**Text, logo

Description automatically generatedTHE READING ALMSHOUSE CHARITY***Registered in England Charity number 1152759*

*A Charitable Incorporated Organisation*

**In order to be able to apply for accommodation you must have lived within 20 miles of Reading Town Centre for at least three years during your lifetime and be able to prove this.**

**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 Charity complies with the regulations for data security under the Data Protection Act 2018 and UK General Data Protection Regulations (UK GDPR). The data we collect has been classified as Sensitive Data under Article 9 of UK 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.

**APPLICATION FORM FOR PROSPECTIVE RESIDENTS**

**I/We would like to become a resident(s) of the Almshouses at**

**Castle Street**

**Liberty House**

**Penton House**

**Please use BLOCK CAPITALS**

**1. PERSONAL DETAILS**

Title Mr, Mrs, Ms, Miss

If you have another title please specify here…………………………………………

Surname/Family Name …………………………………………………………………

First Name(s) …………………………………………………………………..

Date of Birth ………………………………………………………………….

Gender ………………………………………………………………….

Address ………………………………………………………………….

………………………………………………………………….

Postcode ………………… ……………..

Telephone number(s) HOME:………………………………………..

MOBILE:………………………………………

E-mail address …………………………………………………………………….

Status (please delete as appropriate): Married/Widowed/Divorced/Partner/Single

National Insurance number ………………………………………………………………….

Occupation: Present:………………………………………………………….

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

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**2. PARTNER’S PERSONAL DETAILS**

Title Mr, Mrs, Ms, Miss

If they have another title please specify here…………………………………………

Surname/Family Name …………………………………………………………………

First Name(s) …………………………………………………………………..

Date of Birth ………………………………………………………………….

Address ………………………………………………………………….

………………………………………………………………….

Postcode ………………………………..

Telephone number(s) HOME:………………………………………..

MOBILE:………………………………………

E-mail address …………………………………………………………………….

Status (please delete as appropriate): Married/Widowed/Divorced/Partner/Single

National Insurance number ………………………………………………………………….

Occupation: Present:………………………………………………………….

Former ………………………………………………………….

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

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**How did you hear about Reading Almshouse Charity?**

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Do either you or anyone on your application drive and have a requirement to park a motor vehicle? YES / NO

Please note, there is strictly no parking at Castle Street and Penton House is by allocation only.

Have you or anyone on your application had any previous convictions (convicted of a criminal offence), or unspent convictions under the Rehabilitation of Offenders Act 1974). (excluding motoring offences and fixed penalties)? YES / NO

If yes, please give details…………………………………………………………

……………………………………………………………………………………….

Action taken because of Anti-Social Behaviour. YES / NO

If yes, please give details…………………………………………………………

……………………………………………………………………………………….

Legal action been taken against you for breaking the terms and conditions of a tenancy.

YES / NO

If yes, please give details…………………………………………………………

……………………………………………………………………………………….

Does your partner live with you now? YES / NO

**3. HOUSING**

How long have you been resident within 20 miles of Reading Town Centre? ……………………………………

Please tell us about the type of home you currently live in

…………………………………………………………………………………………………..

At what addresses and for what periods of time were you resident within 20 miles of Reading Town Centre during your lifetime

……………………………………………………………………………………………………………

…………………………………………………………………………………………………………………………………………………………………………………………………………………………

……………………………………………………………………………………………………………

What was the reason for moving to each address, during the last 6 years

…………………………………………………………………………………………………………………………………………………………………………………………………………………………

……………………………………………………………………………………………………………

What is the reason for this application

………………………………………………………………………………………………..

………………………………………………………………………………………………..

**4. PRESENT CIRCUMSTANCES**

Do you own your own home? YES / NO

Approximate value? £…………………………………

Do you have a mortgage? YES / NO

Amount outstanding? £…………………………………

Do you rent your home? YES / NO

Amount of rent paid monthly £…………………………………

Are you in rent arrears at your current or previous home?

If yes, please say how much and give details of your repayment plan.

…………………………………………………………………………………………..

…………………………………………………………………………………………..

Name, address, telephone number and email address of landlord to whom we **MAY** apply for a reference …………………………….……………………………………………………

……………………………………………………………………………………………….

Is the landlord related to you in any way? YES / NO

**5. CONTACT INFORMATION**

Next of Kin: Name………………………………………………………………

Relationship: ……………………………………………………

Address ……………………………………………………………………………………..

…………………………………………………………..……………………………………

Postcode …………….Telephone number……………………………………………….

Name & address of a relative or friend who lives locally and who will be able to act as a keyholder for you:

Name ……………………………………………………………………...

Address ………………………………………………………………………

………………………………………………………………………..

………………………………………………………………………..

Postcode……………..Telephone No……………………………………………………….

Do you have any dependants? YES / NO

Please give their name and address and explain why they are dependent upon you

Name: ……………………………………………………………………..

Address ……………………………………………………………………………………..

…………………………………………………………..……………………………………

**6. FINANCIAL** Please answer all questions. Enter **NIL** where appropriate.

|  |  |  |  |
| --- | --- | --- | --- |
| **INCOME** | | **AMOUNT PER MONTH** | |
|  |  | **YOURSELF** | **PARTNER** |
| **Salary** | Employment or Self-Employment |  |  |
| **Pensions** | State Pension |  |  |
|  | Pension Credit |  |  |
|  | Widow’s Pension/Widow’s Allowance |  |  |
|  | Occupational Pension |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Benefits** | Universal Credit |  |  |
|  | Employment Support Allowance |  |  |
|  | Housing Benefit |  |  |
|  | Council Tax Reduction |  |  |
|  | Working Tax Credit |  |  |
|  | Incapacity Benefit |  |  |
|  | Disability Living Allowance |  |  |
|  | Personal Independence Payment |  |  |
|  | Carer’s Allowance |  |  |
|  | Attendance Allowance |  |  |
|  | Income Support |  |  |
|  | Other |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **SAVINGS** |  |  |  |
| **Any other Income received** |  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **DEBTS** |  |  |  |
|  |  |  |  |
|  |  |  |  |

**7. HEALTH**

Applicants must be able to look after themselves, and be capable of living independent lives, with any necessary care being provided by other agencies.

The Reading Almshouse Charity does not discriminate on the grounds of: age, disability, race, sex, sexual orientation, religion, marriage or civil partnership, pregnancy or maternity, but do need information in relation to any health conditions or disability to determine both your suitability for the accommodation and the accommodation’s suitability for you.

Do you consider yourself to have a disability? YES / NO

If yes, please describe the extent of your disability:

|  |  |
| --- | --- |
| Uses a wheelchair |  |
| Has problems getting around but does not use a wheelchair |  |
| Has Mental Health problems |  |
| Has a learning difficulty |  |
| Is blind or has sight problems |  |
| Is deaf or has hearing problems |  |
| Cannot speak or has a difficulty with speech |  |
| Long-term health problems |  |

Has a disability not mentioned above YES / NO

If yes please give details ……………………………………………………………………

………………………………………………………………………………………………….

Do you need regular help of a practical nature for any purpose

at all, such as shopping, washing, cooking etc.? YES / NO

If yes please give details…………………………………………………………………….

………………………………………………………………………………………………….

**8. REFERENCES**

Please give the names of TWO responsible people other than your GP who know you well (but **not** relatives or friends) and your connection to them, whom we may contact for a character reference (for example, your landlord, employer, previous employer, social worker)

Name…………………………………………………………………………………………

Connection to you…………………………………………………………………………….

Address ……………………………………………………………………………………….

………………………………………………………………………………………………….

Post code ………………….. Telephone number …………………………………………

Name…………………………………………………………………………………………

Connection to you…………………………………………………………………………….

Address ……………………………………………………………………………………….

………………………………………………………………………………………………….

Post code ………………….. Telephone number …………………………………………

**9. DECLARATION**

I understand the charity’s Conditions of Entry and believe that I meet the criteria 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 monthly 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 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 immigration status of prospective residents and will need to see proof of identity such as passport or driving licence.

**I agree that the Charity may contact me by (Please circle as appropriate)**

**E-mail Post Telephone**

**Signature …………………………………….. Date………………………….**

This form, properly completed, must be returned to:

Annabel Potter

Senior Housing Manager

Reading Almshouse Charity

The Office  
Penton House

58 Longships Way

Reading RG2 0GP

Or emailed to: [annabel@readingalmshouses.org.uk](mailto:annabel@readingalmshouses.org.uk)