

ALMSHOUSE APPLICATION FORM

St Mary Newington Close,

Surrey Square, Walworth, London, SE17 2LP

| | To live in our almshouses, you must meet the following eligibility criteria please tick to confirm your eligibility. You will be asked for supporting documentation: • You are aged 55 or over • You have been living in Southwark for at least the past 5 years • Have limited income and savings • Are capable of living independently • Have savings, investments or assets of less than £16,000 • Do not or haven't owned your own home in the UK or abroad within 5 years |
|--------|--|
| | Our aim is to provide housing for people who are in need, hardship or distress. We need as much information to be able to assess your priority against these criteria. The answers you give will help us understand if you are eligible for assistance and also how much of priority your housing needs are. |
| | <u>Important information:</u> Residents of St Mary Newington Close almshouse occupy their home as beneficiaries of Southwark Charities and are allocated a dwelling by a Licence to Occupy. Residents do not become tenants, and a tenancy is not created. If you are unsure how this affects you, please seek advice from the Citizen's Advice Bureau or specialist in housing law. |
| Please | return this application with your evidence to: |
| | 42 St Mary Newington Close, Surrey Square, Walworth, |

London SE17 2LP

Tel: 020 7593 2000

email: welfare@southwarkcharities.org.uk

What happens next?

We will contact you to confirm that we have received your application form and let you know the next steps. Please refer to the Privacy Policy at the end of this form to find out how we will use your personal information to assess your suitability and eligibility.

Once we have checked that you are eligible to live at the almshouse, we will arrange to visit you where you normally live to find out more about you, confirm the details on this form, answer any of your questions and understand how we may be able to support you.



| PERSO | DNAL DET | AILS | | | |
|---|--|------|---------------|----------------|--|
| Your full name | | | | | |
| | | | | | |
| Date of birth | | | | | |
| Partnership / Marital Status Are you single, in a long-term relationship (married, civil partnership, never married or other), widowed, divorced? Please describe in words which suit you. | | | | | |
| How would you describe your gender? (tick) | | | | | |
| Current Address | | | | | |
| | | | Postcod | e | |
| How long have you lived at this address? | | | | | |
| If less than three years, please give former address. | | | | | |
| Telephone number | Landline: | | | | |
| | Mobile: | | | | |
| E-mail | | | | | |
| Do you own your home or another property in the UK or overseas? | Yes / No | | | | |
| Have you sold one in the past 5 years? | Yes / No | | | | |
| Please circle one of the following | Council Tena | ant | Housing Assoc | ciation Tenant | |
| which best describes your current situation: | Renting Privately Staying with family or friends | | | | |
| | Homeless Other | | | | |
| Please state your weekly or monthly rent amount | £ | | per week / mo | nth | |



| Do you live with anyone else or share a home with them? | |
|---|-----------------------|
| Will you want to live with them at St Mary Newington ? | |
| Give details and your relationship to them. | |
| What would you say are the main | |
| reasons you are looking for a new home? | |
| e.g. current property too large/small, unmanageable, can't manage stairs, family problems | |
| Please give details of your next of | Name |
| kin or the best person to contact in an emergency. | Phone |
| Can we discuss this application with | Relationship to you |
| them now? | Contact now? Yes / No |
| | Name |
| | Phone |
| | Relationship to you |
| | Contact now? Yes / No |



| DAY TO DAY LIVING | | | |
|--|----------|--|--|
| What support do you need to carry out normal daily tasks, if any? | | | |
| What help are you currently receiving? e.g. help with shopping, showering, dressing, preparing meals, housework, cleaning your home? Who provides this help? | | | |
| Is there anything you need that you are <i>not</i> currently receiving? | | | |
| Do you currently have a social services funded care package? | YES / NO | | |
| Tell us about your health. Do you | | | |
| have any disabilities, or other long- | | | |
| term health issues? | | | |
| This can include both physical and mental health issues. | | | |
| Please tell us about any help you | | | |
| may need with managing your | | | |
| finances. (e.g. paying bills, arranging benefits payments) | | | |
| Do you currently receive support? Who provides this support and what do they do for you? | | | |
| Does anyone have power of | | | |
| attorney for you? This is someone, | | | |
| usually a family member who is able to help make decisions about your health or | | | |
| finances. If yes, please state who they are | | | |
| and their contact details | | | |
| | | | |
| | | | |



| Do you provide support or care to another person? | |
|---|--|
| For example, do you have family members (children or adults) whom you regularly look after? | |
| | |
| | |



| YOUR FINANCES Please provide evidence of all you | ur income. Please include copies of 3 months of bank statement |
|---|--|
| for all you | ur accounts |
| Pensions | £ (delete one) |
| State Retirement Pension | week/month |
| Pension Credit | week/month |
| Pension paid by a past employer | week/month |
| Private Pension | week/month |
| Widow's pension | week/month |
| Any other pensions - provide details | week/month |
| Benefits | £ |
| Attendance Allowance | week/month |
| Disability Living Allowance/Personal Independence Payment (PIP) | week/month |
| Income Support/Job Seekers' Allowance | week/month |
| Universal Credit | week/month |
| Housing Benefit | week/month |
| Any other benefits/Direct payments | week/month |
| Other Income | £ |
| Earnings from employment | week/month |
| Investments | week/month |
| Other charity grants | week/month |
| Any other income | week/month |
| TOTAL INCOME | £ week/month |
| Savings | £ |
| Bank Account 1. | |
| Bank Account 2. | |
| Building Society Accounts | |
| National Savings Trust | |
| Premium Bonds | |
| Shares | |
| Any other Savings or Assets | |
| Debts/Loans | |
| Do you have any debts or loans | |
| outstanding? Please provide details or state | |
| none | |



ABOUT YOU Yes / No Are you currently working? If yes, please give details of your present If yes, what is your current employment & who employment, and whether it is full, part-time, is your employee: casual or an informal arrangement. Please include any voluntary work you do here. **Please circle:** Full time/ Part-time/ Casual/Voluntary Please briefly describe what you have done during your adult life e.g. working, raising a family, caring for others, volunteering, activities, hobbies and interests etc (knowing your background and interests can help us better understand how you will be suited to our community) Please tell us a bit about what most attracts you about living at St Mary **Newington Close?** As well as your practical housing needs and affordability you may have connections to the Walworth area etc Do you have any unspent convictions under the **Rehabilitation of Offenders Act** 1974? If yes, please give details



Declaration

- I have read the Charity's eligibility criteria and believe that I am eligible to apply to live at St Mary Newington Close. I declare that the information given in this application is correct and complete to the best of my knowledge and belief.
- I understand that if I accept an offer of housing and it is subsequently discovered that I have given false or misleading information or failed to disclose information relevant to my housing application, Southwark Charities may take enforcement action against me in order to set aside (terminate) any appointment to an almshouse dwelling.
- I accept and understand 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 towards the cost of running the almshouse and charity, and not a rent.
- I confirm that I am able to look after myself and to live independently and safely.
- I confirm that I am eligible to reside and claim benefits in the UK.
- I consent to the Charity holding personal data on this form in accordance with Data Protection Regulations.
- I agree that the Charity may contact me by: (please underline all that apply)

| Email | Post | Telephone | | | |
|---------|---------|-----------|------|--|--|
| Signatu | re | | | | |
| South | wark Ch | arities | | | |
| Januai | ry 2024 | | | | |

Data Protection Statement: It is part of the Charity's responsibilities to ensure that applicants for almshouses are suitably qualified under the terms of the Charity's governing document. The Charity, therefore, needs to investigate the personal circumstances of applicants. The personal data supplied on this form and other information relating to an almshouse appointment or your support needs and 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 ask a member of staff if you would like further details about how we will process your data.



EQUALITIES MONITORING FORM

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 |
| Male Female 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 us 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: