



Application Form

THE HOSPITAL OF ST.MARY THE VIRGIN (ALMSHOUSES) RYE HILL AND THOMAS HORSLEY HOUSE

**Business Manager: Thomas Horsley House, 349 Benwell Lane, NE15 6NG
Tel: 0191 274 0136, email: admin@hsmtv.org**

CHARITY NUMBER: 216275

The Hospital of St Mary the Virgin (Rye Hill and Benwell) Almshouses charity provides housing for single men in financial or social need over 50 years of age who live in the area of Newcastle upon Tyne and in **certain** circumstances who live in Tyne and Wear (or such other requirements of the governing document).

Section 1 – About You

Full name

Address.....

.....

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

Telephone No Mobile Number.....

Length of time at this address.....

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:

.....

.....

.....

.....

Please state where you heard about us

.....

Do you carry a donor card? Yes/No

Section 2 – About your Family

Next of kin.....

Relationship.....

Address.....
.....
.....Post code
Telephone NoMobile Number

Section 3 – About your present home

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

Do you 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?
.....

Section 3 – About Your Present Home (continued)

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

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

Current rent £.....per week

Do you receive Housing Benefit

Do you receive Universal Credit? Yes/No

Is it paid direct to you? Yes/No

If Yes How often is it paid? Weekly / Fortnightly / 4 weekly / Calendar Monthly

Do you receive Council Tax Benefit? Yes/No

Why do you wish to leave your present accommodation?
.....
.....
.....
.....

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 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 receive them, e.g. weekly, fortnightly, 4 weekly, calendar monthly or annually:

	Amount	Frequency
Pensions 1. State retirement pension 2. Pension paid by a past employer/forces 3. Private pension 4. Any other pension		
Social Security Benefits <u>LIST ALL BY NAME</u> 1..... 2..... 3..... 4..... 5..... 6.....		
Other Income 1. Annuities 2. Bank Deposit Account Interest 3. Building Society Account Interest 4. Investment Income 5. Renting property or land that you own 6. Grants from a charity 7. Financial assistance from relative/friend 8. Trust Fund Income 9. Any other income – please give details		

Section 5 – Your Capital, Assets and Savings

1. Bank, Building Society, Post Office accounts or any other savings in cash

State balances here.....

2. Any other Savings: ISA'S, NSC'S, Shares, Unit Trusts, Bonds etc.

.....

.....

.....

3. Your assets that you own (no finance o/s) such as cars/caravans etc

.....

Section 6 – About your Health

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

Please give details of any significant illnesses, allergies, 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?

.....

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.....

Are you receiving continuing treatment for any of the above?

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.....

Name and address of your GP.....

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

The charity will wish to write to your GP asking him to complete a medical certificate. Please sign and return the enclosed form in which you authorise your GP to provide us with medical information about you.

Section 7 - Social Factors

Do you have any convictions which are not spent under the Rehabilitation of Offenders Act 1974?
YES / NO

If 'YES', please provide details:

.....

.....

.....

The Charity may apply for a DBS check before you are accepted

Do you understand that this may be done and do you give permission? Yes/No

If No, please explain why you feel this check should not be done

.....

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Section 8 – 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.....

Section 9 – 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.

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

I confirm that I have read, understood and if necessary explained my reasonings in:-

Section 7 - Social Factors

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 document. Trustees, therefore, need to investigate the personal circumstances of applicants and may ask to see bank statements and other financial documents

By completing and signing this form you are confirming that you are consenting to The Hospital of St Mary The Virgin holding and processing your data and communicating with you in connection with all issues relating to your potential occupancy. We must assume you have informed those named on this form and that we may need to contact them.

Where you do not grant consent to hold data or to contact you we will not be able to hold or contact either you or those named on this form, except in certain limited situations, such as where required to do so by law or to protect members of the public from serious harm.

We will not share this data with anyone else without your prior consent.

You can withdraw or change your consent and/or contact details at any time by contacting the Business Manager at Thomas Horsley House, Benwell Lane, Newcastle upon Tyne, NE15 6NG or admin@hsmtv.org

Please note that processing of all personal data will cease once you have withdrawn consent, other than where this is required by law, but this will not affect any personal data that has already been processed prior to this point.

Please return your completed application to: The Business Manager, Hospital of St Mary the Virgin, Thomas Horsley House, 349, Benwell Lane, Newcastle upon Tyne, NE15 6NG.

APPLICATION FOR: Thomas Horsley House - Yes/No AND/OR Rye Hill - Yes /No

Please return this form to the Business Manager at the address at the top of this form.