

# Southwark Charities

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

Tel: 020 7593 2000

Email: [charities@almshouse-southwark.org](mailto:charities@almshouse-southwark.org) Website: [www.southwarkcharities.org.uk](http://www.southwarkcharities.org.uk)

## APPLICATION FOR APPOINTMENT OF MEMBER

**If ALL the documents below are not submitted it will delay your application.**

Please **COMPLETE** BOTH SIDES, **SIGN, DATE**, and **RETURN** to the above address, **ENCLOSING:**

- 1) **PROOF** of each of your **INCOME** types.
- 2) **TWO MONTHS RECENT STATEMENTS** for **EACH** of your **BANK & SAVINGS ACCOUNTS**.
- 3) **PROOF** of any **INVESTMENTS**.
- 4) A **RENT BOOK/CARD/STATEMENT** that shows details of any **HOUSING BENEFIT**.

### Your Details

Status	Married / Single / Widowed/ Other - please state	
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?		
Please give the <b>names of anyone you share the above accommodation.</b> If no one state <b>NONE</b>	Full name	Full name
Please LIST any other addresses that you have lived at in the past ten years	Address	Address
	Postcode	Postcode
Do you own ANY properties in the UK and or abroad?	Yes / No	
Have you EVER owned ANY properties in the UK and or abroad? If YES, please give addresses	Yes / No Address Postcode	Address Postcode
<b>Details of Savings &amp; Investments</b> you have in the UK and/or abroad. <b>If none, please state NONE</b>		
		£
		£

			£
<b>Details of Current Income</b>			
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 OTHER INCOME AND/OR BENEFITS** from any other person or organisation (charity, company etc) If YES, please provide the following information:

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

<b>Rent payable currently</b>	£	per week/fortnight/month/year
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**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 pensions 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 application and withhold any future pension 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 almshouse 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:**

X