

Old Windsor United Charities

Penny Royal Almshouses, 36A Crimp Hill Road, Old Windsor, Berkshire, SL4 2QY
Tel: 07444 486794 Email: clerk.owuc@gmail.com

Resident Application Form

The Old Windsor United Charities provides housing for people in need in accordance with the charity's constitution. The charity's entry criteria is: Elderly; Of limited financial means; Of good character; Living in the parish of Old Windsor.

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. The Trustees, therefore, need to investigate the personal circumstances of applicants. The charity 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 strong 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 care management will be held on file. 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.

Mr/Mrs/Miss/Ms	
Full name	
Date of Birth	Age
Marital status	
Address	
	Post Code
Telephone No	Mobile No
Status Owner/Tenant/Other	Length of time at this address

Section 1 - About You

, ,	etails of your current occupation (if any) and brief details of your
employment history	
Second Applicant	
Mr/Mrs/Miss/Ms	
Full name	
Date of Birth	Age
Marital status	
Address	
	Post Code
Telephone No	Mobile No
Length of time at this address	
	etails of your current occupation (if any) and brief details of your
Section 2 – About your Family	
Next of kin	
Relationship	
	Post Code
lelennone No	Mobile No

Section 3 – About your present home Type of accommodation (e.g. 3 bedroom house, 2 room flat): Do you, or your partner, 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? Is this person related to you in any way? If YES what is the relationship? If you, or your partner, have ever owned the property where you currently live, in what circumstances did you cease to be the owner? If rented, please give name and address of landlord: Current rent £.....per month 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 What are your reasons for leaving your present accommodation? What are your intentions regarding your current accommodation if you are appointed to an almshouse?

If you or your partner own property other than the	e one in which you liv	e now, please give details below.
This should include property owned abroad as wel	l as in the UK:	
Address		
7.00		
Pos	t Code	
Section 4 – Your Income		
To enable the Trustees to assess your application,	olease provide the fo	llowing information. This should
include details of all sources of income and state h	·	-
or annually:	ow nequently you're	derve them, e.g. weekly, monthly
or annually.		
	Amount	Frequency
Pensions		
 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		
2. Attendance Allowance		
3. Universal Credit		
4. Any other benefits		
Employment or self-employment		<u> </u>
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 the interview.		
Other Income		
1. Annuities		
2. Bank Deposit Account		
3. Building Society Account		
4. Investment		
5. Rent from property or land that you own		
6. Grants from a charity		
7. Financial assistance from a relative/friend		
8. Income from a trust fund		
Any other income – please give details		

Section 5 – Your Capital
1. Bank accounts: Current Balance
2. Building Society accounts: Current Balance
3. Shares: Current Value
4. National Savings (e.g. National Savings Certificates): Value
5. Unit Trusts: Current Value
6. Premium Bonds: Amount held
7. Any other investments
Section 6 – Borrowing
Do you have any loans or other debts outstanding? If so, please provide details.
Section 7 – About your Health and Social Factors
Are you able and willing to live independently and look after yourself and your accommodation? YES/NO
Please give details of any significant illnesses, injuries or operations during the last five years
Are you currently receiving treatment for any illness? YES/NO
If Yes, please give details below:

Do you have a disability? YES/NO
If Yes, please give details below:
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:
Name and address of your GP
Post Code
The charity may wish to write to your GP asking them 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 consent to the charity contacting your GP to authorise them 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. This information will be processed solely for the purposes of this application.
If 'YES', please provide details:
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. We will never disclose sensitive personal data to the referees but we will supply them with basic information regarding you and your application
1.Name
Address

2.Name		
Address		
		Post Code
Section 9 – Declarat	ion	
I have read the chari almshouses.	ty's entry criteria and beli	eve that I am eligible to apply to live in one of the charity's
knowledge and belie to an almshouse dw	f. I understand that the Tr elling I may be given as a	lication is correct and complete to the best of my ustees would be entitled to terminate any appointment result of this application, if my answers in this any respect (for example, due to omitting or misstating
•	appointed as a resident I sh ill be a maintenance contr	nall be a beneficiary of the charity and not a tenant. Any ibution and not a rent.
I confirm that I am a	ole to look after myself an	d to live independently.
•		providing the charity with a medical certificate or report ure date in accordance with the terms of the attached
		ensitive data relating to me and my personal Data Protection Regulations (GDPR).
	•	cess to the information that is held by the charity relating o decline to provide information requested within this
	d to check the immigration assport or driving licence.	status of prospective residents and will need to see proof
I agree that the char	ity may contact me by: (Pl	ease tick as appropriate.)
□ email	□ post	□ telephone
Signature		
	E IN CAPITAL LETTERS)	
Date		

Please return your completed application to: Clerk to the Trustees, Old Windsor United Charities, Penny Royal Almshouses, 36A Crimp Hill Road, Old Windsor, Berkshire, SL4 2QY

Email: clerk.owuc@gmail.com