***Confidential***

**Taunton Heritage Trust**

**Application for Housing**

The Taunton Heritage Trust is a registered Almshouse Charity – charity no: 1177162 and is registered with Homes England as a registered provider of social housing. **Selection is based on the need of suitably qualified applicants. The Trust’s conditions of entry are**

* **Aged 60 or over and in need**
* **Capable of independent living**
* **Either currently live in or have a connection to the area of benefit (Taunton Deane).**

**Data Protection Statement:** It is part of the Trust’s responsibility to ensure that applicants for Almshouses are suitably qualified under the terms of the Trust’s governing document. The Trust, therefore, needs to investigate the personal circumstances of applicants. **The Trust complies with the regulations for data security under the General Data Protection Regulations (GDPR). The data we collect has been classified as Sensitive Data under Article 9 of GDPR. We have strong procedures and policies in place to protect the collection and storage of this data**. The personal data supplied on this form and other information relating to an almshouse appointment or your health and welfare will be held on file. **Some details may be checked with relevant organisations since the Trust reserves the right to investigate and verify what you write on this form.** No details will be disclosed for any inappropriate purpose. You may have access to your personal information on request.

***An assessment of your total income will be undertaken to determine need.***

**PLEASE ANSWER ALL QUESTIONS – WE CANNOT PROCESS INCOMPLETE APPLICATIONS.**

**SECTION ONE – ABOUT YOU (Please complete a separate form for each applicant)**

Mr/Mrs/Miss/Ms/Other ………………………………………………….……………………………………….……….

Surname ………………………………………………….………………………………………………..

First name(s) ………………………………………………….…………………………………………………

Date of Birth ………………………………………………………………………………………….…………

Marital status ………………………………………………….…………………………………………………

Current Address ………………………………………………….…………………………………………………

 ………………………………………………….…………………………………………………

 ………………………………………………….…………………………………………………

Length of time at this address ……………………………………………………………………………………………………

Telephone No (s) ……………………………………………………………………………………………………

Mobile phone no: ………………………………………………….…………………………………………………

Email address ……………………………………………………………………………………………………

Previous addresses ………………………………………………….…………………………………………………

(and dates)

 ………………………………………………….…………………………………………………

 …………………………………………………………………………………………………….

Is your current accommodation: rented or owned (please delete accordingly)

National Insurance Number …………………………………………………….……………………………………………….

Employment History: Please give details of any occupations you have followed and for how long, with dates. Any present occupations must be included.

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Do you have a car? Yes / No

**SECTION TWO – ABOUT YOUR HOME**

Do you or your spouse own the accommodation you are living in? Yes / No (please delete accordingly)

If YES, what is its present estimated value? £…………………………………………………………………..…………..

What are your intentions regarding your current property if you are appointed to an almshouse?

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Is there a mortgage outstanding on the property and, if so, how much is outstanding? If there is no mortgage, please write NONE

………………………………………………………………………………………………………………………………………………………..

If you or your partner own property other than the one in which you live, please give details below. This should include property owned abroad as well as in the UK

Address …………………………………………………………………………………………………………………………………………

……………………………………………………………………………………………………………………………………………………..

Postcode …………………………..

How many nights per year do you spend in the above property? …………………………………………………..

**If you rent**: Do you rent the accommodation you are living in? Yes / No (please delete accordingly)

If you or your spouse have ever owned the property where you currently live, in what circumstances did you cease to be the owner?

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If you rent your accommodation, how much is your monthly rent? £ ……………….……………………….

If rented, please give name and address of landlord **(this must be one of your referees**)

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Is the landlord related to you in any way? If yes what is the relationship?

…………………………………………………………………………………………………………………………………………………………

Who do you rent from: Private Landlord Yes / No

 Family/friend Yes / No

 Housing Association Yes / No

 Local Authority Yes / No

How long have you been renting your current accommodation: …..…years …..…months.

Do you live in a: House Yes / No

Bungalow Yes / No

Flat Yes / No

Mobile Home Yes / No

How many bedrooms are there: ……………………….

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

Do you need downstairs accommodation/accommodation with a stair lift? Yes / No

If yes, please give your reasons:

………………………………………………………………………………………………………………………………….…………..………..

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**SECTION THREE – HEALTH & SOCIAL FACTORS**

Tick as many as you feel applicable

General Health Hearing Eyesight Mobility

Poor ……………….. Poor …………….… Poor ………………. Poor ……………….

Fair ………………… Fair ………………. Fair ……………….. Fair ……………….

Good ………………… Good ………………. Good ………………… Good ……………….

Are you able and willing to live independently and look after yourself and your accommodation?

…………………………………………………………………………………………………………………………………………………………..

Do you consider yourself to have any physical or mental disabilities? If so please give details.

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Please give details of any significant illnesses, injuries, operations or mental health issues during the last five years.

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Are there any other health or social factors that you would wish the Trust to take into consideration when assessing your application?

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Are you receiving continuing treatment for any of the above?

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Do you currently have a care package? Yes / No

Do you have a conviction which is not spent under the Rehabilitation of Offenders Act 1974? (This information will be processed solely for the purpose of this application). Yes / No

If Yes, please provide details: …………………………………………………………………………………………………………….

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If an applicant has an unspent conviction (whether they volunteer it on their application form or whether the Trust learns of it at a later date) the Trust will carry out a Risk Assessment of whether a risk to others would be created by allowing that applicant to reside at one of our sites. If there is any doubt after the Risk Assessment the applicant will not be accepted as a Resident.

Do you own a car? Yes / No

**SECTION FOUR – ABOUT YOUR FAMILY**

**Next of Kin**

Name: ………………………………………………………………………………………………………………………………...

Address: ……………………………………………………………………………………………………………………………..

Post code: …………………………………………………………………………………………………………………………...

Email address: ……………………………………………………………………………………………………………………...

Telephone: …………………………………………….. Mobile phone number: ……………………………………

Relationship to you: ……………………………………………………………………………………………………………

**RELATIVES (if applicable)**

Which members of your family live in or near Taunton? (please give two if possible)

Name: …………………………………………………………………………………………………………………………………….

Address: ………………………………………………………………………………………………………………………………...

Telephone No: …………………………………………………… Mobile phone number:…………………………….

Email address: …………………………………………………………………………………………………………………………

Relationship to you: ……………………………………………………………………………………………………………….

Name: ………………………………………………………………………………………………………………………………………

Address: ………………………………………………………………………………………………………………………………….

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Telephone No: ……………………………………………………… Mobile number: …………………………………….

Email address: …………………………………………………………………………………………………………………………...

Relationship to you: ………………………………………………………………………………………………………………….

**Power of Attorney**

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

If yes, Name: ………………………………………………………………………………………………………………….………….

Address: …………………………………………………………………………………………………………………………………….

…………………………………………………………………………………………………………………………………………………..

Telephone No: …………………………………………………………… Mobile number: ……………………………………

Email address: ……………………………………………………………………………………………………………………………

**Wills & Executors**

Have you made a Will? Yes / No

If you have answered yes, can you please provide details of the named Executors to the Will

1. Name: ……………………………………………………………………………………………………………………………….

 Address: …………………………………………………………………………………………………………………………….

 …………………………………………………………………………………………………………………………………………..

 Telephone No: …………………………………………………………………………………………………………………...

Email address: ……………………………………………………………………………………………………………………

Relationship to you (if any): ...………………………………………………………………………………………………

2. Name: …………………………………………………………………………………………………………………………………

 Address: ………………………………………………………………………………………………………………………………

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Telephone No: ………………………………………………………………………………………………………………….

Email address: ……………………………………………………………………………………………………………………

Relationship to you (if any): ……………………………………………………………………………………………….

**SECTION FIVE – ABOUT YOUR INCOME**

Do you receive Housing benefit or other benefits to help with housing costs? Yes / No

Do you receive Council tax relief or reduction? Yes / No

|  |
| --- |
| To enable the Trust to assess your level of need, please provide the following information. This should include details of all sources of income and state how regularly you receive them, eg – weekly, monthly or annually. |
|  | Amount | Frequency |
| **Pensions**1. State retirement pension2. Pension paid by a past employer3. Private pension4. Widow’s or widower’s pension5. Any other pension |  |  |
| **Social Security benefit**1. Housing Benefit2. Pension Credit3. Attendance Allowance4. Universal Credit5. Any other benefits |  |  |
| **Employment or self-employment** Please explain type of employment & hours of work. You will need to bring evidence of earnings such as payslips or proof of earnings, if self-employed, as part of the application process. |  |  |
| **Other income**1. Annuities2. Bank deposit account3. Building society account4. Investments5. Renting property or land that you own6. Grants from a charity7. Financial assistance from friend/relative8. Financial assistance from a Trust fund9. Any other income – please provide detail |  |  |

**SECTION SIX – ABOUT YOUR CAPITAL**

|  |  |
| --- | --- |
| Type | Current balance/current value |
| Bank accounts (**please attach bank statements showing the last three months activity**). These will be returned to you as soon as possible. | £ |
| Building society accounts | £ |
| Shares – current value | £ |
| National savings certificates | £ |
| Unit Trusts – current value | £ |
| Premium bonds – current value | £ |

**SECTION SEVEN – BORROWING**

Do you have any loans or other debts outstanding? If so, please provide details.

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**SECTION EIGHT – REFERENCES**

Please provide the name, address, email address and telephone number of two people (not related to you or linked to Taunton Heritage Trust), **one of whom you must have known for at least five years.** **One should be your current Landlord (where appropriate)** and the other should know you well enough to be able to provide us with a detailed character reference and give their opinion about your suitability for independent living within our Scheme.

1. Name: …………………………………………………………………………………………………………………………………

Address: ………………………………………………………………………………………………………………………………………….

Telephone No: ………………………………………………. Email: ……………………………………………………….

Length of time you have known this person …………………………………………………………………………

How do you know this person?..................................................................................................

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1. Name: …………………………………………………………………………………………………………………………………..

Address: …………………………………………………………………………………………………………………………………………….

Telephone No: ………………………………………………. Email: …………………………………………………………

Length of time you have known this person ………………………………………………………………………….

How do you know this person? ……………………………………………………………………………………………...

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To enable your application to be considered further the Trust will write to your GP asking him/her to complete a medical certificate to establish your suitability for independent living. If you are appointed as a Resident and, at a later date, the Trust becomes concerned about your health and/or your ability to continue to live independently the Trust may need to obtain a further medical report. Please sign and return the form at the end of this document to give your consent to the Trust contacting your GP to authorise them to provide us with medical information about you either now or in the future.

**IMPORTANT** Please complete the GP Authorisation Form at the end of this document

GP’s Name: ……………………………………………………………………………………………………………………………………..

Address: ………………………………………………………………………………………….……………………………………………….

…………………………………………………………………………………………………………………………………………………………..

Telephone No: …………………………….…………………………

**SECTION NINE – OTHER INFORMATION**

Please state below how you heard about the Taunton Heritage Trust:

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**Please state fully your reasons for wanting to move out of your current accommodation and into the Trust’s accommodation –** please answer as fully as possible to enable us to assess your need against other applicants – use additional sheet if necessary. We will not process your application unless you complete this section in full.

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**SECTION TEN – DECLARATION**

* **I understand the Taunton Heritage Trust’s conditions of entry which are as follows**
* **Aged 60 years or over**
* **Capable of independent living**
* **Either currently live in or have a connection to the area of benefit (Taunton Deane)**

**and believe that I am eligible to live in one of the Trust’s Almshouses.**

* **I declare that the information provided in this application is correct and complete to the best of my knowledge and belief.**
* **I understand that the Trust would be entitled to terminate any appointment to an almshouse flat I may be appointed to 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 Residents Handbook and agree to abide by 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. The weekly sum that 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 or other agencies if necessary.**
* **I consent to my GP or other medical advisor providing the Trust with a medical certificate or report about my health and condition now or at a future date, in accordance with the attached form of authority.**
* **I consent to the Trust holding personal and sensitive data relating to me and my personal circumstances in accordance with the General Data Protection Regulations (GDPR).**
* **I understand that I have the right to request access to the information that is held by the Trust relating to my data. I understand that I have the right to decline to provide information requested within this form.**
* **The Trust is obliged to check the immigration status of prospective residents and I have given my National Insurance number on the form as proof of residence.**
* **I agree that the Trust may contact me by: (Please tick as appropriate.)**

🞏 **email** 🞏 **post** 🞏 **telephone**

Signature ……………………………………………………………………………………….………………………………………….

Name ………………………………………………………………………………………………………………………………………….

(please print name in capital letters)

Date …………………………………………………………………………………………………………………………………………….

**ALL SECTIONS MUST BE COMPLETED IN FULL – PLEASE ATTACH CURRENT BANK ACCOUNT STATEMENTS SHOWING THE MOST RECENT THREE MONTHS ACTIVITY.**

Please return this completed application form to:

Taunton Heritage Trust, Huish Homes, Magdalene Street, Taunton, Somerset TA1 1SG

*The Taunton Heritage Trust endeavours to acknowledge your completed application form as soon as possible. All applications are assessed using a scoring system to assess need which considers the completed application form, the results of a home visit (where possible), references and feedback from your GP.*

**Please ensure that the GP Authorisation form on the next page is completed.**

c:\users\jan peake\dropbox\tht standard documents\application form and letter for housing\residents application form 2018.docx

May 2019

**GP Authorisation**

I[full name in capitals] ……………………………………………………………………..……………………………………

whose date of birth is …………………………………………………………………………………………………………..

of address: …………………………………………………………………………………….………………………………………

………………………………………………………………………………………..……………………………………………………..

Authorise my GP for the time being and all my other medical advisors for the time being to provide information about my health and any aspect of my medical condition upon request to Taunton Heritage Trust, Huish Homes, Magdalene Street, Taunton, Somerset TA1 1SG ( Registered Charitable Incorporated Organisation (CIO) 1177162) both in connection with any application I make to become a resident of Almshouses provided by the Trust and at any time thereafter until I have ceased to live in the property provided by the Trust.

Signed by applicant: ………………………………………………………….…………………………………………………..

Date of signature: ………………………………………………………………………………………………………………….