

WILLIAM BUCKWELL MEMORIAL ALMSHOUSES

58 Godstone Road, Lingfield, Surrey RH7 6BT

APPLICATION FORM FOR VACANT UNIT

The William Buckwell Memorial Almshouses Charity is restricted to housing persons of limited means who reside either within the Parishes of Lingfield and Dormansland Felbridge Crowhurst or Horne Surrey or in the London Borough of Lewisham (with preference being given to those persons resident in the former Metropolitan Borough of Deptford). The minimum age for a resident at the time of taking up occupation is **60** years although in the case of a married couple the age qualification would be satisfied if one spouse were to be 60 years of age or over and the other **55** years of age or over.

1. PERSONAL DETAILS

FULL NAMES OF APPLICANT:

DATE OF BIRTH:

RELATIONSHIP (between Applicants):

EMPLOYMENT STATUS (Employed/Retired):

OCCUPATION (if applicable):

CURRENT ADDRESS:

Telephone No:

Email address:

NUMBER OF YEARS RESIDENT AT CURRENT ADDRESS :

NAME AND ADDRESS OF TWO REFEREES; these must be people who have known you for more than two years (other than family):

First Referee

Name:

Address:

Second Referee

Name:

Address

How long known years

How long known years

1. FIRST NEXT OF KIN (please provide details of your primary Next of Kin)

NAME :

Relationship :

ADDRESS OF NEXT OF KIN:

TELEPHONE NO. :

Would they assist in case of illness or emergency?

SECOND NEXT OF KIN (please provide details of a secondary Next of Kin)

NAME:

Relationship:

ADDRESS OF NEXT OF KIN:

TELEPHONE NO.:

Would they assist in case of illness of emergency?

2. FINANCIAL INFORMATION:

To enable the Trustees to assess your application, please provide the following information:

Net Income Please answer all questions. Enter 'NIL' where appropriate.

		Amount Per Week (or Month) please specify	
		Yourself	Spouse
Pensions	State Retirement Pension		
	Widow's Pension/Widow's Allowance		
	Industrial Injuries Disablement Benefit		
	War Disablement Pension		
	War Widow's Pension		
	Superannuation		
	(Pension from former employer)		
	Widow's Pension from Late Husband		
	Employment Pension		
	Pension Credit		

Allowances/ Benefits	Attendance Allowance		
	Mobility Allowance		
	Invalid Care Allowance		
	Severe Disablement Allowance		
	Disability Living Allowance		
	Incapacity Benefit		
	Income Support		
	Housing Benefit		
	Council Tax Benefit		

Other	Maintenance Received by Yourself		
	Voluntary or Charitable payments received		
	Rental home from any property		
	Employment – salary for current employment		

Any other income – Please detail

3. SAVINGS AND CAPITAL:

To enable the Trustees to assess your application, please provide the following information:

Net Income Please answer all questions. Enter 'NIL' where appropriate.

	Amount £	
	Yourself	Spouse
Bank Accounts		
Post Office Accounts		
Building Society Accounts		
National Savings Certificate (please state date bought)		
Premium Bonds		
Redundancy Payment (if in last twelve months)		
Cash – this includes any cash held at home		
Any other capital – give details		
Stocks/shares/unit trust – please give current value or state name of companies and number of stocks/shares held on a separate sheet of paper.		

4. LIABILITIES AND OUSTANDING DEBTS:

Details of Debt	Amount Owed £

If you or your partner own property other than the one you live in, please give details below:-

ADDRESS

VALUE £ MORTGAGE £

5. PRESENT ACCOMMODATION:

House / Flat / Bungalow / Mobile Home (Delete as applicable)

Do you or your spouse own your present accommodation? **YES / NO**

If **YES**, what is the present estimated value of the property? £

Please give a very simple description of the property you own

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What are your intentions regarding this property if you are offered an Almshouse?

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How much money do you still need to repay on a mortgage associated with this property? If there is no mortgage on the property, please write **NONE**.

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If **NONE** i.e. 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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Please confirm current rent you pay: £ Weekly/Monthly (delete as applicable)

6. HEALTH & SOCIAL FACTORS

Please complete the separate Health Questionnaire.

Our governing instrument states that residents should be of good character and so we need to ask if you have any criminal convictions. A conviction will not automatically exclude you from being considered as an applicant but Trustees need to be fully aware of your circumstances. Do you have any criminal convictions?

YES/NO (delete as applicable) If **YES**, please state

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7. CERTIFICATION

I certify that the details above are correct to the best of my knowledge and belief and that this application is submitted in good faith. I confirm that I am able to look after myself, with the assistance of family and social services if necessary. I accept that if I am appointed as a resident, I shall not be a tenant. Any weekly sum I pay will be a maintenance contribution and not a rent.

Signed

PRINT NAME IN CAPITAL LETTERS ALSO

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Date

Date 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 instrument. 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.

Please return to:

Mrs Laura Jackson via either:

- *Email: info@wbma.co.uk*
- *Address: Burstow Lodge Cottage, Rookery Hill, Outwood, Surrey RH1 5QZ*