

The Almshouses of John Isbury and Jacob Hardrett

Registered Charity No 203772

CLERK to the TRUSTEES:

Peter Penfold
23 Oxford Street
Lambourn
Berkshire RG17 8XS

Phone 01488 73978
Mobile 07887985467
E-mail peter@peterpenfold.org.uk

ALMSMAN APPLICATION FORM

ALL INFORMATION IS HELD IN CONFIDENCE

FULL NAME OF APPLICANT : Mr/Mrs/Miss/Ms

YOUR PHONE NO : MOBILE NUMBER :

DATE OF BIRTH : AGE : PLACE OF BIRTH :

YOUR EMAIL : MARRIED/SINGLE :

HOW LONG RESIDENT IN LAMBOURN (or Area)

HOW DID YOU COME TO BE IN THIS AREA

.....

CURRENT ADDRESS :

.....

..... POST CODE :

LENGTH OF TIME AT THIS ADDRESS : COUNCIL TAX BAND :

CURRENT RENT/CONTRIBUTION : £..... PER WEEK/MONTH/YEAR

IS THIS PROPERTY OWNED BY YOU OR A RELATIVE OF YOURS : YES NO

IF YES - GIVE DETAILS :

.....

CURRENT OCCUPATION (IF ANY) AND BRIEF DETAILS OF YOUR EMPLOYMENT HISTORY :

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.....

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CURRENT INCOME/FINANCES :

NB : If shortlisted to an Almshouse, it is a condition of your appointment that the Charity has sight of all your financial details, eg: Bank Statements; Shares; Savings; Mortgage documents; Trusts; Bonds; etc.

WAGES : £..... PER WEEK/MONTH/YEAR

BENEFITS : £..... PER WEEK/MONTH/YEAR

PENSIONS : £..... PER WEEK/MONTH/YEAR

OTHER INCOME : £..... PER WEEK/MONTH/YEAR

DO YOU RECEIVE HOUSING/BENEFIT TO AID HOUSING COSTS : YES NO

IF YES - GIVE DETAILS :

.....

DO YOU RECEIVE COUNCIL TAX DISCOUNT OR REDUCTION : YES NO

IF YES - GIVE DETAILS :

.....

DO YOU RECEIVE ANY OTHER HELP TOWARDS YOUR FINANCES : YES NO

IF YES - GIVE DETAILS :

.....

IF YOU OR YOUR PARTNER OWN PROPERTY OTHER THAN THE ONE IN WHICH YOU LIVE NOW,
PLEASE GIVE DETAILS BELOW. THIS SHOULD INCLUDE PROPERTY OWNED ABROAD AS WELL AS IN
THE UK:

ADDRESS.....

.....

..... POST CODE :

DO YOU HAVE ANY LOANS OR OTHER DEBTS OUTSTANDING : YES NO

IF YES - GIVE DETAILS :

.....

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WHY DO YOU WISH TO LEAVE YOUR PRESENT ACCOMMODATION? :

.....
.....

WHY DO YOU WISH TO BE AN ALMSMAN / WHAT ADVANTAGE DO YOU SEE IN BEING AN ALMSMAN :

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

HOW WOULD YOU FEEL ABOUT LIVING IN A SMALL COMMUNITY OF ALMSMEN:

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

ARE YOU ABLE TO LIVE INDEPENDENTLY AND LOOK AFTER YOURSELF AND YOUR ACCOMMODATION :

YES NO

ARE THERE ANY HEALTH OR SOCIAL ISSUES THAT THE TRUSTEES SHOULD TAKE INTO CONSIDERATION WHEN ASSESSING YOUR APPLICATION :

YES NO

IF YES - GIVE DETAILS :

.....

DO YOU HAVE ANY CONVICTIONS WHICH ARE NOT CLEARED UNDER THE REHABILITATION OF OFFENDERS ACT 1974 :

YES NO

IF YES - GIVE DETAILS :

.....

NAME OF YOUR DOCTOR : SURGERY :

PHONE NO : EMAIL :

ADDRESS :

..... POST CODE :

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If you are appointed as a resident, and should the Trustees become concerned about your health and/or your ability to continue to live independently, they may wish to obtain information. Therefore, the Charity may wish to contact your GP to ask for information about your health in order to support you.

You will be asked to sign a form in which you authorise the Charity to contact your GP.

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 :

We will never disclose sensitive personal data to the referees, but we will supply them with basic information regarding you and your application:

1	2
.....
.....
..... POSTCODE : POSTCODE :
PHONE NO :	PHONE NO :
MOBILE NUMBER :	MOBILE NUMBER :
EMAIL :	EMAIL :

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, may need to investigate the personal circumstances of all applicants. All information provided to Trustees will remain confidential at all times.

PLEASE ADD ANY FURTHER INFORMATION IN THE SPACE ON THE FINAL PAGE THAT MIGHT ASSIST US WITH YOUR APPLICATION.

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DECLARATION

I HAVE READ THIS APPLICATION FORM carefully and agree to abide by it and believe that I am eligible to apply to live in one of the Charity's Almshouses.

I ACCEPT THAT IF I AM APPOINTED AS AN ALMSMAN, I shall be a beneficiary of the charity and not a tenant. Any 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 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 UK residency status of prospective residents and may need to see proof of identity such as passport or driving licence.

I agree that the charity may contact me by: (Please tick as appropriate.)

email

post

phone

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).

NAME :
(PLEASE PRINT NAME IN CAPITAL LETTERS)

APPLICANTS SIGNATURE : DATE :

PLEASE RETURN YOUR COMPLETED APPLICATION TO THE CLERK AT THE ABOVE ADDRESS OR BY EMAIL.

