



The Hartley Trust

Charity Registration Number: 226021

Application For Almshouse Accommodation

Please read the information below before completing this form to confirm that you meet the necessary criteria.

Selection is based on peoples need and you should be:

- Over the age of 60 (not necessarily retired from employment) over 55 for applicants who are interested in an almshouse at Jesus Hospital, Bray.
- Capable of independent living.
- Have resided in England and Wales, but with a preference for those that have lived in Berkshire or Oxfordshire.
- Are experiencing financial hardship or housing difficulties.

Data Protection Statement: It is part of the Trust's responsibility to ensure that applicants for Almshouses are suitably qualified under the terms of the Trust's governing document. The Trust, therefore, needs to investigate the personal circumstances of applicants.

- The Trust complies with the regulations for data security under the General Data Protection Regulations (GDPR).
- The data we collect has been classified as Sensitive Data under Article 9 of GDPR.
- We have procedures and policies in place to protect the collection and storage of this data. The personal data supplied on this form and other information relating to an Almshouse appointment or your health and welfare will be held on file.
- Some details may be checked with relevant organisations since the Trust reserves the right to investigate and verify what you write on this form. No details will be disclosed for any inappropriate purpose. You may have access to your personal information on receipt of a written request.
- A copy of photo ID is required. You may be asked to provide a credit check statement which can be obtained from on Experian. You will need to provide evidence of your right to reside in the UK.

Please Note

- An assessment of your total income will be undertaken to determine need.
- Smoking is not permitted in our homes.
- Residents are not permitted to keep animals

Section One - About you

Please circle your preferred location: **Bray/Bucklebury/Donnington/Iffley**

	Applicant 1	Applicant 2
Mr/Mrs/Miss/Ms/Other		
Last Name		
First Name		
Date of Birth		
Address		
Postcode		
Length of time at this address		
Previous Address (if less than 3 years)		
Postcode		
Mobile Number		
Email Address		
Telephone Number		
National Insurance Number		

Section Two - About your Current Home

	Applicant 1	Applicant 2
Do you own the home you reside in?		
If you do own your home, what is the estimated present value?	£	£
Do you have an outstanding mortgage, if so how much?	£	£
What are your intentions regarding your current property if you are appointed to an Almshouse?		
Do you rent the home you are living in?		
If you rent your home, how much is your monthly rent	£	£
Who do you rent from: (Please circle if appropriate)	Private Landlord Family Social Housing	Private Landlord Family Social Housing
Do you share? (Please circle if appropriate)	Kitchen Bathroom None	Kitchen Bathroom None
Do you live in? (Please circle if appropriate)	House Bungalow Flat Mobile Home Other (Please describe)	House Bungalow Flat Mobile Home Other (Please describe)
How long have you been living in your current home?	Years and months	Years and months

Section Three - Health and Social Factors

Circle as many boxes as you feel applicable

	Applicant 1	Applicant 2
General Health	Good Fair Poor	Good Fair Poor
Hearing	Good Fair Hearing impaired	Good Fair Hearing impaired
Eyesight	Good Fair Poor Visually impaired Vision profoundly impaired	Good Fair Poor Visually impaired Vision profoundly impaired
Mobility	Good Poor Frame Walking sticks Grabrails needed Fair Wheelchair Handrails needed	Good Poor Frame Walking sticks Grabrails needed Fair Wheelchair Handrails needed
Do you have any disabilities? If Yes, Please give brief details		

Section Three - Continued

	Applicant 1	Applicant 2
<p>Are you currently undergoing or awaiting any medical treatment</p> <p>If Yes, please give brief details</p>		
<p>Can you detail any physical or mental disabilities you experience and how they might impact upon your living in our accommodation independently?</p> <p><i>If None please write NONE</i></p>		
<p>Do you currently have a care package?</p> <p>If Yes, please give brief details</p>		
<p>Can you provide details of any significant illness, operations or mental health issues during the last 5 years?</p> <p><i>If None please write NONE</i></p>		
<p>Do you smoke?</p>		
<p>Do you drive?</p> <p>If yes, do you own a car?</p>		
<p>Have you ever had a criminal record?</p>		
<p>Do you work? If yes, is this full time/part time/volunteer</p>		
<p>Have you Applied to any of the following for housing currently? (Please circle if appropriate)</p>	<p>Social Housing</p> <p>Private Landlord</p>	<p>Social Housing</p> <p>Private Landlord</p>

Section Four - About your family

Next of Kin

	Applicant 1	Applicant 2
Name		
Address		
Postcode		
Telephone Number		
Email Address		
Relationship to you		

Other relatives or friends who live in or near Berkshire or Oxfordshire

	Applicant 1	Applicant 2
Name		
Address		
Postcode		
Telephone Number		
Email Address		
Relationship to you		

Wills and Power of Attorney

Have you made a will?		
Have you granted Power of Attorney to anyone?		

Section Five - About your Income

	Applicant 1	Applicant 2
Pensions (Monthly)		
State retirement pension	£	£
Pension paid by a past employer	£	£
Private Pension	£	£
Widow's or widowers' pension	£	£
Any other Pension	£	£
Social Security benefit (Monthly)		
Housing Benefit	£	£
Pension Credit	£	£
Attendance Allowance	£	£
Universal credit	£	£
Any other benefits	£	£
Other Income (Monthly)		
Annuities	£	£
Bank/Building Society account	£	£
Investments	£	£
Renting property or land that you own	£	£
Grants from a charity	£	£
Financial assistance from friend/relative	£	£
Financial assistance from a Trust fund	£	£
Any other income Please provide detail	£	£
Employment or self-employment Please explain type of employment and hours of work.		

Section 6 - About your Capital

Type: Current balance/current Value

	Applicant 1	Applicant 2
Bank Accounts	£	£
Building society account	£	£
Shares – current value	£	£
National saving certificates	£	£
Unit Trusts – current value	£	£
Premium Bonds – current value	£	£

Section 7 – Reasons for wanting to move into Trust accommodation

Section Eight - Personal References (Not family)

	Applicant 1	Applicant 2
Reference one		
Mr/Mrs/Miss/Ms/Other		
Name		
Address		
Postcode		
Relationship to you (if any)		
Telephone number(s)		
Email Address		
Reference Two		
Mr/Mrs/Miss/Ms/Other		
Name		
Address		
Postcode		
Relationship to you (if any)		
Telephone number(s)		
Email Address		

Section Nine - Declaration and Medical Consent Form

- I understand the Hartley Trust conditions of entry which are as follows
 - Aged 60 years or over (55 or over at Jesus Hospital)
 - Capable of independent living
 - I do not smoke or have any pets
- I declare that the information provided in this application is correct and complete to the best of my knowledge and belief.
- I understand that the Trust would be entitled to terminate any appointment to an almshouse I may be appointed to 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. The weekly sum that I pay will be a maintenance contribution and not rent.
- I confirm that I can look after myself and live independently, with the assistance of family or other agencies if necessary.
- I consent to my GP or other medical advisor providing the Trust with a medical certificate or report about my health and condition now or at a future date, in accordance with the attached form of authority.
- I consent to the Trust holding personal and sensitive data relating to me and my personal circumstances under the General Data Protection Regulations (GDPR).
- I understand that I have the right to request access to the information that is held by the Trust relating to my data.
- The Trust is obliged to check the immigration status of prospective residents and I have given my National Insurance number on the form as proof of residence.

Applicant One	Applicant Two
Signature	
Please print name (capital letters)	
Date	

Medical Consent Form (Applicant 1)

Please provide the name, address and telephone number of your GP:

Practice Name
Address
Postcode
GP name
Telephone Number(s)

May we approach your GP(s) if medical information is required concerning your suitability for Almshouse accommodation?

Yes No

Signed: _____ (applicant 1)

Medical Consent Form (Applicant 2)

Please provide the name, address and telephone number of your GP:

Practice Name
Address
Postcode
GP name
Telephone Number(s)

May we approach your GP(s) if medical information is required concerning your suitability for Almshouse accommodation?

Yes No

Please note: We can only consider your application if you agree to allow the Trust to approach your GP. We only require information about whether, in the GP's opinion, you are able to look after yourself independently and, if not, the level of care you require. Our Welfare officers cannot provide nursing and personal care.

Signed: _____ (applicant 2)

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Please sign to confirm your understanding and consent to the above process.

Applicant One	Applicant Two
Signature	
Please print name (capital letters)	
Date	

This form must be completed in full

Please post or email your completed application form to:

The Trust Office
 1 Groombridge Place
 Donnington
 Berkshire
 RG14 2JQ

Tel: 01635 551 530 Email: office@hartleytrust.org

<u>For office use only</u>	<u>Seen by</u>
Photo ID	
Landlord reference received	
Other references received	
Credit check (if required)	
Bank Statements	
Proof of benefits	
Proof of right to reside in UK	