HORNCHURCH HOUSING TRUST

Almshouses established in 1586 Registered Charity No.247236

33 Skeales Court, Sunrise Avenue, Hornchurch, Essex. RM12 4YA

Telephone: 01708 477799 Email: [hornchurchhousing@btconnect.com](mailto:hornchurchhousing@btconnect.com)

**Conditions of Entry**

Hornchurch Housing Trust Charity provides housing normally only for people over the age of 55 who have lived in the parish of Hornchurch in Essex or the wider London Borough of Havering for at least 2 years and are in sufficient need, hardship or distress requiring support.

**Application Form**

**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 in the past 10 years and for 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):

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

If **‘yes’**, what is its present estimated value? £..........................................................................................

If **‘yes’**, is there a mortgage outstanding on the property and if so, how much is outstanding?

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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 month

Do you receive Housing Benefit or other Benefits to help with housing costs Yes/No

Do you receive Council Tax Benefit/discount Yes/No

Do you own a vehicle? Yes/No

Why do you wish to leave your present accommodation?

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

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………………………………………………………………………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, monthly or annually:

|  |  |  |
| --- | --- | --- |
|  | **Amount** | **Frequency** |
| **Pensions**   1. State retirement pension 2. Pension paid by a past employer 3. Private pension 4. Widow’s or Widower`s pension 5. Any other pension |  |  |
| **Employment or self-employment**  Please explain type of employment and hours of work.  You will be required to bring evidence of earnings such as payslips or proof of earnings to your interview. | **Amount** | **Frequency** |

|  |  |  |
| --- | --- | --- |
| **Social Security Benefit**   1. Pension Credit 2. Attendance Allowance 3. Universal Credit 4. Housing Benefit | **Amount** | **Frequency** |
| **Other Income**   1. Annuities 2. Bank Deposit Account 3. Building Society Account 4. Investment 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 | **Amount** | **Frequency** |

**Section 5 – Your Capital**

1. Bank accounts: Current Balances of all accounts

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2. Building Society accounts: Current Balances of all accounts

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3. Shares: Current Value

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4. National Savings Certificates: Value

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5. Unit Trusts: Current Value

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6. Premium Bonds: Amount held

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**Section 6 – About your Health and Social Factors**

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

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

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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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Are you receiving continuing treatment for any of the above?

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Name and address of your GP...................................................................................................................

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………………………………………………………………..Post Code..........................................................

Do you have a conviction which is not spent under the Rehabilitation of Offenders Act 1974? YES / NO

This information will be processed solely for the purpose of this application.

If ‘YES’, please provide details:

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

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…………………………………………………......…………….. .................................................................................

Post Code……………………….……………......….......... Post Code..................................................................

**Section 8 – Declaration**

I have read the charity’s Conditions of Entry 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 I may be given as a result of this application, if my answers in this application form are untrue, or misleading in any respect(for example, due to omitting or misstating relevant facts).**

I accept that if I am appointed as a resident I shall be a beneficiary of the charity and not a tenant. Any sums I pay will be maintenance contributions and not rent.

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

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.

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. 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 have access to your personal information on request. For more details on how we use your personal data, please refer to the Privacy Policy on our website:

Hornchurchhousingtrust.org.uk

Please return your completed application to:

The Operations Manager

Hornchurch Housing Trust

33 Skeales Court

Sunrise Avenue

Hornchurch

Essex

RM12 4YA