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	<i>Date Received</i>	<i>Number</i>	<i>Interview Date</i>			

HEAP PARKINSON HOMES

Registered Charity No 220129

APPLICATION FOR AN ALMSHOUSE

Applicant 1. (Full Name) Title (eg: Mr/Mrs/Miss).....

Present address

..... Postcode E-mail

Telephone Mobile

Landlord's or Housing Association name and address for references:

Name and Organisation

Address.....

.....

If less than 3 years at the above address please provide:

Previous address:	Landlord's name and address for references:
.....
.....
.....

If less than 3 years at that address please provide:

Previous address:	Landlord's name and address for references:
.....
.....
.....

Present accommodation details

House / Bungalow / Flat	please specify floor level / Mobile Home	
Is it Sheltered?	Yes/No	
Are you living in rented accommodation?	Yes/No	Current monthly rent £.....
Are you living with family or friends?	Yes/No	
Do you pay rent or keep to them?	Yes/No	Amount £.....

Do you own a property?	Yes/No	House / Bungalow / Flat / Mobile Home
Do you own a property abroad?	Yes/No	House / Bungalow / Flat / Mobile Home
Do you have an outstanding mortgage?	Yes/No	Amount £.....
Do you have an Equity Release Agreement?	Yes/No	

Please Provide:

1. A recent estate agent's valuation for **any** property that you own including property abroad.
2. A copy of your latest mortgage statement with your application
3. A copy of your latest Equity Release statement with your application

These should all be less than six months in date

Please state your reasons for applying for an Almshouse, including any special circumstances/disabilities (or attach a separate letter):

Do you own a car?	Yes/No	Do you own a mobility scooter?	Yes/No
Do you have a pet?	Yes (specify)/No		

Next of Kin 1: (not Applicant) Title (eg: Mr/Mrs/Miss).....
 Relationship.....
 Address
 Postcode E-mail address.....
 Telephone Mobile

Next of Kin 2: (not Applicant) Title (eg: Mr/Mrs/Miss).....
 Relationship.....
 Address
 Postcode E-mail address.....
 Telephone Mobile

Character referee: (not related) Title (eg: Mr/Mrs/Miss).....
 Address
 Postcode E-mail address.....
 Telephone Mobile

Miscellaneous

Do you have any outstanding debts? **Yes/No** If Yes, please state for what amount

..... £.....
..... £.....
..... £.....
..... £.....

INCOME: (applicants' combined) (Monthly Income)

Wages £
State Pension £
Occupational Pension £
Other Pension (eg War or Widow's Pension) £

State Benefits: eg Housing Benefit (specify)
..... £
..... £
..... £

Other Income (eg Investment/Interest/Annuity) £

TOTAL Monthly Income £

CAPITAL Holdings/Savings:

Building Society Accounts £
Post Office/National Savings Accounts £
Bank Deposit Accounts £
Pension/Endowment Insurance Policies £
Investments (at market value) £
House (at market value) £
Others: (specify) £
..... £

TOTAL Capital £

Further Details - Applicant 1. (Please note you will be asked to provide some ID)

Name

Date of Birth Nationality

Resident in Skipton area: From To and From To

Religion

Health	<u>General Health</u>	<u>Hearing</u>	<u>Eyesight</u>	<u>Mobility</u>	
Good	<input type="checkbox"/>	Good	<input type="checkbox"/>	Good	<input type="checkbox"/>
Fair	<input type="checkbox"/>	Hearing Aid	<input type="checkbox"/>	Sticks	<input type="checkbox"/>
Poor	<input type="checkbox"/>	Deaf	<input type="checkbox"/>	Frame	<input type="checkbox"/>
				Wheelchair	<input type="checkbox"/>

Are you able to manage stairs? **Yes/No**

Are you able to manage a step into/out of a property? **Yes/No**

Are you able to manage walking up a slope? **Yes/No**

Do you smoke? **Yes/No**

Are you suffering from any medical condition or physical disability? **Yes/No**

Please give details
.....

Do you currently have a care package? **Yes/No** Please give details
.....
.....

Are you able and willing to live independently and look after yourself and your accommodation?
YES/NO

Please give details of any significant illnesses, injuries or operations during the last five years
.....
.....

Your Doctor Telephone No
Practice

Your Social Worker Telephone No

Further Details -

Do you have a Lasting Power of Attorney set in place?

For Property & Financial Affairs **Yes / No**

For Health and Welfare **Yes / No**

Do you have any unspent conditional cautions or convictions under
the Rehabilitation of Offenders Act 1974? **Yes / No**

Please give details
.....

Do you have any adult cautions (simple or conditional) or spent convictions that are not protected as
defined by the Rehabilitation of Offenders Act 1974 (Exceptions) Order 1975 (Amendment) (England
and Wales) order 2020? **Yes / No**

Please give details
.....

I hereby confirm that all the information I have provided is truthful and accurate

Signed by Applicant Date

DECLARATION:-

I/we confirm that the answers written on this form are true.

I/we understand that Heap Parkinson Homes reserve the right to re-possess accommodation which has been obtained by deliberately providing false information or withholding essential information.

I/we confirm that Heap Parkinson Homes will be informed if any of the above information and circumstances change.

I/we understand that if, selected for the accommodation, I/we will be appointed as beneficiaries of the charities. I/we will not be tenants and will have no legal interest in the property.

I/we confirm that I am/we are able to look after my/ourselves, with the assistance of family and social services if necessary.

Signed by Applicant 1..... Date

General Data Protection Regulations

Heap Parkinson Homes as a data controller is committed to the protection and safety of all data, both paper and electronic it collects in order to fulfil the purposes and objects of the Trust and to carry out its lawful business. The Trust understands its responsibilities to protect individuals' rights and interests.

I understand that the details I have provided on this form (my personal data, including sensitive personal data, where appropriate) is processed by the Trust in accordance with its General Privacy Policy under the lawful basis of 'Legitimate Interests' strictly in accordance with the General Data Protection Regulations in order to:

- comply with the law,
- carry out its contractual obligations,
- efficiently administer the business and legitimate interests of the Charities which include, but are not limited to, the provision of housing and grants for the relief of need.

I understand that the Trust are committed to keeping data updated and accurate as changes are informed to it, and that they follow Government Legislation and best practice for the archiving and destruction of data at the appropriate point.

First Applicant Signature Date