# Application Form for an Almshouse



## THE SAUNDERS & SEBRIGHT CHARITIES

**St John's Church, Church End, Markyate, Herts, AL3 8PY**
**registered charity number 214233**
**email:** contactus@flamsteadalms.org

The Saunders & Sebright Charities provides housing in Flamstead in small almshouses for people in need in accordance with the charity's Governing Document. People of good character in financial need or who are unable to afford independent accommodation currently living in the Parishes of Flamstead, Harpenden Rural, Redbourn, Great Gaddesden and Markyate are eligible for appointment. Details of a typical Alms House operated by the Charity can be found on the website www.flamsteadalms.org or by contacting us on admin@flamsteadalms.org.

**It is very important that you fill out the application form as fully as you can, including the relevant financial information.**

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**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 Charity complies with the regulations for data security under the Data Protection Act 2018 and UK General Data Protection Regulations (UK GDPR). The data we collect has been classified as Sensitive Data under Article 9 of UK 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 care management will be held on file. **Some details may be checked with relevant organisations since the charity 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.

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Please return your completed application by email if possible to admin@flamsteadalms.org, or by mail to: The Clerk, Saunders & Sebright Charities, St John's Church, Church End, Markyate, Herts, AL3 8PY **by no later than 7th January 2027.**

**Application Form**

**Section 1 – About You**

Full name……..Mr/Mrs/Miss/Ms.....

Address……

.....

……Post Code.....

Telephone No…….. Mobile Number.....

Length of time at this address……..……Council Tax Band……

Date of Birth…….. Age……Marital status.....

**Employment History** - Please give details of your current occupation (if any) and brief details of your employment history……

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How did you hear about the vacancy?

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**Section 2 – About your Family**

Next of kin.....

Relationship…….....

Address…….....

……

……Post code.....

Telephone No …….. Mobile Number .....

**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?

.....

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 do not own the property where you currently live, who does own this property?

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Is this person related to you in any way? If **YES** what is the relationship?

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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 rented, please give the name and address of the landlord:

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Current rent £……per week

Do you receive Housing Benefit or other Benefits to help with housing costs? **YES/NO**

Do you receive Council Tax discount or reduction? **YES/NO**

Why do you wish to leave your present accommodation?

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

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If you own property, including land, other than the one in which you live now, please give details below. This should include property owned abroad as well as in the UK:

Address…….....

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……Post Code .....

**Section 4 – Your Income**

To enable the trustees to assess your application, please provide the following information. This should include details of all sources of income and state how frequently you receive them, e.g. weekly, monthly or annually:

| | **Amount** | **Frequency** |
|---|---|---|
| **Pensions**<br><br>1. State retirement pension<br>2. Pension paid by a past employer<br>3. Private pension<br>4. Widow's or Widower's pension<br>5. Any other pension | | |
| **Social Security Benefit**<br><br>1. Pension Credit<br>2. Attendance Allowance<br>3. Universal Credit<br>**4.** Any other benefits | | |
| **Employment or self-employment**<br><br>Please explain the type of employment and hours of work.<br><br>You will be required to bring evidence of earnings such as payslips or proof of earnings (if self-employed) to interview | | |
| **Other Income**<br><br>1. Annuities<br>2. Bank Deposit Account<br>3. Building Society Account<br>4. Investment<br>5. Renting property or land that you own<br>6. Grants from a charity<br>7. Financial assistance from a relative/friend<br>8. From a trust fund<br>9. Any other income – please give details | | |

**Section 5 – Your Capital**

1. Bank accounts: Current Balance

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2. Building Society accounts: Current Balance

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3. Shares: Current Value

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4. National Savings (e.g. National Savings Certificates): Value

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5. Unit Trusts: Current Value

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6. Premium Bonds: Amount held

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**Section 6 – Borrowing**

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

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**Section 7 – About your Health and Social Factors**

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

**YES/NO**

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

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Are you currently receiving treatment for any illness? **YES/NO**

If YES, please give details below:

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Are there any other health or social factors that you would wish the trustees to take into consideration when assessing your application? **YES/NO**

If **YES**, please give details below:

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Name and address of your GP……

……Post Code……

The charity may wish to write to your GP asking for a medical certificate to enable your application to be considered further.

Do you have a conviction which is not spent under the Rehabilitation of Offenders Act 1974? **YES/NO**.

This information will be processed solely for the purposes of this application.

If **'YES'**, please provide details:

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**Section 8 – 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. If you are currently renting accommodation, one of the referees should be your current landlord. Please indicate how you know the referees. We will never disclose sensitive personal data to the referees but we will supply them with basic information regarding you and your application

1…… 2……

…… ……

…… ……

Post Code…… ……

**Section 9 – <u>Additional information (optional)</u>**Applicants should be aware that almshouses are intended to be a community where residents can live safely together. If you wish to make any other statements in support of your application and suitability for almshouse accommodation please use the space below.

**Section 10 – Declaration**

I have read the charity's criteria for application and believe that I meet the criteria to live in one of the charity's almshouses.

I declare that the information given in this application is correct and complete to the best of my knowledge and belief. **I understand that the trustees would be entitled to terminate any appointment to an almshouse dwelling I may be given 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 agree to abide by it (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. Any weekly sum I pay will be a maintenance contribution and not a rent.

I confirm that I can look after myself and live independently, with the assistance of family and social services if necessary.

I consent to the charity 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 Charity relating to my data. I understand that I have the right to decline to provide information requested within this form.

The charity is obliged to check the immigration status of prospective residents and will need to see proof of identity such as a passport or driving licence.

I agree that the charity may contact me by: (Please tick as appropriate.)

□ email □ post □ telephone

Signature.....

Name.....
(PLEASE PRINT NAME IN CAPITAL LETTERS)

Date ……

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