



Lingfield United Trust

Application Form for the Almshouse at 1 HoChee Cottages, Plough Road, Dormansland, RH7 6PS

The general description of an almshouse is “a home provided by a charity for a needy person.” The Trustees would particularly welcome applications from people over sixty years of age who have lived in our area or who have a connection to Dormansland. **Individuals or couples may apply.**

If your finances are sufficient to own or purchase a property you are unlikely to be eligible.

There is a **NO SMOKING** and **NO PETS** policy.

We recommend that you look at our website: www.lingfieldunitedtrust.org

Shortlisted applicants will be offered the chance to view this one-bedroom semi-detached property at interview.

**Please answer every question as only completed forms will be considered.
Please use black ink to fill in this form.**

The closing date for applications is 2nd August 2024.

Trustees will invite shortlisted applicants for interview on 14th August.

OUR UNDERTAKING TO YOU

The Trustees and Clerk of the charity will keep your information safely in line with our Data Protection Policy.

Once the vacancy has been offered, checks have been completed and the applicant has taken up residence, all other applications will be destroyed.

Registered Charity no 1150971

Joint Chair – Gill Williams, 5 College Close, Lingfield RH7 6HG

Joint Chair – Richard Young, Providence Cottage, Lingfield Common Road, Lingfield, RH7 6BZ

Clerk to the Trustees – Anna Baker, 17 Headland Way, Lingfield, Surrey RH7 6DH tel 01342 835545

Lingfield United Trust registered address - 1 HoChee Cottages, Plough Road, Dormansland, Surrey RH7 6PS

APPLICANT 1

FULL NAME	TITLE
DATE OF BIRTH	
PRESENT ADDRESS	
POST CODE	
COUNCIL TAX BAND	
Year moved into this address	
If less than 5 years ago please state previous addresses and dates	
Landline	Mobile
E-mail	
National Insurance Number	
Present occupation	
If retired please tell us about your last job	
NEXT OF KIN Please provide details of your next of kin who is NOT the other applicant	
Name:Relationship:	
Address:	
Post Code:	
Telephone: Mobile:	
Are they able to assist in cases of illness or emergency? YES / No	
If your application is successful may we contact your next of kin? YES / NO	

APPLICANT 2

FULL NAME	TITLE
DATE OF BIRTH	
PRESENT ADDRESS	
POST CODE	
COUNCIL TAX BAND	
Year moved into this address	
If less than 5 years ago please state previous addresses and dates	
Landline	Mobile
E-mail	
National Insurance Number	
Present occupation	
If retired please tell us about your last job	
NEXT OF KIN Please provide details of your next of kin who is NOT the other applicant	
Name:Relationship:	
Address:	
Post Code:	
Telephone: Mobile	
Are they able to assist in cases of illness or emergency? YES / No If your application is successful may we contact your next of kin? YES / NO	
Your relationship with Applicant 1 and how long known	

References

Please give the names and addresses of two responsible people (not relatives) who know you well and whom the charity may approach for a reference. If you are currently renting accommodation, the **first referee should be your current landlord**. Please indicate how you know the referees.

APPLICANT 1

Landlord Reference Name.....

Address

.....

Post Code..... Phone Number

Personal Reference Name

Address

.....

Post Code..... Phone Number

How known

APPLICANT 2

Landlord Reference Name.....

Address

.....

Post Code..... Phone Number

Personal Reference Name

Address

.....

Post Code..... Phone Number

How known

SECTION A – About your present home

Tell us about where you live and give a simple description

Do you own your present home? **YES / NO**

If you do not own the property where you currently live who does own it?

Is the owner related to you in any way? **YES / NO**

If yes, what is the relationship?

Do you own property or land in the UK or abroad? **YES / NO**

Have you owned a property in the past? **YES / NO**

Are you paying rent? **YES / NO**

If YES how much are you paying monthly?

Do you receive State Benefit towards your rent? **YES / NO**

And/or Council Tax Benefit? **YES / NO**

If you are a tenant, you consent to us contacting your Landlord or agent for a reference. We will only contact them if you are offered the vacancy subject to references.

SECTION B – Reasons for moving

Tell us in detail why you wish or need to leave your present accommodation and why you wish to be considered. Include your connection with the area.

(Reasons might include to be nearer to family or friends, that the property will meet your physical needs or that you have to leave your present accommodation)

SECTION C - HEALTH AND SOCIAL FACTORS

The Trustees need to establish that you will be able to look after yourself, be able to keep your home clean and tidy and maintain the garden. We provide a grass cutting service.

Please ensure that you complete and submit the **Health Form** supplied.

Complete and sign the **GP Consent Form**. Your GP's opinion about your physical and mental capability will be required only if you are offered the vacancy. Each applicant should complete the Health Form and GP Form.

Do you have a conviction which is not spent under the Rehabilitation of Offenders Act 1974?

Applicant 1 YES / No

Applicant 2 YES / No

If 'YES', please provide details:

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Section D – Declaration

I/We have read the Lingfield United Trust Conditions of Entry and believe that I am eligible to apply to live in one of this charity's almshouses.

I/We declare that the information given in this application is correct and complete to the best of my knowledge and belief. **I understand that the Trustees would be entitled to terminate any appointment to an almshouse dwelling I may be given as a result of this application, if my 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 these should I be appointed to an almshouse.

I/We accept that if I am appointed as a resident, I shall be a beneficiary of the charity and not a tenant. Any monthly sum I pay will be a maintenance contribution and not a rent.

All other costs such as Council Tax, Utility Bills and Contents Insurance are the resident's responsibility.

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

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

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

Section D – Declaration continued

If the application is successful the applicant(s) agree to the Trustees making a visit to your present home.

If called for interview with the Trustees it is necessary to bring a photo ID and other form of ID such as recent bank statement or council tax bill.

OTHER INFORMATION YOU WOULD LIKE TO ADD

APPLICANT 1

I agree that the charity may contact me by: (Please tick as appropriate.)

email post telephone

Signature.....

Name.....
(PLEASE PRINT NAME IN CAPITAL LETTERS)

Date

APPLICANT 2

I agree that the charity may contact me by: (Please tick as appropriate.)

email post telephone

Signature.....

Name.....
(PLEASE PRINT NAME IN CAPITAL LETTERS)

Date

Your complete application will consist of the following:

Application Form

Health Form – one per applicant

GP Form – one per applicant

Financial Form – one per applicant

Please note that we will only follow up Landlord, GP, Next of Kin and personal references and ask to see Bank Statements for the successful applicant(s).

Please send your complete application to:

**Anna Baker,
Clerk to the Trustees,
Lingfield United Trust
17 Headland Way, Lingfield, RH7 6DH
or
email: annabaker256@btinternet.com**

Closing date: 2nd August 2024