



THE CHARTERHOUSE – KINGSTON UPON HULL

Founded in A.D. 1384 by Michael de la Pole, Earl of Suffolk

REGISTERED CHARITY REGISTRATION No. 225257

The Charterhouse provides housing for people in need over 60 years of age.

THE INFORMATION CONTAINED IN THIS APPLICATION FORM WILL BE PROVIDED TO THE CHARITY IN CONFIDENCE AND WILL NOT BE DISCLOSED TO ANYONE OTHER THAN THE CLERK AND TRUSTEES.

Applicants are advised that failure to disclose any relevant information may prejudice their application. Misleading or inaccurate information may lead to your appointment being set aside at some time in the future and your having to leave the Charterhouse.

This completed form should be forwarded to

The Clerk to the Trustees
The Charterhouse
Charterhouse Lane
Hull
HU2 8AF

1. PERSONAL DETAILS

Name(s) in full

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Address & Postcode

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.....Tel No.

Length of time at this address Council Tax Band

Date(s) of birth Age(s) National insurance Numbers(s)

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References: Please give the names and addresses of two persons from whom references may be obtained and enclose the references with this form.

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1. PERSONAL DETAILS (continued)

Next of kin, close relative or significant other: please give the name and address of someone close to you who will be prepared to take responsibility for your welfare in case of need and enclose with this form a letter from him or her undertaking to do so.

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2. FINANCIAL INFORMATION

To enable the Trustees to assess your application, please provide the following information:

Net income Please answer all questions. Enter 'NIL' where appropriate.

		AMOUNT PER WEEK	
		YOURSELF	SPOUSE
Pensions	State Retirement Pension		
	Widow's Pension/Widow's Allowance		
	Industrial Injuries Benefit		
	War Disablement Pension		
	War Widow's Pension		
	Superannuation (pension from former employer)		
	Widow's Pension (from late husband's employer)		
	Pension Credit		
Allowances	Attendance Allowance		
	Mobility allowance		
	Invalid Care Allowance		
	Severe Disablement Allowance		
	Disability Living Allowance		
Benefits	Incapacity Benefit		
	Income Support		
	Housing Benefit		
	Council Tax Benefit		

Any other income: Details

3. SAVINGS AND CAPITAL

Please answer all questions Enter 'NIL' where appropriate

AMOUNT PER WEEK

YOURSELF SPOUSE

Bank Accounts

Post Office Accounts

Building Society Accounts

National Savings Certificate (state date bought)

Premium Bonds

Redundancy Payments (if in last 12 months)

Cash – including cash held at home

Any other capital – give details

Stocks/shares/ unit trusts – please give current value or state name of companies and number of stocks/shares held, on a separate sheet of paper.

If you or your partner own property other than the one you live in, please give details below:

Address Value £ Mortgage £
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4. PRESENT ACCOMMODATION

Do you or your spouse own your present accommodation? YES/NO

If YES, what is the present estimated value of the property? £

Please give a very simple description of the property you own
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What are your intentions regarding this property if you are offered a Charterhouse Flat?
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How much money do you still need to pay on a mortgage associated with this property? If none, write NONE

If you do not own the property where you currently live, who does own it?
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Is this person related to you in any way? If Yes, what is the relationship?

5. HEALTH AND SOCIAL FACTORS

Are there any health or social factors that you would wish the Trustees to take into consideration when assessing your application? Please state if there are specific medical reasons you wish to have considered.

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Please confirm that the Trustees may consult your GP (in confidence) in connection with your application. YES/NO

GPs details

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Our governing instrument states that residents should be of good character and so we need to ask if you have any criminal convictions. A conviction will not automatically exclude you from being considered as an applicant but the Trustees need to be fully aware of your circumstances. Do you have any criminal convictions? YES/NO

6. CERTIFICATION

I certify that the details above are correct to the best of my knowledge and belief and that this application is submitted in good faith. I confirm that I am able to look after myself, with the assistance of family and social services if necessary. I accept that if I am appointed as a resident I shall not be a tenant. Any weekly sum I pay will be a maintenance contribution and not rent.

Signed

Date

DATA PROTECTION STATEMENT. IT IS PART OF THE TRUSTEES' RESPONSIBILITY TO ENSURE THAT APPLICANTS ARE SUITABLY QUALIFIED UNDER THE TERMS OF THE CHARITY'S GOVERNING INSTRUMENT. TRUSTEES THEREFORE NEED TO INVESTIGATE THE PERSONAL CIRCUMSTANCES OF APPLICANTS. THE PERSONAL DATA SUPPLIED ON THIS FORM AND OTHER INFORMATION RELATING TO THE APPOINTMENT OR YOUR WELFARE, 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.