

Southwark Charities

Charities Office, 39 Edward Edwards' House, Nicholson Street, London SE1 0XL

Tel: 020 7593 2000

Email: charities@almshouse-southwark.org Website: www.southwarkcharities.org.uk

APPLICATION FOR APPOINTMENT AS MEMBER

Please:

COMPLETE BOTH SIDES of the form; **SIGN** and **DATE** the form.

ENCLOSE **PROOF** of each of your **INCOME** types.

ENCLOSE **TWO MONTHS RECENT STATEMENTS** for **ALL** your **BANK & SAVINGS** ACCOUNTS.

ENCLOSE details of any **INVESTMENTS**.

ENCLOSE a current **RENT BOOK/CARD/STATEMENT** and details of any **HOUSING BENEFIT**.

RETURN to the above address.

Your Details

Status	Married / Single / Widowed	
Title	Mr / Mrs / Miss / Ms /Other - please state	
First name(s)		
Surname		
Date of Birth		
Telephone Numbers	Landline	
	Mobile	
Address		
Postcode		
How long have you lived at this address?		
Do you share this accommodation with anyone if so who		
Please LIST any other addresses that you have lived at in the past ten years No of year resident	Address	Address
	Postcode	Postcode
	Years:	Years:
Do you own your own property?	Yes / No	
Have you ever owned ANY properties in the UK or abroad If YES please give addresses	Yes / No Addresses	
Details of Savings & Investments you have in the UK and/or abroad. If none please state NONE		
		£
		£

Details of Current Income If none please state NONE			
State Retirement Pension	£		per week/fortnight/month/year
Other benefits	£		per week/fortnight/month/year
Other benefits	£		per week/fortnight/month/year
Any other income	Companies' Pensions	£	per week/fortnight/month/year
	Attendance allowance	£	per week/fortnight/month/year
	Winter Fuel allowance	£	
	Other (please detail)	£	per week/fortnight/month/year

Have you deferred or delayed taking any pensions? Yes / No

Do you receive any kind of grant(s) / gift(s) / pension(s) etc from any other charity, company or organisation, please provide the following information: **If none please state NONE**

Charity/organisation name	£		per week/fortnight/month/year
	£		per week/fortnight/month/year

Rent payable currently	£		per week/fortnight/month/year

Next of Kin			
Please provide your next of kin's contact details (a family member, relative or friend whom we may contact in case of emergency)			
Name			
Their Relationship to You			
Their Telephone Numbers	Landline		
	Mobile		

Your Bank details			
Bank Name			
Bank Sort Code			
Bank Account No			
Building Society Roll No			
Account Name			

All grants of discretionary payments are based on the information given and possibly an interview. If at any time the Charity discovers that any information has been withheld or given under false pretences, the Charity reserves the right to cancel your membership and withhold any future payments.

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 appointment will be held on file. Some details may be checked with relevant organisations, but none will be disclosed for any inappropriate purpose. You may have access to the personal information we hold on you on request.

Declaration
I hereby declare that all the information given is correct to the best of my knowledge and belief
Signature of Applicant
Date