Date as postmark

Dear Applicant,

# RE: APPLICATION FOR ALMSHOUSE FLAT

Please find attached an application form for an Almshouse flat at Hammersmith United Charities.

We have two Almshouses providing sheltered housing for over-60s in Hammersmith

* 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 complete both the application form and ethnicity monitoring form fully and provide all the supporting information requested. The forms and information should be returned to:

**Head of Housing & Property**

Flat 1 John Betts House

Rylett Road

London

W12 9NJ

The three main stages in the process are 1) Application form, 2) Home visit and 3) Interview with the Trustees of Hammersmith United Charities. At each stage we will review the information you provide us to evaluate whether you are eligible for housing with Hammersmith United Charities before proceeding to the next step.

We look forward to receiving your application form.

Yours sincerely,

Hammersmith United Charities

**APPLICATION FORM FOR ALMSHOUSE FLAT**

Hammersmith United Charities (HUC) provides sheltered housing for people aged 60 years or older, who have lived in Hammersmith for 5 years either immediately prior to the application or during your adult life (proof of residency is required), are on a low income and in need of sheltered accommodation.

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.

Please answer all the questions fully and clearly, and then read the declaration at the end of the form before signing. If you have any difficulties completing this form, please contact a Scheme Manager on 0208 600 0650. Once completed, please return the form and supporting information to the Head of Housing & Property.

# Your Personal Details

|  |  |  |
| --- | --- | --- |
| 1. | Your full nameInc. title e.g. Mr, Mrs,Miss, Ms or other |  |
| 2. | Your date of birthDD/MM/YYYY |  |
| 3. | If you live with a partner/spouse, please state: | Partner/Spouse’s name:Partner/Spouse’s date of birth: |
| 4. | Your current address with post code | Address:Postcode: |
| 5. | Your contact details: | Tel No (mobile & landline)Email: |
| 6. | Your National Insurance No: | You Spouse/Partner |
| 7. | Your current Landlord: |  |
| 8. | Length of time at this address: |  |
| 9. | Place of Birth: |  |
| 10. | Your Nationality/Citizenship: |  |
| 11. | Do you have a conviction not spent under the Rehabilitation of Offenders Act 1974? |  |
| 12. | Are you eligible to claim state benefits in the UK? | YES / NO delete as applicable |
| 13. | Have you ever lived abroad?If yes. Please provide details | YES / NO delete as applicable |
| 14. | Please provide details of 5 consecutive years residency as an adult in our area of benefit.Please refer to the initial eligibility criteria for a full list of prescribed areas.You will need to provide evidence to support this information with this application. |  |
| 15. | Please circle one of the following which best describes your current situation. | Council tenant Housing Association TenantRenting privately Tied to your jobStaying with family/friends Other |
| 16. | Please state your monthly rent & service charge | £ |

# Your Finances

|  |  |  |
| --- | --- | --- |
| **17.** | Are you currently employed?Employer?  * **Job Title/Role?** * **Full time/part time?** | YES / NO delete as applicable |
| **18.** | **Please provide details of your monthly income.**  You will need to provide evidence to support this information, with this application. | Salary:  Government state pension:  Private & any other pension: |
| **19.** | Are you/your partner in receipt of any other government benefits? | Pension credit:  Housing Benefit / Council Tax:  Universal credit:  Attendance Allowance: |
| **20.** | Do you/your partner have financial assets that fall under the financial limit £25,000 for single applicant/£45,000 for joint application? | YES / NO delete as applicable  Please list: |
| **21.** | Has there been any significant change in your financial situation in the past 10 years? | YES / NO delete as applicable  Please provide details: |
| **22.** | Your savings & capital | Bank account balance:  Savings account balance:  Post Office account balance:  National Savings Certificates – state date purchased  Premium Bonds  Stocks / Shares / Unit Trusts |
| **23.** | Do you currently or have you previously owned a property? | YES / NO delete as applicable  If yes – please circle:  Own, part own or financial interest in a property  Sold a property (in this country or abroad)  Inherited a property  Transferred ownership of a property (State date & to whom)  Likely to inherit a property |
| **24.** | If you circled any of the above: | Market value of the property:  Amount received for sale of property:  Date & reason for sale: |
| **25.** | Do you have any outstanding debts or CCJ’s including credit cards? | YES / NO delete as applicable  Who is the debt to?  How much is owed?  What is the nature of the debt and how was the debt created?  What payment arrangements are in place? |

# Your health and need for sheltered housing

|  |  |  |
| --- | --- | --- |
| 26. | Are you able to look after yourself and lead a fully independent life? For example, showering, shopping, dressing, preparing meals, cleaning your property. | YES / NO delete as applicable If not, do you currently have a package of care in place? |
| 27. | Do you receive regular help in your home? | YES / NO delete as applicable If yes, please list |
| 28. | Please state if you have any specific medical reasons, you would like to have considered. |  |
| 29. | What is your housing need?Why would you like to come to Hammersmith United Charities?How would you benefit from living here?What are the skills, attitude and experiences you believe you can bring to our community? |  |
| 30. | Under the Immigration Act 2014 we are obliged to check the immigration status of all prospective residents. Please confirm you are entitled to reside in this country and that you can provide appropriate documentation. | YES / NO delete as applicable Evidence provided: |

# How you heard about Hammersmith United Charities

|  |  |  |
| --- | --- | --- |
| 31. | Where did you hear about the Charity? | Please circle:  Advert Leaflet  Poster Word of Mouth  Another agency Social Media |
| 32. | Are you related to, or a friend of, or know of a current resident, staff member of a trustee? | Yes / No delete as appropriate  If yes:  Name:  Relationship: |

# Next of kin

|  |  |
| --- | --- |
| **Please give details of your first and second next of kin, their relationship to you and confirm that they would assist you in the event of an emergency.** | |
| First Next of Kin | Second Next of Kin |
| Name: | Name: |
|  |  |
| Address: | Address: |
|  |  |
| Contact number: | Contact number: |
|  |  |
| Email address: | Email address: |
|  |  |
| Relationship: | Relationship: |
|  |  |
| Frequency of contact: | Frequency of contact: |
|  |  |

# References

|  |  |
| --- | --- |
| **We require contact details for two referees:**   1. **The first referee needs to be someone in a “recognised profession” or a “person of good standing in the community” who has known you for at least three years. For a list of recognised professions, please visit the website address below (shown in blue)**   [Confirming ID: referees - GOV.UK (www.gov.uk)](https://www.gov.uk/government/publications/confirming-identity-countersignatory-and-digital-referees/confirming-id-referees#who-can-be-a-referee)   1. **The second referee should be your current landlord.**   **Your referees will be contacted by HUC in support of your application for accommodation.** | |
| First Referee | Second Referee/Landlord |
| Name: | Name: |
|  |  |
| Address: | Address: |
|  |  |
| Contact number: | Contact number: |
|  |  |
| Email address: | Email address: |
|  |  |
| Relationship: | Relationship: |
|  |  |

# Declaration

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

|  |  |  |  |
| --- | --- | --- | --- |
| Signed: |  |  | |
|  |  |  |  |
| Date: |  |  |  |

# Data Protection Statement

# It is part of the trustees’ responsibilities to ensure that applicants are suitably qualifies 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 and for a further two years. Some details may be checked with relevant organisation, but none will be disclosed for any inappropriate purpose.

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

**CHECKLIST**

|  |  |  |
| --- | --- | --- |
| **Checklist of supporting evidence which MUST be submitted with the completed application form:** | |  |
| 1. | A copy of a form of ID – current or expired passport, photographic driving licence, birth certificate |  |
| 2. | A copy of your most recent council tax demand or electricity, gas or water bill. |  |
| 3. | A copy of your Notice to Quit or Section 21 if you have been asked by your landlord to leave your current property. |  |
| 4. | Copies of statements for all bank accounts for the last 3 months.  The statements should be full statements which include the breakdowns of all incoming transactions, outgoing transactions, and the balance after each transaction. |  |
| 5. | Copies of statements for the last 3 months minimum showing your savings and capital (savings accounts, ISA, Premium Bonds, stocks & shares etc) |  |
| 6. | Medical form completed by your General Practitioner, completed with the official stamp from the practice. |  |
| 7. | Documentation detailing the sale of a property and how those funds have been distributed and spent.  Documents detailing any debts and the payment arrangements in place (if any) |  |
| 8. | Copy of your current Tenancy Agreement / Licence to Occupy. |  |
| 9. | Evidence of proof of residency in one or more of the area of benefit for 5 consecutive years. This can be Tenancy Agreement, Council Tax demands, Utility bills. |  |
| 10. | Any other support information which you would like the trustees to take into consideration to support your application. |  |

**EQUALITY MONITORING FORM**

Hammersmith United Charities (HUC) is committed to valuing diversity and equality and is genuinely opposed to any form of unfair discrimination. To assist us in monitoring and assuring ourselves that these views are upheld by all involved in the admissions process, we would appreciate it is you would answer the following questions. Please complete a **separate form for each applicant.**

All information will be treated in **strict confidence** and is anonymised. It will not influence the outcome of your application in any way.

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 1. | **Gender**  Please circle: | Male | | | | Non binary | | | | | |
| Female | | | | Prefer not to say | | | | | |
| 2. | **Age**  Please circle: | 60-69 years 70-79 years 80+ years | | | | | | | | | |
| 3. | **Ethnic Group**  Please tick against one of the following: | **Asian or Asian British** | | | | | | | | | |
| Bangladeshi | | |  | | | Chinese | | |  |
| Indian | | |  | | | Pakistani | | |  |
| Any other Asian Background  Please specify if you wish | | |  | | |  | | |  |
| **Black, Black British, Caribbean or African** | | | | | | | | | |
| African | | |  | | | Caribbean | | |  |
| Any other Black, Black British or Caribbean background  Please specify if you wish | | |  | | | | | | |
| **Mixed or multiple ethnic groups** | | | | | | | | | |
| White and Black Caribbean | | |  | | | White and Black African | | |  |
| White and Asian | | |  | | |  | | |  |
| Any other mixed or multiple ethnic background  Please specify if you wish | | |  | | | | | | |
| **White** | | |  | | | | | | |
| English, Welsh, Scottish, Northern Irish or British | | |  | | | Irish | | |  |
| Gypsy or Irish Traveller | | |  | | | Roma | | |  |
| Any other White Background  Please specify if you wish | | |  | | | | | | |
| **Other ethnic group** | | |  | | Arab | | |  | |
| Any other ethnic group  Please specify if you wish | | |  | | | | | | |
| 4. | **Sexual Orientation**  Please tick against one of the following: | Heterosexual / Straight | | |  | | | | Bisexual |  | |
| Gay or lesbian | | |  | | | |  |  | |
| Other  Please specify if you wish | | |  | | | | Prefer not to say |  | |
| 5. | **Religion or belief**  Please tick against one of the following: | No religion | | |  | | | | Jewish |  | |
| Buddhist | | |  | | | | Muslim |  | |
| Christian | | |  | | | | Sikh |  | |
| Other  Please specify if you wish | | |  | | | | Hindu |  | |
| 6. | **Disability** | | | | | | | | | | |
| Do you consider yourself to have a disability under the Equality Act 2010?  In the Act a person has a disability if:   * They have a physical or mental impairment * The impairment has a substantial and long-term adverse effect on their ability to perform normal day-to-day activities. | | | | | | | | | | |
| YES | |  | NO | | | | | |  | |

Thank you for completing this form.