



ORME ALMSHOUSES

THE LODGE
143 EASTGATE



Tel: 01507 601156
email: orme.almshouses@aol.co.uk

Registered Charity No. 219705

Supporting those in need since 1885

APPLICATION FORM FOR AN ALMSHOUSE

The Orme Almshouses Trust provides housing for widowers/bachelors in need, over 55 years of age and preferably who have lived in the area of Louth for at least 5 years.

This completed Form to be forwarded to the Clerk to The Trustees: David Stevenson, Orme Almshouses, The Lodge, 143 Eastgate, Louth, LN11 9AJ.

The information in this application form will be provided to the charity in confidence and will not be disclosed to anyone other than the Clerk and Trustees - subject to our Data Protection Statement under GDPR.

Important : Please read our **Data Protection Statement** on page 8 under *Section 6 – Declaration*, before completing this application form.

Please note: Residents are not allowed to keep animals.

PLEASE ANSWER ALL QUESTIONS IN ORDER FOR US TO PROCESS YOUR APPLICATION

1. PERSONAL DETAILS

Name(s) in full:

Address:

.....

Post Code: Email.....

Tel No: Mobile No:

Length of time at this address:

Date of Birth:

National Insurance No:

Past or Present Occupation:

.....

Do you own a vehicle? YES / NO

Are you a smoker? YES / NO (if yes please provide details ie. cigarettes, pipe)

2. HEALTH AND SOCIAL FACTORS

Tick as many boxes as you feel applicable

General Health

Hearing

Eyesight

Mobility

Good

Good

Good

Good

Fair

Fair

Fair

Fair

Poor

Poor

Poor

Poor

Hearing aid

Partially sighted

Frame/sticks

Mobility scooter

Disabilities

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

.....

Are you currently receiving or awaiting any medical treatment? YES / NO

If Yes, please give details

Do you, or have you received help from the community mental health team? YES / NO

If Yes, please give details

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:

.....

.....

3. NEXT OF KIN Please provide details of your current Next of Kin

Name.....

Address

.....

Tel No: Mobile No.....

Relationship Are they able to assist in an emergency? YES / NO

RELATIVES Which members of your family live nearest to Orme Almshouses? (Please give two if possible)

1.

Name.....Relationship.....

Address

.....

Tel No: Mobile No.....

2.

Name.....Relationship.....

Address

.....

Tel No: Mobile No.....

POWER OF ATTORNEY

Have you granted Power of Attorney to anyone? YES / NO

If yes, to who? Name Relationship.....

Address.....

Tel No: Mobile No.....

4. PRESENT ACCOMMODATION

Type of accommodation in which you currently live (e.g. 3 bedroom house, 2 room flat):

.....

Do you own your present accommodation? 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

.....

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

.....

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 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

Why do you wish to leave your present accommodation?.....

.....

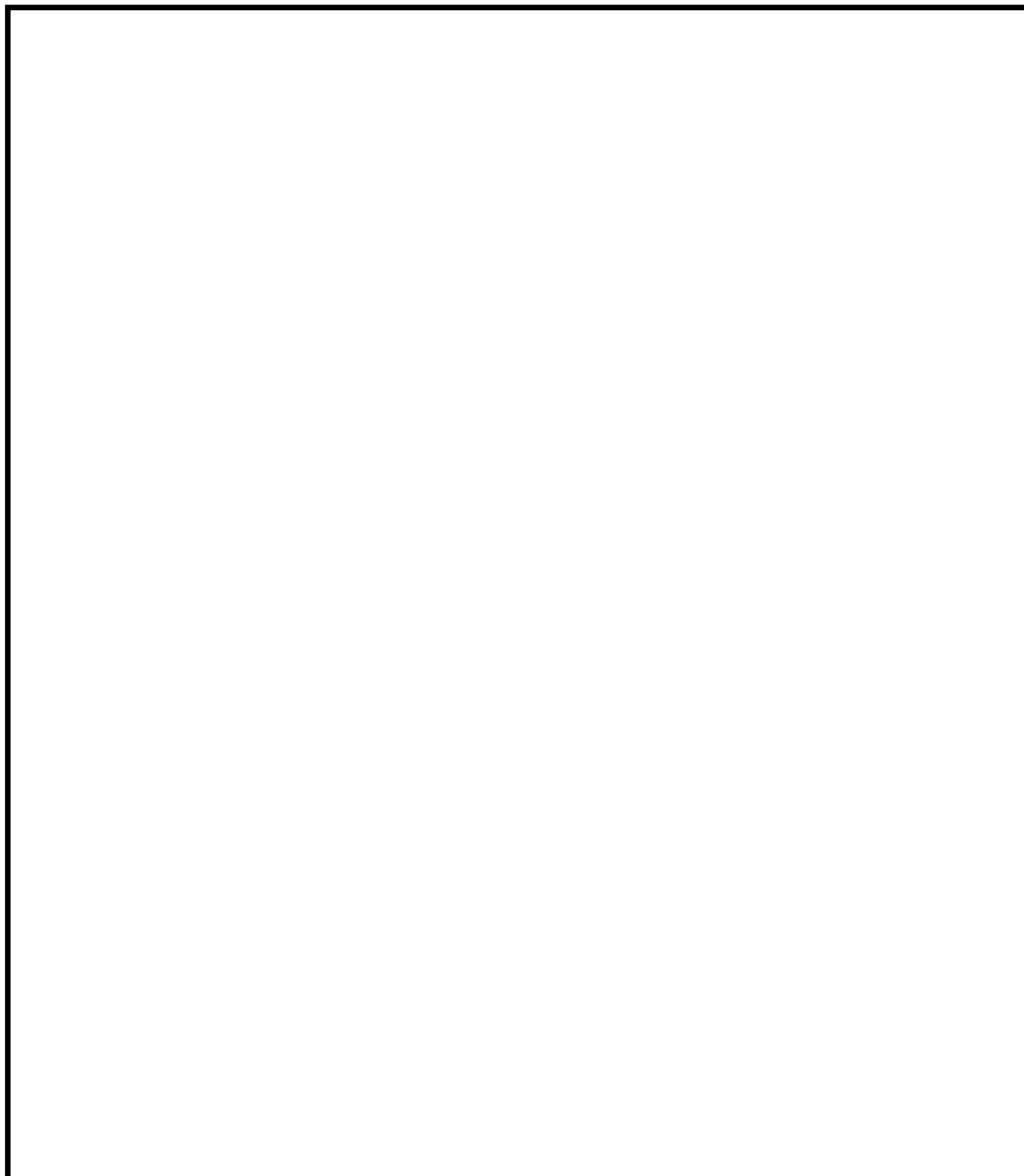
.....

Please state fully your reasons for wanting to move into the Trust's accommodation.

Include any health or social factors (eg religion, family, education, locality) that you would wish the Trustees to take into consideration when assessing your application.

Please give as much detail as you can and answer as fully as possible to assist us in assessing your need

(you may continue on a separate sheet if necessary).

A large, empty rectangular box with a thick black border, intended for the applicant to provide detailed reasons for wanting to move into the Trust's accommodation and any health or social factors to be considered by the Trustees.

Please state if there are specific medical reasons you wish to have considered.

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

How did you hear of the vacancy at Orme Almshouses Trust?

.....

Our governing instrument states that residents should be of good character and so we need to ask if you have any criminal convictions. A conviction will not automatically exclude you from being considered as an applicant but Trustees need to be fully aware of your circumstances.

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

If 'YES', please provide details:.....

.....

We may require written references to accompany your application. Please give details of 2 people who we can contact. (They must not be a family member).

1.

Name.....Relationship.....

Address

.....

Tel No: Mobile No.....

2.

Name.....Relationship.....

Address

.....

Tel No: Mobile No.....

5. FINANCIAL DETAILS To enable the Trustees to assess your application, please provide information as below.

THIS SECTION MUST BE COMPLETED IN FULL

Amount per month

State retirement pension	£
Occupational pension	£
Any other pensions	£
Interest on savings and investments	£
Earnings	£
Benefits (please specify which benefit e.g. Council Tax)	£
Other income (please specify e.g. Rental Income received)	£
Total income	£

Do you have a Bank/Building Society Account?

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

.....

I declare that the above information is true to the best of my knowledge

Signed

Date.....

Please note : Trustees are obliged to ask questions about your financial situation.

Section 6 – Declaration

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 Trustees/Clerk/Well Being Officer contacting my next of kin or other available family member, in the case of an emergency, or regarding any concerns that might need to be addressed.

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 agree that the charity may contact me by: (Please tick as appropriate as many boxes as you wish.)

- email
- post
- telephone

Signature.....

Name.....
(PLEASE PRINT NAME IN CAPITAL LETTERS)

Date

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 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.

Please return completed application and consent form in the envelope provided.

CONSENT FORM

Please provide the name, address and telephone number of your G.P

Name.....

Address.....

.....

Telephone No.....

The charity may wish to write to your GP if necessary. We only require information about whether, in the GP's opinion, you are able to look after yourself independently and, if not, the level of care you require.

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 below to confirm your understanding and consent to the above process.

Signed

Date.....

Please note: Trustees can only consider your application if you agree to allow the Trust to approach your GP if necessary.