

St Oswald's Hospital – Application Form for an Almshouse

St Oswald's Hospital
The Tything
Worcester
WR1 1HR

Tel: 01905 732 900
Email: stoswalds@worcestercathedral.org.uk
Charity registration number: 233566
Website: worcestercathedral.org.uk/StOswalds

St Oswald's Hospital provides housing for people in need, over 50 years of age, who can live independently and look after themselves. Applicants must have been living in the City of Worcester and areas of Herefordshire for the two years immediately preceding their application.

APPLICATION FORM

Section 1 – About

Full name	
Mr/Mrs/Miss/Ms	
Address	
Post code	
Telephone No	
Mobile No	
Length of time at this address	
Council Tax Band	
Date of Birth	
Age	
Marital status	
Employment History Please give details of any occupations you have followed and for how long. Any present occupations should be included	

Section 2 – About your Family

Next of kin	
Relationship	
Address	
Post Code	
Telephone No	
Mobile No	

Section 3 – About your present home

Type of accommodation (e.g. 3 bedroom, 2 room flat)	
Do you or your spouse own it?	
If 'yes', what is its estimated value?	£
If you do not own the property where you live currently, who does own this property?	
Is this person related to you in any way? If YES what is the relationship?	
If rented, please give the name and address of the landlord	
Current rent	£per week
Do you receive Housing Benefit?	Yes / No
Do you receive Council Tax Benefit?	Yes / No
Why do you wish to leave your present accommodation?	
What are your intentions regarding your current property if you are appointed to an almshouse?	
Is there a mortgage outstanding on the property and, if so, how much is outstanding? If there is no mortgage, please write NONE	
If you or your partner own a property other than the one in which you live, please give details below. This should include property abroad as well as in the UK	Address Post Code

Section 4 – Your income

To enable the trustees of St Oswald's Hospital to assess your application, please provide the following information. This should include details of income and state how regularly you receive them, e.g. weekly, monthly or annually:

	Amount (£)	Frequency
Pensions <ol style="list-style-type: none"> 1. State retirement pension 2. Pension paid by a past employer 3. Private pension 4. Widow's pension 5. Any other pension 		
Social Security Benefits <ol style="list-style-type: none"> 1. Pension Credit 2. Attendance Allowance 3. Any other benefits 		
Other Income <ol style="list-style-type: none"> 1. Annuities 2. Bank Deposit Account 3. Building Society Account 4. Investments 5. Renting property or land that you own 6. Grants from a charity 7. Financial assistance from a relative / friend 8. From a trust fund 9. Any other income – please give details 		

Section 5 – Your Capital

1. Bank accounts	Current Balance
2. Building Society accounts	Current Balance
3. Shares / equities	Current Value
4. National Savings Certificates	Current Value
5. Unit Trusts	Current Value
6. Premium Bonds	Current Value
7. Other investments	Current Value

Section 6 – About your Health and Social Factors

Are you able and willing to look after yourself and your accommodation?	
Please give details of any significant illnesses, injuries or operations during the last five years	
Are there any other health or social factors that you would wish the Trustees to take into consideration when assessing your application?	
Are you receiving continuing treatment for any of the above?	
Name and address of your GP	
	Postcode
The charity will wish to write to your GP asking him to complete a medical certificate. By completing this form you are authorising your GP to provide us with medical information about you.	
Do you have a conviction which is not spent under the Rehabilitation of Offenders Act 1974?	Yes / No
If 'yes', please provide details	

Section 7 – References

Please give the names and address of two responsible people (not relatives) who know you well and whom the charity may approach for a reference

1.	2
Name	Name
Address	Address
Post Code	Post Code

Section 8 – Declaration

<p>I have read the charity's Conditions of Entry and believe that I am eligible to apply to live in one of the charity's almshouses.</p> <p>I have read the charity's Residents' Handbook and agree to abide by it should I be appointed to an almshouse.</p> <p>I declare that the information given in this application is correct and complete to the best of my knowledge and belief.</p> <p>I accept that if I am appointed as a resident I shall be a beneficiary of the charity and not a tenant. Any weekly sum that I pay will be a maintenance contribution and not a rent.</p> <p>I confirm that I am able to look after myself, with the assistance of family and social services if necessary.</p>	
Signature	
Name PLEASE PRINT NAME IN CAPITAL LETTERS	
Date	

Data Protection Statement: it is part of the trustee's 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 or your care management 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 your personal information on request.

Please return your completed application to:

**THE STEWARD
ST OSWALD'S HOSPITAL
c/o CHAPTER OFFICE
8 COLLEGE YARD
WORCESTER
WR1 2LR**