



## WADDINGTON HOSPITAL

### APPLICATION FOR ALMSHOUSE ACCOMMODATION

Please answer all questions fully and clearly, and then read the declaration at the bottom of the form before signing. If you have any difficulties completing the form please contact the Charity's Clerk for assistance.

1.	Your Full Name	
2.	Your Date of Birth	
3.	Your Marital Status	
4.	Contact details: Current address:  Postcode:  Telephone number:  Email address:	
5.	Please TICK which type of accommodation you currently reside in.  House Bungalow Flat with Warden Control Flat without Warden Control Other (please state)	
7.	How long have you lived at your current address?	YEARS
8.	If LESS THAN 5 YEARS, please give previous address of where you have lived and the number of years at that address. If rented please give:-  Landlord's Name: (if appropriate) Address Tel:	

9.	<p>If you OWN the property where you currently live, please complete this section:-</p> <p>What is the approx. current market value? £</p> <p>How much mortgage do you owe? £</p>	
<p>NB We may require sight of a current valuation of the property and/or details of any outstanding mortgage should you be invited for interview.</p>		
10.	<p>If you DO NOT OWN your property, please complete this section:-</p> <p>Who is your Landlord?</p> <p>Are they related to you? YES / NO If YES please confirm relationship.</p> <p>What is your present monthly rent (before deducting of housing benefit/council tax benefit)?</p>	<p>£ per month</p>
11	<p>Have you made an application to any other housing providers, including Local Authorities, for accommodation?</p> <p>If YES please complete the following questions:-</p> <p>Name of Housing Provider</p> <p>Date of application</p> <p>Housing Provider's response</p>	<p>YES / NO</p> <p>YES / NO</p>
12	<p>Are you able to look after yourself and lead a fully independent life (eg showering, shopping, dressing, preparing meals, cleaning your cottage)</p> <p>If NO please give further details on how you need assistance, i.e. current adaptations or aids for bath/shower/toilet</p>	<p>YES / NO</p>

13	<p>Do you have any issues of mobility (ie walking frame, hearing or impaired vision)</p> <p>If yes, please give full details of difficulty.</p>	<p>YES / NO</p>
14.	<p>Please provide brief details of all ongoing medical conditions you currently have.</p> <p>[All information provided will be treated in the strictest confidence]</p>	
15	<p>Please give the name, address and telephone number of your usual doctor. (We will seek your consent to obtain further medical details from your GP )</p> <p>GP Name: [block letters]</p> <p>GP Address: [block letters]</p> <p>GP Tel No:</p>	
16.	<p>Please give the names and addresses of TWO persons who have known you for at least 3 years who are willing to be contacted by the Charity in support of your application. If possible one referee should be a close relative and a landlord if you are (or have been) in rented property</p> <p>First Referee:</p> <p>Name: [Block Letters]</p> <p>Email Address:</p> <p>Postal Address (inc Postcode) [Block Letters]</p>	

	<p>Second Referee:</p> <p>Name: [Block letters]</p> <p>Email Address:</p> <p>Postal Address (inc Postcode) [block letters]</p>	
17.	<p>Do you have an active role in your local community? For example, do you attend any clubs? If YES, please give details.</p> <p>Do you attend church regularly?</p>	<p>YES/NO</p> <p>YES/NO</p>
18	<p>Please give FULL details of your monthly income as follows:-</p> <p>Salary from any part-time/casual employment</p> <p>Government Basic State Pension (monthly figure)</p> <p>Do you receive any work related pension(s)?</p> <p>If YES please give full details of EVERY pension and the monthly amount received:-</p> <p>Company Name(s)</p> <p>Monthly amount received from each pension</p>	<p>NB We may require evidence of the above income</p>
19.	<p>If you receive Government Benefits please give full details of the MONTHLY amount you receive for each:</p> <p>Housing Benefit</p> <p>Council Tax Benefit</p> <p>Pension Credit</p> <p>Pensions Savings Credit</p>	

	<p>Attendance Allowance</p> <p>Carers Allowance</p> <p>Disability Living Allowance</p> <p>Other (please state)</p>	
20.	<p>Please provide estimates of ALL your other capital as follows:-</p> <ul style="list-style-type: none"> <li>• Total balance in Bank &amp; Building Society Accounts</li> <li>• Total amount in Shares/Bonds/ISA's</li> </ul>	<p>£</p> <p>£</p>
21.	<p>In the past TEN years:-</p> <p>Have you owned any other property either in this country or abroad (other than where you currently live? See question 9) If so, what value</p> <p>Or sold a property either in this country or abroad? If so, what date did you sell the property and what were the proceeds of sale?</p> <p>Have you transferred ownership of your home to a family member? If so, when and what were the circumstances.</p> <p>Do you have a financial share in any family property? If so, what value?</p>	<p>YES/NO</p> <p>£</p> <p>YES/NO</p> <p>£</p> <p>YES/NO</p> <p>YES/NO</p> <p>£</p>
22.	<p>Do you have any family in Ribble Valley or the surrounding area? If so, please provide their name, address, telephone and their relationship to you.</p>	<p>YES/NO</p>
23	<p>Have you made a Will?</p>	<p>YES/NO</p>

24.	Have you put in place a Lasting or Enduring Power of Attorney with respect to your financial affairs and your health & welfare?	YES/NO
25.	Please give a full explanation, in your own words, why you have applied to Waddington Almshouses for accommodation within our community, and describe briefly what you believe you can add to our community. [Please use a separate piece of paper if you wish].	
26.	Do you own a car?  Are you registered disabled and are a blue badge holder?  If YES do you wish to apply for one of the limited car spaces within the grounds of the Almshouse, if available?	YES/NO  YES/NO  YES/NO
26.	Where did you hear about the Charity i.e website, advertisement, word of mouth?	

**DECLARATION BY APPLICANT**

I CONFIRM that the information given on this application form, including my financial information, is true, accurate and complete. I authorise and agree to Waddington Almshouse to making further enquiries, regarding the financial or medical information which I have provided.

Signed .....

Date .....

PLEASE RETURN YOUR COMPLETED FORM TO:-

Mrs. C. Turner  
Clerk to Waddington Hospital  
The Warden's House  
West Bradford Road  
Clitheroe BB7 3JB