

Application for Residence

in Almshouses owned by Isleworth & Hounslow Charity Ltd

Isleworth & Hounslow Charity Ltd provides housing for people in housing need and financial need who are currently resident in the London Borough of Hounslow and who have lived in the London Borough of Hounslow for at least the last two years.

Please note that this application form must be completed in full. If there are any sections left blank this may affect your application being processed. If a section does not apply to you please state N/A.

This application form is to apply for

(Office Use Only)

Personal details

Your full name and title		
Your maiden name (if appropriate)		
Your age		
Your date of birth		
Your place of birth		
Your gender		
Your marital status		
Your landline telephone number		
Your mobile telephone number		
Your email address		
Your national insurance number		

Personal details

Are you a UK national? No Yes Are you or have you ever been an asylum seeker? No Yes Do you have leave to remain in the UK? No Yes If you are an asylum seeker, what is your status? Have you ever been evicted from a property? Yes No If yes, please give details Have you retired from employment? Yes No If yes, please give details of your former employment. If no, please give details of your present employment and whether it is full time or part time.

Spouse's details

Spouse's name
Spouse's maiden name
Spouse's age
Spouse's date of birth
Charrage at hinth
Spouse's place of birth
Spouse's gender
opouse a gender
Spouse's national insurance number
Has your spouse retired from employment?
Yes No
If yes, please give details of your spouse's former employment.
If no, please give details of your spouse's present employment and whether it is full time or part time.

Your current accommodation

Address and postcode	Please indicate the type of accommodation you currently live in.
	House
	Bungalow
How long have you lived in the London Borough of Hounslow?	Room in a shared house
	Studio flat
How long have you lived at the above address?	1/2 bedroom flat with warden control / sheltered accommodation
	1/2 bedroom flat without warden control
If less than two years at this address, please give the last two previous	Other (Please state)
addresses. First previous address	
That previous address	Are you renting your current accommodation?
	Yes No
How long did you live at this address?	If yes, are you a
	Council tenant?
Please give the landlord's name.	Housing Association tenant?
Second previous address	Private tenant?
	Living in a property tied to your job?
	Living with relatives or friends?
How long did you live at this address?	Other? (Please state)
Please give the landlord's name.	

Your current accommodation

Please give a short description of your current property.	Does anyone live with you at your current address?
	Yes No
Please give the name and address of your landlord.	If yes, who and why? Please state their full name, age, relationship to you, whether employed or in education and their weekly contribution to the household (£)).
Are you related to your landlord?	
Yes No	
If yes, please confirm the relationship.	
What sort of tenancy are you on and when does it expire?	
	Have you made an application to any other housing providers, including the Council,
What is your notice period?	for accommodation? Yes No
If you have different housing arrangements, tell us what they are.	If yes, please give details of the housing provider, the date of your application and the housing provider's response.
What is your weekly rent?	
	Are you currently on Hounslow Council's waiting list?
How many rooms do you occupy?	waiting list:
	Yes No
Do you share the kitchen?	If yes, how long have you been on the waiting list?
Yes No	
Do you share the bathroom?	What is your reference number?
Yes No	This is your fold fold flambor:

Your current accommodation

What is your Council Tax band?	What are your intentions regarding this
	property, if you were offered an almshouse?
Do you own the property you are currently living in or any share in it?	
Yes No	Do you own any other properties or have an interest in any other properties in the UK or abroad?
If yes, what proportion do you own?	Yes No
How long have you owned the property?	If yes, please give details.
Are you the sole owner?	
Yes No	
If not, please give details of the co-owners.	Are you on the electoral register?
	The year on the electeral register.
	Yes No
What is the current market value of your property?	If yes, at what address are you registered?
What is left to repay on a mortgage associated with this property?	
	Have you ever been served with an Anti-
How much would you expect to receive from the sale proceeds after the repayment	Social Behaviour Order (ASBO)?
of the mortgage and associated expenses?	Yes No
	If yes, please give details.
What is your present mortgage repayment per month?	

Reason for application

Are you in immediate need? Yes No	the reasons for your application. Please give any special circumstances. Please
Are you (please tick all the boxes that apply to your situation)	answer this question as fully as possible, telling us why you need to move from where you are currently living.
About to be made homeless? Unable to afford your current accommodation?	In addition, please give detailed information about any mobility issues and needs, if applicable. The more information you give us, the better.
Sharing with others?	Please continue on a separate sheet if necessary.
Unable to maintain your property?	
Finding your present home unsuitable?	
In accommodation that is too large?	
Subject to harassment/vandalism/break-ins?	
Suffering from ill health?	
Wishing to be part of a community?	
Lonely or isolated?	
Wishing to move nearer to relatives (please provide their relationship to you and their name and address)?	
Other reason (please state)?	

Your finances **Reason for application** (continued) Weekly Income for your household (list all income for both you and your spouse/ partner). **Universal Credit** Housing Benefit Local Housing Allowance Council Tax Benefit Income Support Job Seeker's Allowance Employment & Support Allowance **Incapacity Benefit** Statutory Sick Pay Disability Living Allowance Attendance Allowance Carer's Allowance Working Tax Credit Child Tax Credit Child Benefit Help with Childcare Costs Child Maintenance State Pension Occupational/Private Pension **Pension Credit** Wages/Salary Other Income (details below) Weekly total

Amount of savings

Your finances

Weekly Expenditure for your household		If you receive any other incon example, grants from a charit	`
Rent		assistance from relatives or from please give full details of the in	iends),
Mortgage		source and the weekly amour receive.	
Council Tax			
Water Rates			
Gas			
Electricity			
TV licence		Please provide details of all y and savings.	our capital
Landline telephone		Name(s) of each bank or build account and the total current	,
Mobile telephone		Bank or building	Current
Vehicle fuel		society name	balance
Food			
Household items			
Clothing			
Household Insurance			
Debts: Loans			
Credit Cards		Total amount in Post	
Arrears		Office account	
Utility debts		Total amount in ISAs	
Other debts		Total amount in Premium Bonds	
Other expenditure (Details below)		Any other accounts not	
Weekly total		mentioned above (please state)	
			J

Your finances

Do you or your spouse have any shares in a business? Yes No	If so, when and what was the property valuation and the circumstances of the transfer?
If yes, please give details	
	Do you or your spouse have a financial
	share in any family property?
Do you or your spouse have any other assets (e.g. holiday home, caravan, boat etc.)	Yes No
Yes No	If yes, what is the value of your share?
If yes, please give details and approximate valuation.	In the past 10 years have you or your spouse made any gifts to members of your family or friends of amounts greater than £1000?
In the past 10 years have you or your spouse sold a property either in this country or abroad?	If yes, please list the date, recipient's name and amount of each gift.
Yes No	
If yes, on what date did you sell the property and what were the proceeds of the sale?	
In the past 10 years have you or your spouse transferred ownership of any property to relatives of friends?	
Yes No	

Your finances

Do you have any dependants?	Is there anything else to do with your or
Yes No	your spouse's income, assets or savings that we should know, such as change that
	is likely to happen soon, for example,
If yes, please give details.	retiring from work or inheriting money? Please note that if you do not give us full
	information on this form, it may delay
Do you currently support any dependants?	processing your application.
Do you currently support any dependants:	
Yes No	
If yes, please give details.	
Have you received any large sums of	
Have you received any large sums of money eg, inheritance, legacy or winnings	
	EOD OFFICE HOE ONLY
money eg, inheritance, legacy or winnings	FOR OFFICE USE ONLY
money eg, inheritance, legacy or winnings	FOR OFFICE USE ONLY
money eg, inheritance, legacy or winnings	FOR OFFICE USE ONLY
money eg, inheritance, legacy or winnings	FOR OFFICE USE ONLY
money eg, inheritance, legacy or winnings	FOR OFFICE USE ONLY
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Your health and social factors

Please give details of any health issues for	If yes, please give details
you and your spouse.	
	Do you or your spouse smoke?
	Yes
Please give details of any mental health problems? (This will not necessarily affect the Trustee's decision)	Do you or your spouse have difficulty climbing stairs?
	Yes
Please give full details of all ongoing	Are you and your spouse able to look after yourself/yourselves and lead a fully independent life (e.g. showering, shopping, dressing, preparing meals, keeping your accommodation clean and tidy)?
medical conditions and the treatment you or your spouse are receiving for them and any recent operations.	Yes No
	If no, please give further details on how you and/or your spouse need assistance and what assistance you currently receive.
Are you or your spouse registered disabled?	
Yes No	
If yes, in what way are you disabled?	Are there any other health or social factors that you would like the charity to take into consideration when assessing your application?
Do you or your spouse have or have you ever had any addiction problems? (e.g. alcohol, drugs. This will not necessarily affect the Trustee's decision)	
Yes No	

Your health and social factors (continued)

Do you own a car?			If yes, please give details.
Yes Do you have any pe	ts?	No	
Yes		No	
If yes, what is your p	et?		
The Charity currentle Policy for certain and you are able to find your pet to live if you accommodation (ple charity for a list of applease give the name telephone number of GP name GP address	imals an ali u wer ease d oprop ne, ac	Please state if ternative place for e offered check with the priate pets).	Have you made a will? Yes No Have you put into place a Lasting Power of Attorney with respect to either your Financial & Property affairs and/or your Health & Welfare? Yes No If yes to either or both of the above questions, please provide details of where your will and/or Lasting Power of Attorney are stored (e.g. with a family member or solicitor).
GP telephone number			
Please ask your GP enclosed medical fo		•	
Our governing docu residents should be so we need to ask it convictions. A convictions. A conviction automatically excluded considered as an appropriate need to be fully aware circumstances. Do you have a convispent under the Ref Offenders Act 1974.	ment of go you ction de you pplica re of iction	states that od character and have any criminal will not u from being nt but the Charity your s which is not	

Next of kin

Please supply names, addresses and telephone numbers of two next of kin, your relationship to them and confirm that they would assist in the event of an emergency or illness.	
First next of kin	Second next of kin
Address	Address
Telephone number	Telephone number
Email address	Email address
Relationship	Relationship
Frequency of contact	Frequency of contact
Would they be able to assist in case of illness or emergency?	Would they be able to assist in case of illness or emergency?
Yes No	Yes No
Other comments	Other comments

Declaration

I confirm that all replies on this form are correct to the best of my knowledge and belief.

I understand that any misleading information I have supplied may disqualify my application.

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 rent.

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

(If you are applying as a couple, you must both sign the declaration below).

In addition, I fully understand that:

Failure to provide complete financial details may disqualify your application.

Failure to disclose any relevant information may prejudice your application. Misleading or inaccurate information may lead to your appointment being set aside at some time in the future and you having to leave the almshouse.

Only forms which are fully completed will be considered by the Trustees.

The Charity reserves the right to seek additional information, e.g. proof of income/benefits, proof of expenditure.

If you meet the Charity's criteria for residency, a member of staff and a Trustee may wish to visit you in your current accommodation. Following this home visit, you may be then be invited to an interview with the Charity's Trustees.

Signature(s) of declaration
Applicant's signature (1)
Applicant's name (please print)
Dete
Date
Applicant's signature (2)
Applicant's name (please print)
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. If your application for accommodation is successful, the personal data supplied on this form and other information relating to an almshouse appointment will be held on file for the duration of your appointment as a resident and for up to two further years. 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.

If your application is unsuccessful, your application form and all other personal data supplied will be destroyed within the next two years.

Please sign below to indicate your acceptance for the Charity to hold your personal data.

Applicant's signature	
]
Applicant's name (please print)	
Date	
	7

Supporting letter

If you have a **social worker or support worker**, or receive help from any Council departments, agencies, charities or health providers, please ask them to write a **supporting letter** to accompany your application, explaining why you are in need of accommodation.

References

Using the Charity's Reference Form, please provide **two references** from people (other than family) who have known you for more than two years and who can tell us about your character and why you are in need of accommodation. One of these references can be your current or most recent landlord if you wish.

and its almshouses?							

Checklist 1. A copy of the photo page of your 10. Copies of all recent statements showing your savings and capital current passport(s). (e,q, ISAs, Premium Bonds, shares etc). 2. A recent current valuation of your property (if you own it) and an up to 11. Paperwork to show the date mortgage statement showing proceeds of sale if you have sold the amount outstanding. property. 3. A copy of your current tenancy 12. Medical forms completed by agreement (if you are renting) and your doctor. proof of your current rent amount. 13. Any other supporting 4. A copy of your most recent documents which you feel are Council Tax demand. relevant to your application. 5. A copy of your Notice to Quit if you have been advised by your landlord that you must leave the property. 6. Copies of your most recent letters confirming the amounts of your State Retirement Pension, work-related pensions, private pensions and any other pensions. If you have not yet started receiving your State Retirement Pension and other pensions, please provide a State Retirement Pension forecast and forecasts for any other pensions. 7. Copies of a recent payslip if you are in employment. Please return the completed form and supporting documents to: Isleworth & Hounslow Charity 8. Copies of your most recent Benefit and Allowance letters Ltd, Tolson House, Parthenia confirming the amounts of your Drive, Isleworth TW7 6GT, or Benefits and Allowances. scan and send by email to info@iahcharity.org.uk. Please 9. Copies of your bank, building phone 020 8569 9200 with any society and Post Office statements

queries.

months.

for all accounts for the last three