

The Robert Thompson Charities

Registered Charity No. 209220

The Robert Thompson Charities provide housing for people in need in accordance with the charity's governing document of 1899. This stipulates that potential residents:

- will have already lived in Saltwood parish for 10 years;
- and
- are not able to maintain themselves by their own exertions by reason of age, ill health, accident or infirmity.

Among those who meet these tests preference has to be given to persons born in Saltwood parish and to those who have fallen on hard times. Where no candidate for a vacancy meets both tests the trustees may conclude that it is the best interests of the charity to appoint someone who is deserving rather than leave the property empty.

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. Applications forms from unsuccessful applicants or people no longer wanting housing with the Saltwood Almshouses will be destroyed. **Some details may be checked with relevant organisations since the charity reserves the right to investigate and verify what you write in this form,** but no details will be disclosed for any inappropriate purpose. You may have access to your personal information on request. **REFEREES AND NEXT OF KIN MUST SIGN THE FORM TOO CONFIRMING THEY ARE HAPPY FOR THEIR DETAILS TO BE INCLUDED ON THE FORM**

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 your current occupation (if any) and brief details of your employment history.....

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.....
Second Applicant [*If charity does not accept couples please delete this section*]

Full name.....Mr/Mrs/Miss/Ms.....

Address.....
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.....Post Code.....

Telephone NoMobile Number

Length of time at this address.....Council Tax Band.....

Date of Birth.....Age.....Marital status.....

Employment History - Please give details of your current occupation (if any) and brief details of your employment history.....
.....
.....

Section 2 – About your Family

Next of kin.....

Relationship.....

Address.....
.....

.....Post code.....

Telephone NoMobile Number

Section 3 – About your present home

Type of accommodation (e.g. 3 bedroom house, 2 room flat):
.....

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

If 'yes', what is its present estimated value? £.....

Is there a mortgage outstanding on the property and, if so, how much is outstanding? If there is no mortgage, please write NONE
.....

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 you, or your spouse, have ever owned the property where you currently live, in what circumstances did you cease to be the owner?

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If rented, please give name and address of landlord:

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Current rent £.....per week

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

Do you receive Council Tax discount or reduction? Yes/No

Why do you wish to leave your present accommodation?

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What are your intentions regarding your current accommodation if you are appointed to an almshouse?

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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

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 frequently 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		
Social Security Benefit 1. Pension Credit		

<ul style="list-style-type: none"> 2. Attendance Allowance 3. Universal Credit 4. Any other benefits 		
<p>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 (if self employed) to interview</p>		
<p>Other Income</p> <ul style="list-style-type: none"> 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 		

Section 5 – Your Capital

1. Bank accounts: Current Balance

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2. Building Society accounts: Current Balance

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3. Shares: Current Value

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4. National Savings (e.g. 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 – Borrowing

Do you have any loans or other debts outstanding? If so, please provide details.

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Section 7 – About your Health and Social Factors

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

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

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Are you currently receiving treatment for any illness? YES/NO

If Yes, Please give details below:

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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 below:

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Name and address of your GP.....

.....Post Code.....

The charity will wish to write to your GP asking him to complete a medical certificate to enable your application to be considered further. If you are appointed as a resident and, at a later date, trustees become concerned about your health and/or your ability to continue to live independently they may need to obtain a further medical report. Please sign and return the enclosed form in which you authorise your GP to provide us with medical information about you either now or in the future.

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

If 'YES', please provide details:

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.....

Section 8 – 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. If you are currently renting accommodation, one of the referees should be your current landlord. Please indicate how you know the referees.

1..... 2.....

.....
.....

Post Code.....

Section 9 – Declaration

I have read the charity’s Conditions of Entry and believe that I am eligible to apply 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 weekly 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 my GP or other medical attendant providing the charity with a medical certificate or report about my health and condition now or at a future date in accordance with the terms of the attached form of authority.

I consent to the charity holding personal data on this form in accordance with Data Protection Regulations.

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

email post telephone

Signature.....

Name.....

(PLEASE PRINT NAME IN CAPITAL LETTERS)

Date

Please return your completed application to:

The Robert Thompson Charities
PO Box 767
Folkestone
CT20 9JE
robertthompsoncharities@gmail.com