



Ottery Feoffee Charity

Registered Charity Number 202095

Notes on completing Application Form

Please read the notes below before you complete the attached form.

1. Please note that we are asking for authority to approach your doctor. In many cases this may well be unnecessary or merely to obtain confirmation of any disability. However, if you so wish, the Doctor must submit to you any medical report that we might request before it is sent to the Trustees. Please indicate whether or not you would wish to see the report first.
2. As you are probably aware there is a resident who acts in an informal capacity as a warden. Again, could you indicate whether you would be able and/or willing to assist in the general running of the flats and welfare of residents.
3. It is essential that you get some person to sign the form to confirm they would look after you in the event of illness.
4. Please note that whilst your application is considered whenever a flat is allocated, flats are not allocated on the basis of the first person's name on any list.
5. We hope in other respects the application form is self-explanatory but please complete fully and if you have any queries please do not hesitate to approach this office.

Please note that Section 2.2 and 3.5 of the Standards of Almshouse Management guidance notes state "Determination of whether or not a resident is 'poor' or in financial hardship is not confined to those who are destitute, and 'poor' is considered to be a relative term.

In most cases the Trustees can form a view of an individual's financial standing by considering whether or not they would have the ability to buy or rent suitably modified accommodation for themselves within the area served by the almshouse. If the individual would not be able to do this then they are likely to be considered to be in financial hardship. Trustees do of course have the duty to consider who is most in need when determining applications".

Conditions of eligibility:

1. Have lived in Ottery St Mary before you apply.
2. Or have close links with the parish
3. Have a low income and limited capital
4. Be able to live independently with help from carers if necessary.



APPLICATION FOR FLAT

Section 1:

Full name:	
Address:	
Telephone:	Mobile:
Email:	Date of Birth:
National Insurance Number:	
Place of birth:	
Martital status: Marrried / Single / Widow / Widower	
Occupation or if retired previous occupation	
How long resident in the Parish	
Employment History - Please give details of your current occupation (if any) and brief details of your employment history	



Section 2 – About your Family/Next of Kin

Name
Address
Telephone Number
Relationship

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 please advise the amount 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?
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 £	per week / per month
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?	
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

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 regularly you receive them, e.g. weekly, monthly or annually:

	Amount	Frequency
<p>Pensions</p> <ol style="list-style-type: none"> 1. State retirement pension 2. Pension paid by a past employer 3. Private pension 4. Widow's pension 5. Any other pension 		
<p>Social Security Benefit</p> <ol style="list-style-type: none"> 1. Pension Credit 2. Attendance Allowance 3. Universal Credit 4. Any other benefits 		
<p>Employment or self-employment</p> <p>Please explain type of employment and hours of work.</p> <p>You will be required to bring evidence of earnings such as payslips or proof of earnings (if self-employment) to interview</p>		
<p>Other Income</p> <ol style="list-style-type: none"> 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 		



Section 5 – Your Capital

ACCOUNT TYPE	BALANCE
Current Account	
Savings Account	
Shares	
National Savings Certificates	
Unit Trusts	
Premium Bonds	
Any other	

Section 6 – Borrowing

<p>Do you have any loans or other debts outstanding? If so, please provide details.</p>
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Section 7 – About your Health and Social Factors

Are you able and willing to look after yourself and your accommodation?	YES / NO
Please give details of any significant illnesses, injuries or operations during the last five years	
Are you currently receiving treatment for any illness? If yes, please give details below	YES / NO
Are there any other health or social factors that you would wish the trustees to take into consideration when assessing your application? If yes, please give details below:	YES / NO
Name and address of your GP	
The charity may wish to write to your GP asking him to complete a medical certificate. Please sign to authorise your GP to provide us with medical information about you. Signature:	
Do you have a conviction which is not spent under the Rehabilitation of Offenders Act 1974? If yes, please give details below:	YES / NO



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.

Name:	Name:
Address:	Address:
Telephone number:	Telephone number:
Email:	Email:
Relationship to applicant	Relationship to applicant

In the event of illness who will care for you.
Name
Address

Please ask the above named person to complete this box:

I agree to look after the above Applicant in the event of his/her being ill.
Signature
Relationship to applicant



Section 9 – Declaration

- 1. I have read the charity’s Eligibility Policy and believe that I meet the beneficiary criteria to live in one of the charity’s almshouse.**
- 2. 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 are untrue, or misleading in any respect (for example, due to omitting or misstating relevant facts).**
- 3. I have read the application form carefully and agree to abide by it should I be appointed to an almshouse.**
- 4. 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.**
- 5. I confirm that I am able to look after myself and live independently, with the assistance of family and social services if necessary.**
- 6. I consent to my GP or other medical attendant providing the charity with a medical certificate or report about my health and condition now or at a future date in accordance with the terms of the attached form of authority.**
- 7. 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).**
- 8. 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.**
- 9. The Charity is obliged to check the immigration status of prospective residents and will need to see proof of identity such as passport or driving licence.**

Signature of Applicant:

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 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 collected 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 the relevant organisations since the Charity reserves the right to investigate and verify what you will write in this form, but no details will be disclosed for any inappropriate purpose. You may have access to your personal information on request.

Please return completed form to: -

**Tina Collins
Clerk to the Trustees
Ottery Feoffee Charity
% 2 Royal Oak
Bude
EX23 9NP**

Telephone number: 07865 098 253