

THE CITY OF WELLS ALMSHOUSES

Application for Accommodation

The City of Wells Almshouses is a charitable trust administered by The City of Wells Almshouses Charitable Incorporated Organisation (CIO). Both are charities registered with the Charity Commission (numbers 1040445 and 1159162 respectively). We are also registered with and regulated by Homes England, as a registered provider of housing.

It is important to note that residents occupy almshouse accommodation as beneficiaries of the Charity, not as tenants. You should consider this carefully before accepting an offer of accommodation and seek legal advice if unsure. Almshouse residents are licensees, and do not pay rent but a Weekly Maintenance Contribution (WMC) to help the Charity cover its running costs. This is treated as the equivalent of rent as far as Housing Benefit is concerned and so help with payments is available if needed.

We need to make sure you are qualified to become an Almshouse resident. Please read the Frequently Asked Questions sheet before completing this form. If you need help to complete the form please contact us. Please complete all sections fully. Failure to provide all the requested information could delay your application.

Your Contact details

Full name:							
Current addres incl. postcode	S						
Home Tel no.:			Mobile:				
Email:							
N.I. number:							
About You							
Your age:		D.O.B:	Place c	of birth:			
Maiden/other n	ames:			Marital	status:		
What is your co	onnection to) Wells?					

About your current finance	es:	
Net wages:	£	
Company pension:	£	
State pension:	£	
Pension Credit:	£	
Universal Credit	£	
Attendance allowance:	£	
Housing benefit:	£	
Other benefits:	£	
Other income:	£	
Details of other income:		
Total weekly income	£	
Expenditure		
Rent:	£	
Heating and lighting bills:	£	
Council tax:	£	
Other living costs:	£	
Balance remaining	£	
Savings (Please state all savings)	£	
Savings:		

About your current	accommodation : (ple	ease tick the relevant boxes)	
Is it: Owned by you	a private rental	rented from family	
Rented from a housing asso	ociation or Local authority		
Other - Please specify			
How long have you lived in	your current home?		
Do you owe rent or service	charges? If so, please detail b	elow:	
	e any legal interest in any othe , including its current value:	er property in the UK or abroad?	
How much is the total amou	nt outstanding on your mortga	ge? If it is paid, please write NONE	
What (if anything) makes yo	our current home unsuitable for	r you?	
Why do you feel almshouse	accommodation would be sui	table for you?	

About your current circumstances

Do you think you may lose your home in the next 12 months? If so, please explain why below:

Please tell us about any health conditions you have: This is important as we are unable to provide care services and residents must be able to live independently. This means that you must be able to cook, do your own shopping and your own cleaning. If you know now that your ability to live independently in the future is likely to change, you must inform us now. This does not necessarily mean that your application will be refused:

	o you receive support from any other services (e.g. NHS personnel, carers, specialist charity workers tc.) If so, please detail below:
A	re you registered disabled? Yes No
Ρ	lease give the details of a health professional who can give a reference for you:
	Name: Job Title:
	Organisation:
	Address:
	Tel :
	Email:

References and Declaration:

Please provide details of two further referees. One should be a person (not related to you) who knows you well and can confirm that you would benefit from our accommodation, the other should be your current landlord or the person whose home you currently live in (if applicable):

Personal reference:	Landlord reference:		
Name:	Name:		
Relationship to you:	Organisation:		
Address:	Address:		
Tel.:	Tel.:		
Email:	Email:		

Declaration: All information given or obtained in connection with this application form will be held by the City of Wells Almshouses in accordance with the General Data Protection regulations. The information contained in this form will be used for the purposes of processing your application for accommodation under the legitimate basis of processing. If you become a resident we will keep this information on file. If you are unsuccessful we will keep it for a maximum of 3 years.

To determine your suitability as a resident we will contact your referees. So that we can do this please provide your consent for us to contact the following people and for them to release information to us about you:

Please tick to provide consent for your health referee.

Please tick to provide consent for your personal referee.

Please tick to provide consent for your landlord or other person you share your home with.

If you wish to withdraw consent please contact the Almshouses. You have certain rights over your data including the right to ask for access, to amend incorrect information and delete it.

Signed:

Date: