

The Parochial Charities Great Shelford Charity Commission reg. no. 231486
The charity provides housing for people in need in accordance with the charity's Governing Document.

NEW APPLICATION FOR A HOME

1. Office use only: Applicant Number

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 this form,** but no details will be disclosed for any inappropriate purpose. You may have access to your personal information on request.

Applications are processed by Great Shelford Parochial Charities with support from John Huntingdon's Charity in Sawston. Residences are currently normally only offered for an initial period of 3 years. The charity will review your qualification for continued residence on the third anniversary of your occupation and every three years thereafter.

2. HOUSEHOLD DETAILS

A. Please list below your details and those of anybody else to be housed with you.

	Surname	Forenames	Title (Mr/Mrs/Ms)	Date of birth
Applicant				
Partner				
Others to be housed	Include relationship to applicant eg son, daughter			

B. Current address and contact details

Address			
Name	Email	Mobile	Landline
How long have you lived at this address?			
Is any person on the application expecting a child? Please provide details including expected date of birth			

If you need assistance with completing this form, please contact the JHC Office on 01223 492492 between the hours 9.00am to 5.00pm Monday to Friday.

C. Local connections

What is your connection to Great Shelford?
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3. PRESENT ACCOMMODATION

What type of accommodation do you currently live in now? (eg house, bungalow, flat, bedsit, room, caravan, etc)		
How many bedrooms do you have?		
Do you rent your accommodation?	Yes	No
How much notice do you need to give?	weeks	
How much rent do you pay?	£	per
Does this include payment for any domestic bills e.g., gas electricity	Yes	No
Current landlords name and address		
Is the landlord a family member? If so please provide details.		

Do you have any current rent arrears, or with any previous Landlord?	Yes	No
If yes, how much are your arrears? Please provide the name of landlord with whom you have arrears	£	
Are you living with parents/friends?	Yes	No
If yes: how much housekeeping/rent do you pay?	£ per month	

Do you own any accommodation in the UK or abroad?	Yes	No
If yes: what are your mortgage repayments?	£ per month	
Do you own or part own any property apart from the one you live in?	Yes	No

Do you have any other tenancy in your name?	Yes	No
If yes, please give details:		

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Do you share facilities - such as kitchen, bathroom, etc - with others not on the application?	Yes	No
If yes: please provide details.		

Are you on any other waiting lists?	Yes	No
If you have ticked yes, please give names of the Council or Housing Association		

What is your Home-Link band	A	B	C	D
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Please note you are required to be on the council Home-Link waiting list

Does your current accommodation meet your needs?	Yes	No
If not please explain:		

Do you own any pets? (We do not usually accept pets)	Yes	No
If you have ticked yes, please give details		

Do you own a vehicle	Yes	No
If yes please tell us how many and what type (car, van, trailer, mobility, caravan, motorhome, other)		

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Previous addresses

Address	Dates you lived there	Owned or rented	Reason for leaving	Name and contact details of the landlord

4. INCOME AND WORK DETAILS

Please complete this section carefully as your income is an important factor in assessing your housing need.

A. Economic status (please tick)

	APPLICANT	PARTNER	OTHER
WORKING FULL TIME			
WORKING PART TIME			
TRAINING/STUDENT			
UNEMPLOYED			
RETIRED			
AT HOME			
INCAPACITATED			
OTHER			

B. If working, please give details of employment and take-home pay

NAME AND ADDRESS OF EMPLOYERS OR SELF_EMPLOYED ADDRESS:	Usual weekly take home pay
Applicant Employer	£
Partner Employer	£

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C. If receiving state benefits, please give details

	Applicant (per week)	Partner (per week)
Employment Seekers Allowance, or other work-related benefit	£	£
Council Tax Support	£	£
Housing Benefit	£	£
Child Benefit	£	£
Working Tax Credit	£	£
Child Tax Credit	£	£
Universal Credit	£	£
Other Benefits – for example AA, DLA, PIP, or carers allowance	£	£

D. If receiving a pension, please give details

	Applicant per week	Partner per week
State Pension	£	£
Occupational Pension	£	£
Pension Credits	£	£

E. Other income, please state amount and frequency

Annuities	Investment	Financial assistance from a relative/friend
Bank deposit account	Renting property or land that you own	From a trust fund
Building Society account	Grants from a charity	Any other income – please give details

F. Savings, please give the total amount of any personal savings you may have

Bank account current balance £	Building society accounts – current balance £	Shares: current value £
National Savings (eg National Savings Certificates) value: £	Unit Trusts: current value £	Premium Bonds: amount held £

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G. Borrowings

We understand that this is a sensitive subject - but it is important for the Trustees to have a complete picture of prospective residents' finances.

Do you, your partner or anyone on the application have any outstanding debts?	Yes	No
If yes, please give details below		

	Applicant	Partner / Other
Debt Amount		
Owed to whom		
Debt Amount		
Owed to whom		
Debt Amount		
Owed to whom		
Debt Amount		
Owed to whom		

H. Health and Social Factors

Are you able and willing to live independently and look after yourself and your accommodation?	Yes	No
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 you have ticked yes, please give details		
Name and address of your GP		

The charity may write to your GP requesting a medical certificate to enable your application to be considered further. If you are appointed as a resident and, later, 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.

If you need assistance with completing this form, please contact the JHC Office on 01223 492492 between the hours 9.00am to 5.00pm Monday to Friday.

Do you have a conviction which is not spent under the Rehabilitation of Offenders Act 1974? <i>This information will be processed solely for the purposes of this application.</i>	Yes	No
If you have ticked yes, please give details		

4. EQUAL OPPORTUNITIES

The Parochial Charities believe in Equal Opportunities. There is no obligation to answer this question, nor will it affect your application. If you are a couple, please tick twice.

Do you have a disability?	Yes	No
If yes, what is the nature of the disability?		

How would you describe your ethnic origins?

Please note we are asking about the ethnic group to which you feel you belong, not asking about citizenship or nationality.¹

	White British <i>English, Welsh, Scottish, Northern Irish, or British. Irish Gypsy or Irish Traveller Any other White background</i>	Mixed <i>Mixed or Multiple ethnic groups White and Black Caribbean White and Black African White and Asian Any other Mixed or Multiple ethnic background</i>	Asian / Asian British <i>Indian Pakistani Bangladeshi Chinese Any other Asian background</i>	Black / African / Caribbean / Black British <i>African Caribbean Any other Black, African, or Caribbean background</i>	Other ethnic groups <i>Arab Any other ethnic group</i>
Applicant					
Partner					

What is the language normally spoken in your home?

5. REFERENCES

Please give the names and contact details of two referees, one of whom should be a landlord or employer, who we can contact for their support of your application. **A family member is not acceptable.**

Name	Address	Email / Telephone

¹ <https://www.ethnicity-facts-figures.service.gov.uk/style-guide/ethnic-groups>

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6. OTHER INFORMATION**What difference will it make if you are successful in being offered a home?**

Use this space to say why you want accommodation with Great Shelford Parochial Charities. What difference would it make to you if you are offered one of these homes? Applicants should be aware that almshouses are intended to be a community where residents can live safely together. If you wish to make any other statements in support of your application and suitability for almshouse accommodation please provide as much detail as you can as this section is important in assessing other factors that may not appear on this form (eg notice to quit, etc).

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Declaration

I have read the charity's Conditions of Entry and believe that I meet the beneficiary 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 because 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 have read carefully both this application form and the charity's Residents' Handbook and agree to abide by them should I be appointed to an almshouse.

I accept that if I am appointed as a resident I shall be a beneficiary of the charity and not a tenant. Any weekly / monthly sum I pay will be a maintenance contribution and not a rent.

I confirm that I can look after myself and 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 tick as appropriate.)

☐ email

☐ post

☐ telephone

Signature	Name Please print in capital letters	Date

PLEASE NOTE: Please inform us if any details on this form change, or if you wish to withdraw your application.

This application may be audited by the Charity Commission.

Completed applications should be returned to:

John Huntingdon Centre
189 High Street
Sawston
Cambridge CB22 3HJ
Telephone: 01223 492492
Email: office@johnhuntingdon.org.uk

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