



Ewelme Almshouse Charity

Application for Admission as a Resident

The Ewelme Almshouse Charity, Cloister Cottage, Burrows Hill, Ewelme, OX10 6HR

All information supplied is treated confidentially and is used solely for the purpose of reviewing and assessing the application.

1. About you

Full Name	
Current Address	
Phone Number: Mobile Number:	Email Address:
Date of Birth:	Age:
Marital Status (single, married, widower, widow, other):	
Employment History (previous occupations)	

2. About your family

Name of your Next of Kin	
Relationship to you	
Address	
Telephone No	
Mobile No	
Email Address	

3. About your support network

We ask you to provide details of two individuals you can call on who will be able to assist you in an emergency. These individuals do not have to be your Next of Kin, but they do have to live within 60 minutes of the almshouse site (Ewelme or Marsh Gibbon) that you are applying for.

They MUST be from separate households and must not be staff or Trustees of the Charity.

Name	
Address	
Telephone No	
Mobile No	
Email Address	
Relationship to you	
Age	

Name	
Address	
Telephone No	
Mobile No	
Email Address	
Relationship to you	
Age	

4. About your current home

What type of accommodation is it (flat, 2-bed house, bedsit, hotel)	
How long have you resided at this address?	
Do you or your spouse own it?	
If YES what is the present estimated value?	
If you are homeless, please give as much detail as you can as to how, when and for how long you have been without a home. Please continue in 10 – <i>Supporting Information</i> if necessary.	
Is there a mortgage outstanding on the property, and if so, how much is outstanding? If there is no mortgage, please write NONE.	
Do you or your spouse own property other than the one you live in? Is so, please give details below and include any property abroad.	
Please provide details of any property you have owned within the last twenty years. Please include the sale value, date of sale and information on the disposal of the proceeds (where applicable).	
Have you ever gifted or transferred ownership of a property or share of a property to a family member or other person? Is so, please provide further details.	

Have you made an individual monetary gift of over £1000 to family or friends in the last ten years? If so, please provide further details.

If you do NOT own the property where you currently live, please provide details of the landlord and their address.

Is the owner of the property related to you in any way? If so, how.

How long have you lived at this property (if it is less than 10 years, please provide details of the last two rental properties you have lived in and your duration in each)

What is your current rent per week/month?	
What is your current Council Tax Band?	
Why do you wish to leave your current property?	
If you were appointed to an almshouse, how much notice are you required to give / how do you intend to dispose of your current home?	

5. About your income

It is expected that most applicants for an almshouse will be eligible for or in receipt of Housing Benefit. If your Application is successful, we will ask to see evidence of Housing Benefit eligibility.

Are you in receipt of the following:	Delete as Appropriate	Amount and Frequency
Housing Benefit	Yes / No	
Pension Credits	Yes / No	

If you are not eligible for, or in receipt of Housing Benefit, please complete the below section as fully as possible. The more information you are able to provide, the easier it is for us to make an assessment of your eligibility.

Income	Amount	Frequency (weekly, monthly, yearly)
PENSIONS		
1. State Retirement Pension		
2. Occupational Pension		
3. Private Pension		
4. Widow / Widower's Pension		
5. Other Pension		
BENEFITS		
1. Attendance Allowance		
2. Universal Credit		
3. Carer's Allowance		
4. Other		
OTHER INCOME		
1. Annuity – please specify if this is fixed, variable or indexed.		
2. Interest from Bank Deposit Accounts		

3. Interest from Building Society Account		
4. Investments		
5. Rents from property or land you own		
6. Grants from a charity		
7. Financial assistance from a friend / relative		
8. From a Trust Fund		
9. Other – please give details		

6. About your capital and borrowing

Bank Accounts (Present Balance)	
Building Society or Savings Account (Present Balance)	
Cash ISA (Present Value)	
Shares (Present Value)	
National Savings & Investments (Current Value)	
Unit Trusts (Current Value)	
Premium Bonds (Amount held)	

Do you have loans or other debts outstanding? If so, please provide details.

7. About your health

Are you able to live independently and look after yourself?
Please give details of any significant illness or operations in the last five years.
Are you currently receiving treatment for any illness? If so, please give details.
Are there any other health or social factors you wish the Trustees to take into consideration? If so, please give details.
Name and address of your GP

8. Almshouse Information

Please provide details of any connections you have to the Charity's estates in Ewelme (Oxfordshire), Marsh Gibbon (Buckinghamshire) or Ramridge (Hampshire)?
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What is your almshouse preference?	
The Cloisters, Ewelme	
Suffolk House, Ewelme	
Suffolk Court, Marsh Gibbon	

Do you have a car, mobility scooter or other vehicle?

Do you smoke or vape (please note, smoking/vaping is prohibited in all the almshouses)?

Do you have a Conviction which is not spent under the Rehabilitation of Offenders Act 1974? If so, please provide details.

How and where did you hear about Ewelme Almshouse Charity?

CONFIDENTIAL

9. References

Please provide the names and contact details of two people who know you well (and are not relatives) and that Ewelme Almshouse Charity can approach for a reference. If you are currently renting, one of the references must be from your current landlord. Please indicate how you know the referees.

Name and Contact Details	Name and Contact Details
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10. Supporting Information

Please provide further details of why you think you are eligible for an almshouse, why you wish to be considered for one and why you might benefit from living in an almshouse.

11. Declaration

I have read the Charity's Guidance for Applicants and believe that I meet the beneficiary criteria 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 understand that the Trustees would be entitled to terminate any appointment to an almshouse dwelling should the information I have given be untrue or misleading in any respect (for example, due to omitting or misstating relevant facts).**

I understand that the Charity may request to see copies of bank statements and any other financial documents related to the information I have provided above.

I agree to abide by the terms of the Charity's Rules of Residency should I be appointed to an almshouse.

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 and to live independently, with the assistance of family and social services if necessary.

I consent to my GP or other medical attendant providing the Charity with a medical certificate or report about my health and condition now or at a future date in accordance with the terms of the Medical Questionnaire.

I consent to the Charity holding personal and sensitive data relating to me and my personal circumstances in accordance with the General Data Protection Regulations (GDPR).

I understand that I have the right to request access to the information that is held by the Charity relating to my data. I understand that I have the right to decline to provide information requested within this form.

The Charity is obliged to check the immigration status of prospective residents and will need to see proof of identity such as passport or driving licence.

Name:

Signature:

Date:

Data Protection Notice

If you are appointed as a resident, the Trustees of the Ewelme Almshouse Charity will use the information in sections 1, 2 and 3 on this Application Form in the event of an emergency or other situation when we need to contact your representatives or a key holder. From time to time, we will provide a copy of the information for you to check.

This information will also be supplied to Call Care who provide the monitoring station for the alarm system; they will use the information if your call on the alarm system is handled by them.

All other information provided in support of the Application will be treated in the strictest confidence.

The Trustees reserve the right to use the information on this Application Form if at any time your appointment as a beneficiary of the Charity is reviewed.

If you are appointed as a beneficiary of the Charity, the Application Form will be retained for as long as you are a Resident and then destroyed.

If the application is withdrawn or not accepted the Application Form will be retained for 12 months and then destroyed.