIABILITIES	£	

INCOME

STATE PENSION	£	per month
OTHER PENSIONS / ANNUITIES	£	per month
SOCIAL SECURITY BENEFITS	£	per month
INVESTMENT INCOME	£	per month
WAGES / SALARY	£	per month
TOTAL MONTHLY INCOME	£	per month

YOUR EXPENDITURE

RENT

MORTGAGE

GAS

ELECTRICITY

OTHER ENERGY TYPES

COUNCIL TAX

WATER RATES / METER

CAR - Insurance / Servicing / Road Tax

SAVINGS –Regular payments

INSURANCE POLICY PAYMENTS

HOUSE INSURANCE

CHARITABLE DONATIONS

MOBILE PHONE & BROAD BAND PAYMENTS

SUBSCRIPTION SERVICES – Amazon / Netflix / sky etc

PAYMENTS FOR SERVICES – Carers / Gardener / Window Cleaner etc.

PAYDAY LOANS

ANYTHING ELSE

TOTAL MONTHLY EXPENDITURE

SURPLUS

DETAILS OF YOUR PRESENT ACCOMMODATION:

HOUSE/FLAT/BUNGALOW/LODGINGS/OTHER (please state)

DO YOU OWN THE ACCOMMODATION?

IF NO; WHO DOES / RELATIONSHIP

VALUE OF MAIN PROPERTY (S) OWNED £

OUTSTANDING MORTGAGE / SECURED LENDING OWED £

VALUE OF OTHER ACCOMMODATION / PROPERTY- PLEASE LIST
(This includes holiday homes; caravans; rental properties etc.)

AMOUNT OF RENT / MORTGAGE PAYABLE £ per month

AMOUNT OF COUNCIL TAX PAYABLE £ per month

NAMES, ADDRESSES AND TELEPHONE NUMBERS OF NEXT OF KIN:

(WHO TO CONTACT IN CASE OF EMERGENCY / CAN ASSIST IN CASE OF ILLNESS)

(Your relationship)

PLEASE GIVE DETAILS OF ANY PETS YOU WOULD WISH TO TAKE WITH YOU
(Please note that there are restrictions)

PLEASE GIVE ANY SPECIAL CIRCUMSTANCES OR REASONS FOR MAKING THIS

APPLICATION:
(It is essential that almshouse residents are able to be independent, care for themselves, with the assistance of family and social services as necessary.)

NAMES AND ADDRESSES OF **TWO** REFEREES – Please note that you should provide two written references when you submit the application to the clerk to the trustees.

- Someone who has known you for more than two years (other than family members).

(*Please kindly return references to the contacts listed below when returning your application form.)*

I agree that if I am appointed as a resident I shall not be a tenant.
Any weekly sum I pay will be a maintenance contribution and not rent.

By signing this form I confirm that I have read the Data Protection Statement at the end of the form and consent to the information being held by the charity and its agents and processed in the manner specified.

I declare that the foregoing statements are true.

Applicant's Signature/s:

Date:

Please return the completed application form to the Clerk to the Trustees:

NAME: MR GEORGE NEVILLE

ADDRESS: STERNE HOUSE
LODGE LANE
DERBY
DE1 3WD.

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 instrument.
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 but none will be disclosed for any inappropriate purpose.
You may have access to your personal information on request.

If any information contained in this application is found in the future to be false the Trustees reserve the right to review such residents' tenure.