Date as postmark

Dear Applicant,

# RE: APPLICATION FOR SHELTERED HOUSING

Please find attached an application form for sheltered housing at Hammersmith United Char- ities.

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 bed- room flats and 6 one bedroom fully wheelchair accessible flats

Please ensure that you provide all the information requested and return the completed ap- plication form to:

**Head of Housing & Property** Hammersmith United Charities Sycamore House

Sycamore Gardens Hammersmith London W6 0AS Tel.: 020 8741 4326

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 5 years either immediately prior to the application or during the course of your adult life (proof of residency is required), be on low income and in need of sheltered accommodation.

## 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):

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:

## Financial information

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

*Enter ‘NIL’ where appropriate.*

Amount Per Week

**Pensions and Earned Income**

**Yourself**

**Spouse**

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**

## 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 be- low:

Address:

Value £ Mortgage £

## 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?

## Reason(s) for wanting to move to sheltered accommodation

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 situa- tion 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

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?

## 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 relat- ed:

Name: Relationship to you:

Address:

Tel no:

## Where did you hear about the Charity

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

## 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:

## 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 almshouses are suitably qualified under the terms of the Charity’s governing document. Trustees therefore need to investigate the personal circumstances of applicants. If the application for accommodation is successful, the personal data supplied on this form and other information relating to an almshouse appointment will be held on file for the duration of the appointment as a resident and for two further years. Some details may be checked with relevant organisations, but none will be disclosed for any inappropriate purpose.

If the application is unsuccessful, the application form and all other personal data supplied will be destroyed.

**CONTINUATION SHEET:**

# 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 categorydescribes 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 |