

# APPLICATION FORM FOR AN ALMSHOUSE

## Buckingham Almshouses and Welfare Charity

**Secretary:** Miss. K. Phillips, 78 London Road, Stony Stratford, Milton Keynes, MK11 1JH.  
Telephone number 01908 563350, e-mail: karen.phillips440@gmail.com.  
Charity Registration Number: 1161308. Website: www.buckinghamgeneralcharities.org.uk

The Buckingham Almshouses and Welfare Charity has Almshouses which are restricted to housing poor persons of good character who have been resident for the previous two years in the Parish of Buckingham (Buckingham, Gawcott with Lenborough and Bourton) at the time of the appointment.

The completed form should be returned to the Secretary.

**The information contained in this application form will be provided to the Charity in confidence and will not be disclosed to anyone other than the Secretary and the 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 and you having to leave the almshouse.

### Section 1 - About you

Full Name..... Mr/Mrs/Miss/Ms.....

Address and Postcode: .....

..... Tel No:.....

Mobile Number..... Length of time at this Address.....

Council Tax Band.....Date of Birth:..... Age: ..... Marital Status.....

### Section 2 – About your Family

Next of Kin.....

Relationship.....

Address.....

.....

..... Postcode.....

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

Are they able to assist in cases of illness or emergency? YES/NO

**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? £.....

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 rented, please give name and address of landlord:.....

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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?

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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 own a 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.....

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.....Postcode.....

## 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 receive them, e.g. weekly, monthly or annually.

Source of Income	Amount	Frequency
<b>Pensions</b>  1. State Retirement Pension  2. Pension paid by past Employer  3. Private Pension  4. Widow's Pension  5. Any other Pension		
<b>Social Security Benefits</b>  1. Pension Credit  2. Attendance Allowance  3. Any other Benefits		
<b>Other Income</b>  1. Annuities  2. Bank Deposit Account  3. Building Society Account  4. Investments  5. Letting 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 – Health and Social Factors**

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

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.

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Please give details of any significant illnesses, operations, injuries in the past or any current disabilities.

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(Please continue on a separate sheet if necessary)

Are you receiving any continuing treatment, such as medication or attendance at a hospital outpatient department, for any of the above? YES/NO.

If **YES**, please give details.

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Name and address of your GP.....  
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The Trustees may wish to contact your GP to obtain a medical report about you. Please sign and return the enclosed consent form which authorises your GP to provide this information.

Buckingham Almshouses and Welfare Charity is fully committed to compliance with the requirements of the Data Protection Act 1998 and a copy of its policy is available on demand. The medical information we might seek from your GP will be about any past and present illnesses, operations, injuries and disabilities which may have a bearing on your ability to live safely and independently in one of the Charity's almshouses. The information will be held securely and will only be accessed by the Trustees or the secretary to the Charity; it would never be released to any third party.

Are you registered with Bucks Home Choice? If so, please provide your reference number:  
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**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.....
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**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 have read the Charity's Residents' Handbook and agree to abide by it should I be appointed to an Almshouse.

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.....

Name.....

(PLEASE PRINT NAME IN CAPITAL LETTERS)

Date.....

**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 instrument. Trustees, therefore, need to investigate the personal circumstances of applicants. The personal data supplied on this form and any 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 have access to your personal information on request.**