

**ST MARY'S HOSPITAL (ALMSHOUSES)**  
**ST MARTIN'S SQUARE**  
**CHICHESTER**  
**WEST SUSSEX PO19 1NR**

*Registered Charity No: 202631*

**APPLICATION FORM FOR ADMISSION AS RESIDENT**

The Hospital of the Blessed Virgin Mary (St Mary's Hospital) provides housing for people in need in accordance with the charity's governing documents. The charity's entry criteria are "a person of limited means, aged 60 or over, who has resided in any ecclesiastical parish in the Diocese of Chichester any part of which is within 15 miles of Chichester Cathedral for the 5 years preceding their application."

Applicants must be in sufficiently good health to cook and housekeep for themselves.



**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 or your care 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.

**Section 1: ABOUT YOU**

Full Name:			
Mr/Mrs/Miss/Ms:			
Address:	Post Code:		
Length of time at this address:		How long have you lived in the area of eligibility?	
Do you have the right to reside in the UK?	YES / NO	Date of Birth:	
Religion:		Age:	
Church you attend:			
Contact details:	Home tel: Mobile:	Email:	

**Second Applicant (if applicable)**

Relationship to you:			
Full Name:			
Mr/Mrs/Miss/Ms:			
Address (if different):			

	Post Code:		
Length of time at this address:		How long have they lived in the area of eligibility?	
Does this person have the right to reside in the UK?	YES / NO	Date of Birth:	
Religion:		Age:	
Church attends:			
Contact details:	Home tel: Mobile:	Email:	

## Section 2: ABOUT YOUR FAMILY

Next of kin:			
Relationship:			
Address:	Post Code:		
Contact details:	Home tel: Mobile:	Email:	

## Section 3: ABOUT YOUR PRESENT HOME

Type of accommodation: eg: 3 bedroom house, 2 room flat			
Do you, or your spouse/partner, own it?	YES / NO	If YES, what is its present estimated value?	
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 do not own the property where you currently live, who does own this property?			
Is this person related to you in any way? If YES, what is the relationship?			
If you, or your spouse/partner, have <b>previously</b> owned the property where you currently live, in what circumstances did you cease to be the owner?			
If rented, please give name and address of your landlord: <i>NB The trustees will require a reference from your landlord prior to an appointment being made.</i>			
Current rent: £	per week	OR	£
	pcm	Rent per annum:	£

Do you receive housing benefit or other benefits to help with housing costs?	YES / NO	Do you receive a council tax discount or reduction?	YES / NO
Why do you wish to leave your present accommodation?			
What are your intentions regarding your current accommodation if you are appointed to an almshouse?			
What other avenues have you explored (or are exploring) to secure alternative accommodation? <i>eg housing office, housing associations, private sector renting</i>			

## Section 4 – YOUR INCOME

To enable the Trustees to assess your application, please provide the following information. This should include details of all sources of income and state how frequently you receive them (eg weekly, monthly or annually).

	Amount	Frequency
<b>Pensions:</b>		
1. State retirement pension	£ .....	.....
2. Pension paid by a past employer	£ .....	.....
3. Private pension	£ .....	.....
4. Widows/Widower's pension	£ .....	.....
5. Any other pension	£ .....	.....
<b>Social Security Benefits:</b>		
1. Pension Credit	£ .....	.....
2. Attendance Allowance	£ .....	.....
3. Universal Credit	£ .....	.....
4. Other benefits	£ .....	.....
<b>Employment or Self-Employment:</b>		
Please explain type of employment and hours of work:		
.....	£ .....	.....
.....	£ .....	.....
<i>You will be required to show evidence of earnings such as payslips or proof of earnings (if self-employed) at interview.</i>		

<b>Other Income:</b>		
1. Annuities	£ .....	.....
2. Bank Deposit Account interest	£ .....	.....
3. Building Society Account interest	£ .....	.....
4. Investment	£ .....	.....
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 – <i>please give details</i>	£ .....	.....

## Section 5 – YOUR CAPITAL

TYPE	DETAILS	CURRENT BALANCE/VALUE
Bank Accounts	..... .....	£ ..... £ .....
Building Society Accounts	..... .....	£ ..... £ .....
Shares	..... .....	£ ..... £ .....
National Savings	..... .....	£ ..... £ .....
Other property held by you but not lived in	..... .....	£ ..... £ .....

## Section 6 – BORROWING

Do you have any loans or other debts outstanding (other than that noted under Section 3)?	YES / NO	If <b>YES</b> , please provide details.
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## Section 7 – ABOUT YOUR HEALTH & SOCIAL FACTORS

Are you able and willing to live independently and to look after yourself and your accommodation?		YES / NO
Please give details of any significant illnesses, injuries or operations during the last five years.		
Are you currently receiving treatment for any illnesses?		YES / NO
If <b>YES</b> , please give details:		
Are there any other health or social factors that you would wish the trustees to take into consideration when assessing your application?		YES / NO
If <b>YES</b> , please give details:		
Name & address of your GP:	Post Code:	

*The charity will wish to write to your GP asking him/her to complete a medical certificate to enable your application to be considered further. If you are appointed as a resident and, at a later date, trustees become concerned about your health and/or your ability to continue to live independently they may need to obtain a further medical report. By signing and returning the declaration at the end of this form you authorise your GP to provide us with the medical information about you either now or in the future.*

Do you have a conviction which is not spent under the Rehabilitation of Offenders Act 1974?		YES / NO
If <b>YES</b> , please provide details:		

## Section 8 – REFERENCES

Please provide the names and addresses of two responsible lay persons (not relatives) who know you well and a priest or minister of religion to whom the Trustees may make an approach for a reference.

1.	Email (if avail):
2.	Email (if avail):
3. Priest or Minister of Religion	Email (if avail):

**Section 9 – REASONS FOR APPLYING**

Please provide below your reasons for applying to St Mary’s Hospital.  
Include, where possible, information relevant to the entry criteria (see page one)

[Empty text box for providing reasons for applying to St Mary’s Hospital]

## Section 10 – DECLARATION

I/We have read the charity's entry criteria and believe that I/we am/are eligible to apply to live in one of the charity's almshouses.

I/We declare that the information given in this application is correct and complete to the best of my/our knowledge and belief. **I/We understand that the Trustees would be entitled to terminate any appointment to an almshouse dwelling I/we may be given as a result of this application, if my/our answers in this application form are untrue, or misleading in any respect (for example, due to omitting or misstating relevant facts).**

I/We have read this application form carefully (and the charity's Terms of Appointment) and agree to abide by them should I/we be appointed to an almshouse.

I/We accept that if appointed as a resident(s) I/we shall be a beneficiary of the charity and not a tenant. Any weekly sum I/we pay will be a maintenance contribution and not a rent.

I/We confirm that I/we am/are able to look after myself/ourselves and to live independently, with the assistance of family and social services if necessary.

I/We consent to my/our GP or other medical attendant providing the charity with a medical certificate or report about my/our health and condition now or at a future date in accordance with the terms of the form of authority under Section 7.

I/We declare that I/we am/are legally entitled to reside in the UK (under immigration law) and will provide evidence of this when requested.

*A few examples of acceptable evidence: current UK passport, driving licence or birth/adoption certificate, recent correspondence from HMRC, a UK Government department (inc Pensions), local authority. A full list of acceptable evidence will be provided if necessary.*

I/We consent to the charity holding personal data on this form in accordance with Data Protection Regulations.

I/We agree that the charity may contact me/us by: (please tick as appropriate)

Email

Post

Telephone

SIGNATURE(s): .....

NAME(s): .....

*Please print in capital letters*

DATE: .....

Please return your completed application form to:

The Clerk to the Trustees of St Mary's Hospital  
The Royal Chantry  
Cathedral Cloisters  
Chichester  
PO19 1PX

Tel: 01243 812491

Email: [chaptersec@chichestercathedral.org.uk](mailto:chaptersec@chichestercathedral.org.uk)