Application Form

John Henry Keene Memorial Homes

Registered Charity number: 220807

Clerk to the Trustees

Phone number: 07752 758670

E-mail: clerk@keenehomes.org.uk

The John Henry Keene Memorial Homes provides housing for people in need in accordance with the charity's Governing Document. The charity's entry criteria is for people who have lived in the City of Chelmsford for at least 3 years immediately before applying and are in need.

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

Section 1 – About You

Full name…… Mr/Mrs/Miss/Ms.....

Address.....

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……Post Code.....

Telephone No…… Mobile Number.....

Email Address: ……

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

Date of Birth…… Age……Marital status.....

Employment History - Please give details of your current occupation (if any) and brief details of your employment history……

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Second Applicant

Full name……Mr/Mrs/Miss/Ms.....

Address.....

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……Post Code.....

Telephone No …….. Mobile Number .....

Email Address: ……

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

Date of Birth…….. Age……Marital status.....

Employment History - Please give details of your current occupation (if any) and brief details of your employment history……

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Section 2 – About your Family

Next of kin.....

Relationship.....

Address.....

……

……Post code.....

Telephone No …….. Mobile Number .....

Email Address: ……

Section 3 – About your present home

Type of accommodation (e.g. 3-bedroom house, 2 room flat):

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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 and, if so, how much is outstanding? If there is no mortgage, please write NONE

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If you do not own the property where you currently live, who does own this property?

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Is this person related to you in any way? If **YES** what is the relationship?

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If you, or your spouse, have ever owned the property where you currently live, in what circumstances did you cease to be the owner?

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If rented, please give name and address of landlord:

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Current rent £……per Week/month/4 Weeks (delete as applicable)

Do you receive Housing Benefit or other Benefits to help with housing costs? Yes/No

Do you receive Council Tax discount or reduction? Yes/No

Why do you wish to leave your present accommodation?

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What are your intentions regarding your current accommodation if you are appointed to an almshouse?

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If you or your partner own property other than the one in which you live now, please give details below. This should include property owned abroad as Well as in the UK:

Address…….....

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……Post Code .....

Section 4 – Your Income & Capital

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 frequently you receive them, e.g. Weekly, monthly or annually:

INCOME	**Amount**	**Frequency**
Wages – employed		
Wages – self employed		
State retirement pension		
Pension paid by a past employer		
Private Pension		
Widow's or WidoWer's Pension		
Any other Pension		
Pension Credit		
Attendance Allowance		

PIP		
Universal Credit		
Housing Benefit		
Any other Benefits		
Other Income 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		
CAPITAL – Current Value of Each	**Applicant 1**	**Applicant 2**
Bank Current Account(s)		
Bank Savings Account(s)		
Building Society Accounts		
Shares		
National Saving Certificates		
Unit Trusts		
Premium Bonds		
Other (please state)		

Section 5 – Your Expenditure

To enable the trustees to assess your application, please provide the following information. This should include details of all regular payments from income and how frequently you pay them, e.g. Weekly, monthly or annually:

Expenditure	**Amount**	**Frequency**
Rent		
Gas & Electric		
Water		
Council Tax		
Phones & Broadband		
TV Licence		

Subscriptions (Netflix etc)		
Car tax, insurance & petrol		
Other Regular outgoings (please state)		

Section 6 – Borrowing

Do you have any loans or other debts outstanding? If so, please provide details.

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Section 7 – About your Health and Social Factors

Are you able and willing to live independently and 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 you currently receiving treatment for any illness? YES/NO

If YES, please give details below:

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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? YES/NO

If YES, please give details below:

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Name and address of your GP.....

……..Post Code.....

If you are appointed as a resident and, later, trustees become concerned about your health and/or your ability to continue to live independently they may need to obtain a medical report. It will be a condition of your appointment that you sign a GP Authorisation form to allow for this alongside your letter of appointment.

Do you have a conviction which is not spent under the Rehabilitation of Offenders Act 1974? YES / NO

If 'YES', please provide details:

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Section 8 – References

Please give the names, addresses and email 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.

1..... **2**.....

....

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Post Code..... .....

Email:..... .....

Section 9 – Declaration

I/We have read the charity's Conditions of Entry and believe that I/We am/are eligible to apply to live in one of the charity's almshouses.

I/We declare that the information given in this application is correct and complete to the best of my/our knowledge and belief.

I/We understand that the Trustees would be entitled to terminate any appointment to an almshouse dwelling I/We may be given because of this application, if my answers in this application form are untrue, or misleading in any respect (for example, due to omitting or misstating relevant facts).

I/We have read this application form carefully and agree to abide by it should I/We be appointed to an almshouse.

I/We accept that if I/We am/are appointed as a resident, I/We shall be a beneficiary of the charity and not a tenant. Any weekly sum I/We pay will be a maintenance contribution and not a rent.

I/We confirm that I/We can look after myself/ourselves and to live independently, with the assistance of family and social services if necessary.

I/We consent to my/our GP or other medical attendant providing the charity with a medical certificate or report about my/our health and condition at a future date should I/We be appointed.

I/We consent to the charity holding personal data on this form in accordance with Data Protection Regulations.

I/We agree that the charity may contact me/us by: (Please tick as appropriate.)

☐ email ☐ post ☐ telephone

Applicant One

Signature.....

Name.....
(PLEASE PRINT NAME IN CAPITAL LETTERS)

Date ……

Applicant Two

Signature.....

Name.....
(PLEASE PRINT NAME IN CAPITAL LETTERS)

Date ……

How did you hear about John Henry Keene Memorial Homes?

Please return your **Completed Application and Covering Letter** to:

The Clerk to the Trustees
Helen Carter
The Old Barn
Parsonage Road
Takeley
Bishops Stortford
CM22 6QX