

Date as postmark



Dear Applicant,

RE: APPLICATION FOR SHELTERED HOUSING

Please find attached an application form for sheltered housing at Hammersmith United Charities.

We have two Sheltered Schemes:

- John Betts House, which is on Rylett Road and has 39 one bedroom flats
- Sycamore House, which is on Sycamore Gardens and has 44 one bedroom flats, 2 two bedroom flats and 6 one bedroom fully wheelchair accessible flats

Please ensure that you provide all the information requested and return the completed application form to:

Head of Housing & Property
Hammersmith United Charities
Sycamore House
Sycamore Gardens
Hammersmith
London W6 0AS

Once we have received your completed application form we will contact you to arrange a home visit, following this you will be invited to an interview to meet with our trustees who will then decide whether your application has been accepted or not.

We look forward to receiving your application form.

Yours faithfully,

Hammersmith United Charities



APPLICATION FORM FOR SHELTERED HOUSING

Completed form to be forwarded to:

Head of Housing & Property
Hammersmith United Charities
Sycamore House
Sycamore Gardens
Hammersmith
London W6 0AS

The information provided in this application form will be treated in strictest confidence and will not be disclosed to anyone other than the Charity's staff and Trustees.

Applicants are advised that failure to disclose any relevant information may prejudice their application. Misleading or inaccurate information may lead to your appointment being set aside at some time in the future, which may mean you have to leave the sheltered scheme.

To be eligible for sheltered housing with the Charity, you will need to be 60 years old or over, have lived in Hammersmith for the last 5 years or for 10 years over your lifetime (proof of residency is required) and be on low income.

1. Personal Details

Name(s) in full:

Address:

Postcode:

Tel No(s):

Length of time at this address:

Date(s) of Birth:

National Insurance No(s):

Age(s):

Almshouse Application Form



Are you currently employed? YES/NO:

Job Title/Role:

Next of Kin: Please provide the details of your current Next of Kin

Name:

Relationship:

Address:

Tel No:

Are they able to assist in cases of illness or emergency? YES/NO:

2. Financial information

To enable the Trustees to assess your application, please provide the following information:

Enter 'NIL' where appropriate.

	Amount Per Week	
	Yourself	Spouse
Pensions and Earned Income		
Earned Income		
State Pension		
Private Pension		
Any other Pension		
Any other income		
Any income from property rental, maintenance		
Total		



	Amount Per Week	
Benefits/Allowances	Yourself	Spouse
Housing Benefit/Council Tax		
Employment and Support Allowance		
Disability Living Allowance		
Attendance Allowance		
Any other allowance		
Total		

3. Savings and capital

	Amount	
	Yourself	Spouse
Bank Accounts		
Post Office Accounts		
National Savings Certificate (state date bought)		
Building Society Accounts		
Premium Bonds		
Redundancy Payment (if in last 12 months)		
Cash – this includes any cash held at home		
Any other capital – give details		
Stocks/shares/unit trusts – please give current value or state name of companies, and numbers of stocks/shares held on a separate sheet		
Total		



If you, or your partner, own property other than the one you live in, please give details below:

Address:

Value £

Mortgage £

4. Present accommodation

Do you or your spouse OWN your present accommodation?

YES/NO

Do you RENT your present accommodation?

YES/NO

If YES, please provide details of your landlord:

Is this person related to you in any way?

YES/NO:

If YES, what is the relationship?

You will be required to confirm that you are able to live independently. However, there may be reasons you wish to include, which will better inform the Trustees of your current situation and your need (e.g. health, security, mobility, social or environmental factors). Please state:

Please use the continuation sheet at the back of the Application Form



Please state if there are specific medical reasons you wish to have considered.

Our governing instrument requires, that we need to ask if you have any criminal convictions. A conviction will not automatically exclude you from being considered as an applicant but Trustees need to be fully aware of your circumstances.

Do you have any criminal convictions?

YES/NO:

Have you ever had any disputes with your neighbours?

YES/NO:

If **YES** please provide details. If necessary, use a separate sheet of paper.

Has an Anti-Social Behaviour Order ever been issued to you or anyone living with you?

6. Reference

Please provide the name and address from whom a reference can be obtained if required (ideally, an ex-employer).

NB: This should be someone who is known to you for at least two years but who is not related:

Name:

Relationship to you:

Address:

Tel no:



7. Where did you hear about the Charity

(advert, leaflet, poster, 'word of mouth', friend', another agency)?

8. Are you related to, or a friend of, or know a current resident, staff member or a trustee?

If **YES** please provide the following information:

Name:

Relationship:

9. Certification

I certify that the details above are correct to the best of my knowledge and belief and that this application is submitted in good faith. I confirm that I am able to look after myself, with the assistance of family and social services if necessary.

Signed:

Date:

Name:

(CAPITAL LETTERS)

Data Protection Statement: it is part of the Trustees' responsibilities to ensure that applicants for sheltered accommodation are eligible under the terms of the charity's governing instrument. Trustees, therefore, need to investigate the personal circumstances of applicants. The personal data supplied on this form, and other information relating to the appointment, 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.



SHELTERED HOUSING MONITORING FORM

Dear Applicant,

The information collected on this form will be kept confidential and anonymised and it will not influence the outcome of your application.

Sex

Please tick

Male

☐

Female

☐

Age

Please tick

60 - 70

☐

71- 80

☐

80+

☐

Ethnic Group

Please tick which category describes you best

White: English/Welsh/Scottish/Northern Irish/British

☐

White: Irish

☐

White: Gypsy or Irish traveller

☐

White: Other White

☐

Mixed Ethnic group: White & Black Caribbean

☐

Mixed Ethnic group: White & Black African

☐

Mixed Ethnic group: White & Asian

☐

Mixed Ethnic group: Other Mixed

☐

Asian/Asian British: Indian

☐

Asian/Asian British: Pakistani

☐

Asian/Asian British: Bangladeshi

☐

Asian/Asian British: Chinese

☐

Asian/Asian British: Other Asian

☐

Black/African/Caribbean/Black British: African

☐

Black/African/Caribbean/Black British: Caribbean

☐

Black/African/Caribbean/Black British: Other Black

☐

Other ethnic group: Arab

☐

Other ethnic group: Any other ethnic group

☐



MEDICAL INFORMATION FORM

To be completed by the applicant's GP

Name (in full) Mr/Mrs/Ms/Miss

Address (in full)

Postcode

Date of Birth

Is the above patient: (Please circle as appropriate)

Physically disabled	YES	NO
Visually Impaired	YES	NO
Hard of hearing	YES	NO
Suffering from memory loss	YES	NO
Prone to falls/trips	YES	NO

If yes to any of the above please give details:

Are there any other health concerns that you feel we should be aware of?
