

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

FORM OF APPLICATION FOR ADMISSION AS A RESIDENT or RESIDENT COUPLE

FULL NAME(s):	1. <div style="border: 1px solid black; height: 20px;"></div>
	2. <div style="border: 1px solid black; height: 20px;"></div>

ADDRESS:	<div style="border: 1px solid black; height: 40px;"></div>
	POSTCODE: <div style="border: 1px solid black; width: 150px; height: 20px;"></div>

TELEPHONE Nos:	Home: <div style="border: 1px solid black; width: 150px; height: 20px;"></div>	Mobile:	1. <div style="border: 1px solid black; width: 100px; height: 20px;"></div>
EMAIL:	<div style="border: 1px solid black; width: 150px; height: 20px;"></div>		2. <div style="border: 1px solid black; width: 100px; height: 20px;"></div>

MARITAL STATUS: <div style="border: 1px solid black; width: 150px; height: 20px;"></div>	RELIGION: <div style="border: 1px solid black; width: 100px; height: 20px;"></div>
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CHURCH YOU ATTEND:	<div style="border: 1px solid black; width: 200px; height: 20px;"></div>
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DATE(s) OF BIRTH:	1. <div style="border: 1px solid black; width: 150px; height: 20px;"></div>	AGE(s):	1. <div style="border: 1px solid black; width: 100px; height: 20px;"></div>
	2. <div style="border: 1px solid black; width: 150px; height: 20px;"></div>		2. <div style="border: 1px solid black; width: 100px; height: 20px;"></div>

HOW LONG HAVE YOU LIVED IN THE AREA OF ELIGIBILITY? <i>(*see last page for definition)</i>	<div style="border: 1px solid black; width: 200px; height: 20px;"></div>
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NEXT of KIN:	<div style="border: 1px solid black; width: 200px; height: 20px;"></div>
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RELATIONSHIP:	<div style="border: 1px solid black; width: 200px; height: 20px;"></div>
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ADDRESS:	<div style="border: 1px solid black; height: 40px;"></div>
	POSTCODE: <div style="border: 1px solid black; width: 150px; height: 20px;"></div>

TELEPHONE Nos:	Home: <div style="border: 1px solid black; width: 150px; height: 20px;"></div>	Mobile:	<div style="border: 1px solid black; width: 100px; height: 20px;"></div>
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EMPLOYMENT STATUS: RETIRED / EMPLOYED

If 'EMPLOYED': How many hours per week do you work?	<div style="border: 1px solid black; width: 100px; height: 20px;"></div>
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Nature of employment and employer details:

Do you have any convictions that are not 'spent' under the
Rehabilitation of Offenders Act 1974?

YES / NO

If 'YES', please provide details:

About Your Present Home

Do you OWN or RENT the property? OWN / RENT

If NOT 'owned' or 'rented', please advise who does own the property and your relationship with them:

About Your Health

Brief Statement of Health:

please include details of any significant illnesses, injuries or operations during the last five years

Are you able and willing to look after yourself and your accommodation? YES / NO

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:

Postcode:

NB If applications are considered eligible, the Trustees will, with the consent of the applicant, write to the doctor to obtain his/her opinion that the applicant is able to care for themselves and his/her accommodation. The Trustees may also require, with the consent of the applicant, to call for their own independent medical report.

DETAILS OF FINANCIAL POSITION

a) CAPITAL:

a. Value of Current Property (if owned)

£

b. Outstanding mortgage (if applic)

£

Total equity remaining in Property (a minus b)

£

Value of Investments (please give details eg shares, Premium Bonds etc)

i.

£

ii.

£

iii.

£

£

Cash at Bank

£

Cash at Building Society

£

£

Any Other Capital (please give details)

i.

£

ii.

£

£

TOTAL CAPITAL

£

b) ANNUAL INCOME:

Employment Earnings (after deductions)

£

State Pension

£

pa

Other Pensions (please give details)

i.

£

pa

ii.

£

pa

£

Supplementary Benefit (please give details)

i.

£

pa

ii.

£

pa

£

Interest received from:

Bank

£

pa

Building Society

£

pa

Investments

£

pa

£

Any Other Income: (please give details)

£

TOTAL ANNUAL INCOME

£

c) CURRENT EXPENSES:

Mortgage / Rent (delete as appropriate)

£

pa

Utilities ie Gas/Electricity/Water

£

pa

Council Tax

£

pa

Other (please give details eg car expenses, telecommunications etc)

i.

£

pa

ii.

£

pa

iii.

£

pa

TOTAL ANNUAL EXPENSES

£

For Office

Use Only:

Have the welfare authorities knowledge of your present circumstances?

YES / NO

If "Yes", please give the name and office address of your welfare officer:

Please advise what other avenues you have explored (or are exploring) to secure alternative accommodation:

eg housing office, housing associations, private sector renting

REFERENCES

Please provide the names and addresses of two lay persons (not relatives) and a priest or minister of religion to whom the Trustees may approach for a character reference:

1

2

3 Priest or Minister of Religion

PLEASE PROVIDE BELOW YOUR REASONS FOR APPLYING TO ST MARY'S HOSPITAL:
Include, where possible, information relevant to the entry criteria (see over)

St Mary's Hospital Entry Criteria:

Applicants to be eligible for appointment must be elderly persons of limited means, of good character and in sympathy with the religion of the Church of England, who have resided in the City of Chichester or in an Ecclesiastical Parish in the Diocese of Chichester any part of which is within 15 miles of the Cathedral Church of Chichester for the five years preceding their application* (*area of eligibility)

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

Declaration:

(Please tick)

I declare that I am aware of the charity's 'entry criteria' and believe I am eligible to apply to live in one of the charity's almshouses.

☐

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

☐

I declare that the information given in this application is correct and complete to the best of my knowledge and belief.

☐

I accept that, if appointed as resident, I shall be a beneficiary of the charity and not a tenant. Any sum paid will be a contribution towards utility costs and maintenance of the accommodation.

☐

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

SIGNATURE(s) OF APPLICANT(s):

1.

2.

DATE:

The information given on this Application Form and the references obtained will be used solely by the Trustees of St Mary's Hospital in connection with the application for accommodation.

Please return your completed form to:

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



Data Protection Statement

It is a Charity Commission requirement to investigate the personal circumstances of applicants for almshouses. 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.