



REGISTERED CHARITY NUMBER: 217439

Application Form

ST. LEONARD'S HOSPITAL TRUST

The St. Leonard's Trust is restricted to housing persons in need over 60 years of age who have lived in the area of Newark or the Parishes of Balderton, Elston and Girton for at least three years (or other such requirements of the Governing Instrument).

This application form applies to the following property ONLY. Please amend as appropriate.

The Almshouse is situated at Bishop Alexander / Cottage Homes / Parson's Mount / Main Street

The Almshouse is ground floor / first floor

The Almshouse is warden controlled

The Almshouse is for single / double occupancy

Section 1 – About You

Full name

Mr/Mrs/Miss/Ms.....

Address.....

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

Telephone No.

Mobile Number.....

Length of time at this address.....

Council Tax Band.....

Date of Birth..... Age.....

Marital Status.....

Employment History: Please give details of any occupations you have followed and for how long. Any present occupations should be included:

.....
.....
.....
.....

- About Your Partner

Full name.....

Mr/Mrs/Miss/Ms.....

Address.....

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

Telephone No.

Mobile Number

Length of time at this address.....

Council Tax Band.....

Date of Birth..... Age.....

Marital Status.....

Employment History: Please give details of any occupations you have followed and how long. Any present occupations should be included:

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.....
.....
.....

Section 2 – About your Family

Next of kin..... Relationship

Address.....

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

Telephone No..... Mobile Number.....

Section 3 – About your present home

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

.....

Do you, or your spouse, own it? Yes/No

If 'yes', what is its present estimated value? £.....

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

.....

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

If rented, please give the name and address of the landlord:

.....
.....

Current rent £ per week

Do you receive Housing Benefit? Yes/No

Do you receive Council Tax Benefit? Yes/No

Why do you wish to leave your present accommodation?

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.....
.....

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

.....
.....

Is there a mortgage outstanding on the property and, if so how much is outstanding? If there is no mortgage, please write NONE.

.....

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

Address.....

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

Section 4 – Your Income

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 regularly you received them, e.g. weekly, monthly or annually:

	Amount	Frequency
Pensions 1. State Retirement Pension 2. Pension paid by a past employer 3. Private Pension 4. Widow's Pension 5. Any other Pension		
Social Security Benefits 1. Pension Credit 2. Attendance Allowance 3. Any other benefits		
Other income 1. Annuities 2. Bank Deposit Account 3. Building Society Account 4. Investments 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		

Section 5 – Your Capital

- | | |
|----------------------------------|-----------------|
| 1. Bank Accounts | Current Balance |
| | |
| 2. Building Society Accounts | Current Balance |
| | |
| 3. Shares | Current Value |
| | |
| 4. National Savings Certificates | |
| | |
| 5. Unit Trusts | |
| | |
| 6. Premium Bonds | |
| | |

Section 6 – About your Health and Social Factors

Are you able and willing to look after yourself and your accommodation?

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

Are there any other health or social factors that you would wish the trustees to take into consideration when assessing your application?

Are you receiving continuing treatment for any of the above?

Name and address of your GP.....
..... Post Code

Do you have a conviction which is not spent under the Rehabilitation of Offenders Act 1974? YES / NO
If 'YES', please provide details:

Please note pets are not allowed.

Section 7 – References

Please give the names and addresses of two responsible people (not relatives) who know you well and whom the Charity may approach for a reference.

1	2
.....
.....
Post Code.....	Post Code.....

Section 8 – Declaration

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

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

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

I confirm that I am able to look after myself, with the assistance of family and social services if necessary.

Signature: Date:

Name:
(PLEASE PRINT NAME IN CAPITAL LETTERS)

Data Protection Statement:

It is part of the trustees' responsibilities to ensure that applicants for almshouse 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 but none will be disclosed for any inappropriate purpose. You may access to your personal information on request.

Please return your completed application to: Ms Elizabeth Gamage, The Clerk to the Trustees, 48 Lombard Street, Newark, Nottinghamshire. NG24 1XP

Please note that ALL applicants will be visited by a Trustee prior to further consideration of your application.