WARWICK UNITED CHARITIES

THE WARWICK UNITED CHARITIES provides housing for people in need, generally over 60 years of age who are either residents or former residents of Warwick or who have a longstanding association with that Town. Priority is given to elderly or retired applicants.

**Section 1 – About You**

Full Name ……………………………………………………….. Mr/Mrs/Miss/Ms ………………….

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

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

…………………………………………………………………….. Post Code ………………………………………

Telephone No …………………………………………………… Mobile No ………………………………………

Email …………………………………………..

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

Date of Birth …………………………… Age …………… Marital Status …………………………………

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

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**Section 2 – About your Family**

Next of Kin ………………………………………………………………………………………………………...

Relationship ………………………………………………………………………………………………………...

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

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

……………………………………………………………………. Post Code ……………………………………

Telephone No …………………………………………………….. Mobile No …………………………………..

**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 estimate 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?

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If rented, please give name and address of landlord:

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Current rent £ ………………………… per 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?

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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.

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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 |
| **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 Benefits**   1. Pension Credit 2. Attendance Allowance 3. 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 relative/friend 8. From a Trust Fund 9. Any other income – please give details |  |  |

**Section 5 – Your Capital**

1. Bank accounts Current Balance

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1. Building Society accounts Current Balance

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

1. Shares Current Value

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

1. National Savings Certificates

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

1. Unit Trusts

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

1. 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.

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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?

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Are you receiving continuing treatment for any of the above?

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Name and address of your GP ……………………………………………………………………………..

………………………………………………………………………………………. Post Code …………….

The Charity will wish to write to your GP asking him to complete a medical certificate. Please sign and return the enclosed 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.

1. ………………………………………………….. 2. ……………………………………….

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

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

Post Code ……………………………………………… ………………………………………

**Section 8 - Declaration**

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.

I understand that I may be entitled to Housing Benefit.

Signature: ………………………………………………………………………………………………..

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

(PLEASE PRINT NAME IN CAPITAL LETTERS)

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:

**C E R Houghton**

**Clerk to the Trustees**

**34 High Street**

**Warwick, CV34 4BE**

**[choughton@moore-tibbits.co.uk](mailto:choughton@moore-tibbits.co.uk)**