Bristol & Anchor Almshouse Charity

APPLICATION FOR AN ALMSHOUSE

Bristol & Anchor Almshouse Charity, 19a Stretford Road, Whitehall, Bristol, BS5 7AW.
Reg. Charity No: 1075673, Company No: 8272108

The Bristol & Anchor Almshouse charity provides housing for people in need over 55 years of age who have lived in the area of Bristol for at least 10 years.

Application Form

Your full name: Mr/Mrs/Miss/Ms		
Address:		
Post Code:	**Mobile number:**	
Length of time at this address:	**Email Address:**	
	DOB:	**Age:**
Council Tax Band:	**Marital Status:**	
Employment History: (Please give details of any occupations you have followed and for how long. Any present occupations should be included)		

Section 2 – About your Family	
Next of Kin (name):	
Relationship:	
Address:	
	Post Code:
Phone number:	Mobile:

Section 3 – About your present home
Type of accommodation: (e.g. 3 bedroom house, 2 room flat)
Do you, or your spouse, own it? **Yes / No**
If 'yes', what is its present estimated value? £
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 rented, please give name and address of landlord:
Current rent p/week:
Do you receive Housing Benefit? **Yes / No**
Do you receive Council Tax Benefit? **Yes / No**
Why do you wish to leave your present accommodation?
What are your intentions regarding your current property if you are appointed to an almshouse?
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: Post Code:

Section 4 – Your Income		
Pensions 1. State retirement pension 2. Pension paid by a past employer 3. Private pension 4. Widow's pension 5. Any other pension	Amount:	Frequency:
Social Security Benefit 1. Pension Credit 2. Attendance Allowance 3. Any other benefits	Amount:	Frequency:
Other Income 1. Annuities 2. Bank Deposit Account 3. Building Society Account 4. Investment 5. Renting property or land that you own 6. Grants from a charity 7. Financial assistance from a relative/friend 8. From a trust fund 9. Any other income – please give details	Amount:	Frequency:

Section 5 – Your Capital	
1. Bank accounts Current Balance:	£
2. Building Society accounts Current Balance:	£
3. Shares Current Value:	£
4. National Savings Certificates:	£
5. Unit Trusts:	£
6. Premium Bonds:	£

Section 6 – About your Health and Social Factors
Are you able and willing to look after yourself and your accommodation?
Please give details of any significant illnesses, injuries or operations during the last five years:

Are there any other health or social factors that you would wish the trustees to take into consideration when assessing your application?
Are you receiving continuing treatment for any of the conditions mentioned above?
Name of GP:
Address of GP:

	Post Code:

The charity may wish to write to your GP asking him/her to complete a medical certificate. We will ask you to sign a consent form in which you authorise your GP to provide us with medical information about you.

Do you have a conviction which is not spent under the Rehabilitation of Offenders Act 1974? **Yes / No**
If 'YES', please provide details:

Section 7 – References

Please give the names and addresses of two responsible people (not relatives) who know you well and whom the charity may approach for a reference.

Name: **Address:** **Post Code:**	**Name:** **Address:** **Post Code:**
Phone:	**Phone:**

Please use the continuation sheet at the back of this application form to give us any additional information or further details as requested in the form.

Section 8 – Declaration	Please tick
• I declare that the information given in this application is correct and complete to the best of my knowledge and belief.	
• 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, with the assistance of family and social services if necessary	

Your Name: (Please print in CAPITAL LETTERS)
Your Signature:
Date:

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

Please return your completed application to:

Maddie Williams
Bristol & Anchor Almshouse Charity
The Beehive Centre
19a Stretford Road
Whitehall
Bristol
BS5 7AW

If you have any difficulties completing this form, or require it in a different format, please contact us:

0117 935 44 71
info@thebeehivebristol.co.uk

Continuation Sheet:

Please use this sheet for any additional information you would like to give us.