



Southwark Charities, 42 St Mary Newington Close, Surrey Square, London, SE17 2LP
Tel: 020 7593 2000

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

APPLICATION FOR APPOINTMENT OF MEMBER

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

- 1) **THREE MONTHS RECENT STATEMENTS** for **EACH** of your **BANK & SAVINGS ACCOUNTS.**
 - 2) **PROOF** of each of your **INCOME** types.
 - 3) **PROOF** of any **INVESTMENTS.**
 - 4) A **RENT BOOK/CARD/STATEMENT** that shows details of any **HOUSING BENEFIT.**
- IF ALL THE DOCUMENTS ARE NOT SUBMITTED THIS WILL DELAY YOUR APPLICATION.**
- 5) The equality monitoring data form

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										
Email Address											
Address											
Postcode											
How long have you lived at this address?											
Please give the names of anyone you SHARE the above accommodation. If no one state NONE	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
	Address										
	Postcode										Postcode

Details of Savings & Investments you have in the UK and/or abroad. **If none, please state NONE**

£
£

Details of Current Income

State Retirement Pension	£	per week/fortnight/month/year
Company Pension(s)	£	per week/fortnight/month/year
Attendance Allowance	£	per week/fortnight/month/year
Personal Independence Payment	£	per week/fortnight/month/year
Any other Income	£	per week/fortnight/month/year
Any other Benefits	£	
Winter Fuel Allowance	£	per week/fortnight/month/year

Have you **DEFERRED** or **DELAYED** taking any **PENSIONS**? Yes / No

Do you receive **ANY OTHER FUNDS 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

Rent payable currently	£	per week/fortnight/month/year
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Your Bank details

Bank Name	
Bank Sort Code	
Bank Account No	
Building Society Roll No (if any)	
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.

Equality, Diversity & Inclusion Statement - The Charity's vision is working towards an equitable and inclusive society, where we reach eligible residents of Southwark in need, hardship or distress. To help us monitor our progress towards reaching residents who may be eligible to become members, please complete the enclosed equality monitoring form and include it with your application.

Declaration

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

Signature of Applicant

Date:

X



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Southwark Charities wants to meet the aims and commitments set out in our vision statement. This includes not discriminating under the Equality Act 2010, and building an accurate picture of the make-up of applicants in encouraging equality and diversity. The organisation needs your help and co-operation to enable it to do this, but filling in this form is voluntary. The information provided will be kept confidential and will be used for monitoring purposes. If you have any questions about the form, contact operations@southwarkcharities.org.uk or call us on 0207593 2000

Age

55-59 60-64 65-70 71-80 80 plus

Gender

Male Female Intersex Non-Binary Prefer not to say

Is the gender you identify with the same as your gender registered at birth?

Yes No Prefer not to say

What is your ethnicity? Ethnic origin is not about nationality, place of birth or citizenship. It is about the group to which you perceive you belong. Please circle as appropriate.

Asian or Asian British

Indian Pakistani Bangladeshi Chinese Prefer not to say
Any other Asian background, please state:

Black, African, Caribbean or Black British

African Caribbean Prefer not to say
Any other Black, African or Caribbean background, please state:

Mixed or Multiple ethnic groups

White & Black Caribbean White & Black African White & Asian Prefer not to say
Any other mixed or multiple ethnic background, please state:

White

English Welsh Scottish Northern Irish Irish British Gypsy or Irish Traveller Prefer not to say
Any other White background, please state:

Other ethnic group

Arab Prefer not to say Any other please state:

Do you consider yourself to have a disability or health condition?

Yes No Prefer not to say

What is your sexual orientation?

Heterosexual Gay Lesbian Bisexual Asexual Pansexual Undecided Prefer not to say
If you prefer your own identity please state:

What is your religious belief?

None Buddhist Christian Hindu Jewish Muslim Sikh Prefer not to say
If other religion or belief, please state: