***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).**

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

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

**SECTION ONE – ABOUT YOU**

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

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

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

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

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

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

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

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

Length of time at this

address ………………………………………………….………………………………….……………..

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

(including mobile)

Email ………………………………………………….…………………………………………………

Previous Addresses ………………………………………………….…………………………………………………

(and dates)

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

Was your previous 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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**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?

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

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

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**)

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

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

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 look after yourself and your accommodation? …………………………..

Do you consider yourself to have any physical or mental disabilities?

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

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

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?

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

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

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?

Yes / No

If Yes, please provide details …………………………………………………………………………………………………

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

**SECTION FOUR – ABOUT YOUR FAMILY**

**Next of Kin**

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

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

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

**RELATIVES (if applicable)**

Which members of your family live in or near Taunton? (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, Name …………………………………………………………………………………………………………………..…….

Address ………………………………………………………………………………………………………………………………..

Telephone …………………………………………………………… email …………………………………………………..

**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 ……………………………………………. email ……………………………………………………………

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

2

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

Address …………………………………………………………………………………………………………………………….

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

Telephone ……………………………………………. email ……………………………………………………………

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

**SECTION FIVE – ABOUT YOUR INCOME**

|  |  |  |
| --- | --- | --- |
| 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 pension  2. Pension paid by a past employer  3. Private pension  4. Widow’s pension  5. Any other pension |  |  |
| Social Security benefit  1. Housing benefit  2. Pension credit  3. Attendance allowance  4. Any other benefits |  |  |
| Other income  1. Annuities  2. Bank deposit account  3. Building society account  4. Investments  5. Renting property or land that you own  6. Grants from a charity  7. Financial assistance from a friend/relative  8. Financial assistance from a Trust fund  9. 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) | £ |
| Building society accounts | £ |
| Shares | £ |
| National savings certificates | £ |
| Unit Trusts/premium bonds | £ |

**SECTION SEVEN – REFERENCES**

Please provide the name, 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: ……………………………………………….. Email: ……………………………………………………………

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

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

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

Telephone: ……………………………………………….. Email: ……………………………………………………………

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

*Please Note: We also contact your GP to establish your suitability for independent living*

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

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

……………………………………………………………….. Telephone: …………………………….…………………………

**SECTION EIGHT – 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 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.

*Data protection – It is part of the Trustees’ responsibility to ensure that Applicants for Almshouses are suitably qualified under the terms of the Trust’s governing document and, therefore, the Trust will need to investigate the personal circumstances of applicants. The personal data supplied on this form together with other information relating to an Almshouse appointment, or your care/support management will be held on file. Some details will be checked with relevant organisations since the Trust 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 NINE – 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 almshouses.**

* **I declare that the information provided 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. The weekly sum that I pay will be a maintenance contribution and not a rent.**
* **I confirm that I am able to live independently and I understand that the Trust will approach my GP to provide a statement confirming this and a continuing authority for my GP to inform the Trust should this change.**
* **I agree to this information being kept securely by the Taunton Heritage Trust**

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:

Mrs Karen White, Chief Officer, 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.*

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