Application for Almshouse Housing

Guidance Notes



Please read these notes carefully before completing the Application Form

Each completed application is assessed against the eligibility criteria detailed below; after which, you will be notified in writing of our decision. We would kindly ask you to note that all eligibility criteria must be met in order to qualify for housing with us and submitting an application does not guarantee you will be accepted onto our Waiting List.

You will also be required to provide relevant additional information in support of your application, which is used to confirm your eligibility, plus determine any additional priority status for rehousing. It is important that you complete the form fully and provide us with all relevant information in order to avoid your application being delayed.

A. Eligibility Criteria

To be eligible for housing at the Wyggestons and Trinity Almshouses, applicants must:

- Be over the age of 60.
- Be in need of housing.
- Be living within Leicestershire or have a strong connection with the county (e.g. a close family member living here).
- Not have over £250,000 in assets (this is reviewed annually).

Should an application not meet all of the above criteria; the Application Form will not be processed and the applicant(s) will be notified in writing.

B. General Information

Please:

- Read the questions carefully and fill in every section of the form as fully as you can. If you think some parts do not apply, write N/A (not applicable) in the spaces provided.
- Make sure any information you provide is clear and precise, as this will be used to determine
 your priority level, which in turn could impact how long you will wait before receiving an offer of
 accommodation.
- Complete the Proof Document Checklist and send copies of any required documentation along with the Application Form.

Completed applications should be returned to:

The Admin Team | Wyggestons | Lancaster House | 160 Hinckley Road | Leicester | LE3 OUX



Wyggestons

0116 255 9174

enquiries@wyggestons.org.uk

www.wyggestons.org.uk

160 Hinckley Road | Leicester | LE3 0UX



Trinity Hospital

(0116 255 4829

office@trinityleicester.org.uk

www.trinityleicester.org.uk

Registered Charity No. 216873

Application for Almshouse Housing

Guidance Notes



Data Protection Statement

It is part of the Trustees' responsibility to ensure that applicants for almshouses are suitably qualified under the terms of the Charity's governing document. The personal data supplied on this form and other information relating to an almshouse appointment or your care management will be held on file. As the Charity reserves the right to investigate and verify the contents of applications, some details may be checked with relevant organisations, but all personal information will be handled sensitively and in accordance with current data protection regulations. You may have access to your personal information on request.

D. What happens next?



Application considered by the Charity

Our Admin Team will be in contact within 14 days of receipt to confirm eligibility

If eligible, you will be invited to attend an informal interview

Subject to interview outcome, you will be added to our Waiting List

As you will appreciate, we receive a large number of applications for only a limited number of properties and regrettably this means that there can be disappointment if applicants are not accepted onto our waiting list. It is important that we inform potential applicants that when properties become available, these are allocated based on need. If your housing situation is pressing, we would recommend you also contact other local almshouses and Housing Associations.

Proof Document Checklist



Please send us **all** of the below listed documents that apply to you. Please note that some documentation may cover more than one area; in which instance, please provide one copy only, per person. Where a request is not relevant, please write in N/A, otherwise tick the box where documents are enclosed. Failure to provide all documentation will prevent us from processing your application.

Right to Rent Any applicant must have UK citizenship or indefinite/exceptional leave to remain in the UK with access to public funds. Please provide a copy of your passport or UK birth certificate.	
National Insurance Number Please provide a recent payslip, NI card, DWP/benefit/state pension letter, or any other official document that shows a NI number.	
Proof of Address Please provide proof of all addresses you have lived at, covering the last five years. This can be a bank statement, utility bill or any other official document with a name, address and date on it.	
Proof of Savings/Financial Circumstances Please provide copies of bank/savings account statements for all accounts held, dated within the last two months; and/or property valuation(s), sales brochure(s) and mortgage statement as appropriate.	
Proof of Income Please provide evidence of earnings (such as payslips or proof of earnings), pension or benefits, dated within the last two months.	



Section 1: About You

First Applicant	Full Name (inc. Title):			Date of Birth:	NI No.
Second Applicant	Full Name (inc. Title):			Date of Birth:	NI No.
Contact Details	Email Address(es): Phone Nun		mber(s):		
		,			
Current Address	Postcode:	How long ha	ave you lived	d at this address?	

If you have lived at your current address for less than 5 years, please provide previous addresses below:

Address	Date from	Date to	Name and address of landlord (if rented)



Section 2; Where you live now

Property Details	Please give a brief description of the property y bathrooms, condition, etc.):	ou live in (e.g., number of bedrooms/	
Current	Do you live in a non-domestic setting e.g Reside Yes No	ential Home, Hostel, Hospital, etc.?	
Residence	If you have answered Yes to the above, please give details:		
Renting	How long have you been a tenant at the proper	ty?	
	Full Name:		
Landlord Please note your landlord must be one of the referees provided in section 14.	Please note your landlord must be one of the referees		
	Phone Number:		
2	What is your current rent? £	○ Weekly ○ Monthly ○ Yearly	
Details	How much notice do you have to give?		



Section 2; Where you live now (continued)

	What is the estimated sale value? ${f f}$				
	Do you have an outstanding mortgage/securd loan(s)?				
Home Owner	○ Yes ○ No I	If yes, what is	the outstan	ding value? £	
	Have you taken out eq	uity release?	£		
	Living Room:	Bedroom:		Kitchen:	Bathroom:
Current use	Yes	○ Yes		○ Yes	○ Yes
Do you currently	○No	○ No		○ No	○ No
have exclusive use of the following? If you have answered No to any of the above, please give details of how many peop share with:				how many people you	
	Bath or Shower:		Please pro	vide details where ap	opropriate:
	○ Yes ○ No				
	Stairs:				
	Yes No				
Housing Condition	Adequate Kitchen Fac	rilities.			
Does your present residence have the	Yes No				
following?	Dampness or Condensation:				
	○ Yes ○ No				
	Any Serious Repairs I	Problems:			
	○ Yes ○ No				
	Does your accommoda	ation have sn	ecial adapts	ations?	
	Yes No	ατιστι παν ε 3μ	σειαι αυαρια	acionis:	
Adaptations	If you have answered `	Yes to the ab	ove, please s	give details:	
			,,,	-	



Important Information

- When completing this section we would encourage you to tick as many accommodations as possible, in order to give you the best chance of being appointed to an almshouse property.
- We would ask you to note that appointments to properties are based on level of need, as opposed to time spent on the Waiting List and we therefore recommend that applicants consider all housing options available to them.
- Please note that single applicants will not be considered for 2 Bed properties, in line with our Allocations Policy.

Section 3; Where you want to move to

William House Wyggestons	1 Bed Flat	2 Bed Flat	
Lancaster House Wyggestons	1 Bed Flat	2 Bed Flat	Please tick all options
The Cottages Wyggestons	2 Bed Bungalow) 2 Bed Bungalow	
Trinity Hospital	◯ 1 Bed Flat	◯ 2 Bed Flat	
Location	Ground Floor	First Floor	O Second Floor
and Access Our William House, Lancaster House and Trinity Hospital locations are comprised ground and upper floor accommodation. Please indicate your preference as to location, but please note we cannot guarantee availability.			



Section 4; Your needs and support requirements

		First Applicant	Second Applicant
Wheelchairs Do you have and use a wheelchair?	Yes, all the time	0	\bigcirc
	Only indoors	\circ	\bigcirc
	Only outdoors	0	\circ
	No, never	0	\circ
	Walking	0	\circ
Mobility	Standing	0	\circ
Do you have any of the following mobility problems?	Climbing a step	0	\circ
	Climbing stairs	0	0
Daily Living Do you need any advice, help or support with daily living tasks (e.g. cooking, cleaning, washing, dressing)?	Yes	0	\bigcirc
	No	0	\circ



Section 4; Your needs and support requirements (continued)

			First Applicant	Second Applicant
Disabilities Under the Disability Discrimination Act 1995 a person is considered to have a disability if they have a physical or mental impairment which has a substantial and long term effect on their ability to carry out normal day to day activities. Do you consider that you meet this definition of disability?		Yes	0	0
		No	0	0
Agencies	a with T	Yes	\circ	0
Are there any agencies that provide you with care and support? If yes, please provide details below.		No	0	\circ
Type of care/support provided:	d: Company/O			
Contact Name:	Contact Ph			
Social Workers Do you have a named Social Worker?		Yes	\circ	0
Do you have a named Social Worker? If yes, please provide details below.		No	0	\circ
Local Authority:				
Contact Name:	Contact Pho	one Number:		



Section 5: Your Health

Medical Conditions Please list any medical conditions that you have.	
First Applicant	Second Applicant

Allergies Please list any allegies that you have.	
First Applicant	Second Applicant



Frequency

Amount

Section 6: Your Income

To enable the trustees to assess your application, please provide the following information. Please include details of all sources of income and state how frequently you receive them (e.g. weekly, monthly or yearly).

	State retirement pension				
Pensions	Pension paid by a past employer				
rensions	Private pension	Private pension			
	Widow's or widower's pension				
	Pension Credit				
Social Security					
Benefit	Universal Credit/Housing Beneif	t			
	Any other benefits				
Employment/Self- If applicable, please in	Employment form us of your type of employment	and hours of work.			
First Applicant	t Second Applicant				



Section 6: Your Income (continued)

To enable the trustees to assess your application, please provide the following information. Please include details of all sources of income and state how frequently you receive them (e.g. weekly, monthly or yearly).

		Amount	Frequency
	Annuities		
	Bank Interest		
	Investments		
Other Income	Rental property or land that you own		
Otner Income	Grants from a charity		
	Financial assistance from a relative/friend		
	From a trust fund		
	Any other income (please give details below)		
Other income details (if	fapplicable):		



Section 7: Your Capital

First Applicant

Second Applicant

Bank/Building Society Accounts	Current Balance: £ if you have more than one account, please total all balances.	Current Balance: £ if you have more than one account, please total all balances.
Shares	Current Value: £	Current Value: £
National Savings (e.g. National Savings Certificates, etc.)	Amount Held: £	Amount Held: £
Unit Trusts/OEICs	Current Value: £	Current Value: £
Premium Bonds	Amount Held: £	Amount Held: £

Section 8: Your Borrowing

Loans and Debts Do you have any loans or other debts outstanding? If so, please provide details.			
First Applicant	Second Applicant		



Section 9: Why you want to move to the Almshouses

Information Please give us as much information as possible to support your application.		



Section 10: Other Information

Convictions Have you ever been convicted of a criminal offence? Please give full details below.				
First Applicant	Second Applicant			
Evictions Have you ever been evicted from a tenancy? Please give full details below.				
First Applicant	Second Applicant			
Антоона				
Arrears Do you have any outstanding rent arrears with your current or past landlords? Please give full details below.				
First Applicant	Second Applicant			



Section 11: References

Please provide two referees. One should be someone who is not related to you, but who you have known for at least three years. The other, must be your current landlord (where applicable).

Reference 1 Full Name	
Reference 1 Address	
Reference 1 Phone Number	
Reference 1 Email Address	
Reference 2 Full Name	
Reference 2 Address	
Reference 2 Phone Number	
Reference 2 Email Address	



Section 12: Assistance in completing this form

If this form has been filled in by someone other than the applicant(s), please tell us why they are filling in this form.

Reason(s)	
Relationship to Applicant(s)	
Phone Number	
Email Address	
Name of Person	
Signature of Person	
Date	

WYGGESTONS & TRINITY ALMSHOUSES

Section 13: Declaration

I/we believe that I am/we 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 allocated 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 agree to abide by it should I/we be appointed to an almshouse.

I/we accept that if I am/we are appointed as a resident/residents I/we shall be a beneficiary/ beneficiaries of the Charity and not a tenant/tenants. Any weekly sum I/we pay will be a maintenance contribution and not a rent.

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

First Applicant	Signature:	Date:
Second Applicant	Signature:	Date:

Final Check

Before sending us your application please ensure that you have completed all sections of the form and provided all relevant supporting documentation (see checklist on page 3).



Wyggestons

- **Q** 0116 255 9174
- enquiries@wyggestons.org.uk
- www.wyggestons.org.uk
- (9) 160 Hinckley Road | Leicester | LE3 OUX



Trinity Hospital

- **(** 0116 255 4829
- office@trinityleicester.org.uk
- www.trinityleicester.org.uk

(f) (in) Registered Charity No. 216873