**APPLICATION FOR RESIDENCY**

**WILLIAM HOUSE SHELTERED HOUSING**

Wyggeston’s Charity provides housing for people in need over 60 years of age who live in the city of Leicester. Applications from people living outside the city boundaries will be considered but the number of such residents is restricted by the terms of the charity Scheme.

The completed Form together with two Passport size photographs, the completed Medical Questionnaire form and any additional sheets should be forwarded to:

The Master

Wyggestons

160 Hinckley Road

Leicester

LE3 0UX

The information contained in this application form will be provided to the charity in confidence.

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 Almshouse.

Please ensure you complete ALL sections of the Application Form. If there are any sections that do not apply please mark them as N/A.

**Your Personal details:-**

**Title: Mr/Mrs/Miss/Ms /Other ……………………. National Insurance No. ……………………….**

**Surname……………………………….. Forenames………………………………………………….**

**Address…………………………………………………………………………………………………………**

 **…………………………………………………………………………………………………………**

 **…………………………………………………………………………………………………………**

**Postcode ………………… Tel No …………………………. Date of Birth……………………………..**

**Partner / 2nd applicant**

**Title: Mr/Mrs/Miss/Ms /Other ………………………… National Insurance No. …………………..**

**Surname………………………………….. Forenames…………………………………………………..**

**Address………………………………………………………………………………………………………..**

 **………………………………………………………………………………………………………..**

 **………………………………………………………………………………………………………..**

**Postcode ………………………………………….. Date of Birth…………………………..…**

**Relationship …………………………………………………………………………………………………..**

**Telephone Nos; Home……………………………………………………………………………………....**

 **Mobile…………………………………………………………………………………………………………..**

**Next of Kin: Please provide the details of your current Next of Kin**

**Name……………………………………………………. Relationship……..………………………………**

**Address…………………………………………………………………………………………………………**

**……………………………………………………………………Tel No: ……….……………………………**

**Are they able to assist in cases of illness or emergency? YES/NO**

**Present Accommodation information:-**

**The Charity is required to assist those in need including where other similar housing**

**is not financially affordable for applicants.**

**Is your current property rented? YES/NO**

**Details of Landlord………………………………………………………………………………….**

**Do you, or your partner, own the property you live in? YES/NO**

**Value £**............................... **Mortgage Outstanding £**........................................................

**Do you, or your partner, own any other property? YES/NO**

**Value £**............................... **Mortgage Outstanding £**........................................................

**Have you lived anywhere else apart from your current home in the last 5 years, if so please provide us with details?**

|  |  |  |
| --- | --- | --- |
| **Address & landlord if rented accommodation** | **Dates** | **Reason for leaving** |
|  |  |  |
|  |  |  |
|  |  |  |

**Current Housing Situation.**

**a) Overcrowding/Sharing**

 **Do you have exclusive use of a:-**

|  |  |  |
| --- | --- | --- |
|  | **Yes** | **No** |
| **Living Room** |  |  |
| **Bedroom** |  |  |
| **Kitchen** |  |  |
| **Bathroom** |  |  |

 **If you have answered ‘no’ to any of the above, please give details of those you share with;**

 **……………………………………………………………………………………………**

 **Do you live in a non-domestic setting e.g Residential Home, Hostel, Hospital etc?**

 **Yes / No**

 **If yes, please give details**

 **……………………………………………………………………………………………………**

 **……………………………………………………………………………………………………**

**b) Housing Condition**

 **Does your present house have:-**

|  |  |  |
| --- | --- | --- |
|  | **Yes** | **No** |
| **A bath or shower** |  |  |
| **An inside toilet** |  |  |
| **Adequate kitchen facilities** |  |  |
| **Dampness or condensation** |  |  |
| **Any serious repairs problems** |  |  |

**c) Adaptations**

 **Does your accommodation have special adaptations? Yes / No**

 **If yes, please give details**

 **……………………………………………………………………………………………………**

 **……………………………………………………………………………………………………**

**e) Access**

 **Do you live on:-**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Ground Floor** |  | **1st floor** |  | **Higher floor (with lift)** |  | **Higher floor (without lift)** |  |

 **If you have to climb stairs, do you manage these?**

|  |  |  |
| --- | --- | --- |
|  | **Self** | **Partner** |
| **Without difficulty** |  |  |
| **With a little difficulty** |  |  |
| **With a lot of difficulty** |  |  |
| **Only with assistance** |  |  |

**f) Mobility**

 **Do you go out?**

|  |  |  |
| --- | --- | --- |
|  | **Self** | **Partner** |
| **Alone** |  |  |
| **Only with assistance** |  |  |

 **Do you go out:-**

|  |  |  |
| --- | --- | --- |
|  | **Self** | **Partner** |
| **Most days** |  |  |
| **At least once a week** |  |  |
| **Less than once a week** |  |  |
| **Less than once a month** |  |  |

**g) Home Help**

|  |  |  |
| --- | --- | --- |
|  | **Yes** | **No** |
| **Do you have a home help?** |  |  |

 **If yes, how many days per week ……………………….. Days**

 **Who provides this help? Family/ Agency/ Other (please name)**

**i) Visitors – How often do you have visitors e.g. family, friends, neighbours**

|  |  |  |  |
| --- | --- | --- | --- |
| **Most Days** |  | **At least once a week** |  |
| **Less than once a week** |  | **Less than once a month** |  |

**k) Walking Aids. Do you walk:-**

|  |  |  |
| --- | --- | --- |
|  | **Self**  | **Partner** |
| **Unaided** |  |  |
| **With a stick** |  |  |
| **With a walking frame** |  |  |

 **Do you use a wheelchair:-**

|  |  |  |
| --- | --- | --- |
|  | **Self**  | **Partner** |
| **Sometimes** |  |  |
| **Most of the time** |  |  |
| **Only when outside** |  |  |
| **All the time** |  |  |

**l) Health. Do you suffer from falls, dizziness or unsteadiness?**

|  |  |  |
| --- | --- | --- |
|  | **Self**  | **Partner** |
| **Not at all** |  |  |
| **Infrequently** |  |  |
| **Frequently** |  |  |

**FINANCIAL INFORMATION**

**2.1 Pensions and other Income**

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

YOURSELF SPOUSE/ PARTNER

Pensions

 State Retirement Pension

 Widow’s Pension/Widow’s Allowance

 Industrial Injuries Disablement Benefit

 War Disablement Pension

 War Widow’s Pension

 Superannuation

 (pension from former employer)

 Widow’s Pension from Late Husband’s

 Employment

 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

### Other

 Maintenance Received by Yourself

 Voluntary or Charitable payments received

 Rental Income from any property

 Any Other Income – give details **…………………………………………………………….**

 **2.2 SAVINGS AND CAPITAL**

Please answer all questions. Enter ‘NIL’ where appropriate.

AMOUNT

YOURSELF SPOUSE

Bank Accounts

Post Office Accounts

Building Society Accounts

National Savings Certificate (state date bought)

Premium Bonds

Redundancy Payment (if in last twelve months)

Cash – this includes any cash held at home

Any Other Capital – give details

Stocks/shares/unit trust – please give current value. If the current

value is not known please state name of companies, and number of

stocks/shares held on a separate sheet of paper and return with this

form.

**2.4 DEBTS**

Do you have any debts (excluding mortgage which should be declared above)? YES / NO

If “Yes” please give full details:

Name of Company Amount

**………………………………………….**. £**…………………**

**…………………………………………..** £**…………………**

**………………………………………….**. £**…………………**

**INSOLVENCY**

Have you ever been declared bankrupt or made arrangements with Creditors concerning amounts owed?

YES / NO

If “Yes” please give full details. You may be asked to provide documentary evidence.

**……………………………………………………………………………………………………………………...**

**……………………………………………………………………………………………………………………...**

**2.5 POWER OF ATTORNEY**

Does anyone hold Power of Attorney to conduct any of your affairs? YES / NO

If YES please give their name and address**………………………………………………………………………..……………………………………**

**……..……………………………………………………………………………………………………………….**

**2. Personal Factors**

a**) Family Support**

|  |  |  |
| --- | --- | --- |
|  | **Yes** | **No** |
| **In relation to the scheme you are applying for, do you have the support of family or friends?** |  |  |

**If yes please describe the sort of assistance you receive from family, friends**

 **……………………………………………………………………………………………………**

 **……………………………………………………………………………………………………**

**……………………………………………………………………………………………………**

**b) Assistance**

 **Do you need help with?**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **None** | **A Little** | **Quite a lot** | **A lot** |
| **Housework** |  |  |  |  |
| **Cooking** |  |  |  |  |
| **Shopping** |  |  |  |  |
| **Bathing** |  |  |  |  |
| **Going out, attending appointments** |  |  |  |  |

**If you need a lot, or quite a lot of assistance, who provides this?**

**………………………………………………………………………………………………………………………………………………………………………………………………………………………...**

**3. Other information to enable us to assess your application.**

**a) Have you ever been convicted of a criminal offence? Please give full details below.**

**……………………………………………………………………………………………………………**

**…………………………………………………………………………………………………………………………………………………………………………………………………………………………**

**b) Have you ever been evicted from a tenancy? Please give full details below of the circumstances.**

**……………………………………………………………………………………………………………**

**……………………………………………………………………………………………………………**

**……………………………………………………………………………………………………………**

**c) Do you have outstanding rent arrears with your current or past landlords?**

**……………………………………………………………………………………………………………**

**……………………………………………………………………………………………………………**

**……………………………………………………………………………………………………………**

**4. Why do you wish to become a resident of Wyggestons?**

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# Declaration

**BEFORE SIGNING THE APPLICATION FORM PLEASE READ THE FOLLOWING DECLARATION**

I declare that the information provided by me on this form is correct. I understand that any information provided which is deliberately false, misleading or omitted could result in my application being suspended or the licence agreement terminated if a residency offer is made. I undertake to give notice in writing of any change in my circumstances.

I hereby authorise Wyggestons to contact any relevant person or organisation to obtain information, which it considers necessary and relevant to my application.

I understand that the information provided on this form will be held on computer &/or paper copy and stored securely and is subject to the provisions of the Data Protection Act 1998. This information will be treated in the strictest confidence and will be processed in accordance with the Act & the General Data Protection Regulations (GDPR), which replaced the Data Protection Directive (95/46/EC) from 25th May 2018, and which aim to strengthen the security and protection of personal data.

The Trust is committed to the principles inherent in the GDPR and particularly to the concepts of privacy by design, the right to be forgotten, consent and a risk-based approach. In addition, we aim to ensure:

transparency with regard to the use of data

that any processing is lawful, fair, transparent and necessary for a specific purpose

that data we hold on you is accurate, kept up to date and removed & destroyed in accordance with the requirements of our Document Retention policy when no longer necessary for the delivery of the service we provide to you.

that all data is kept safely and securely.

Our data protection policy and the associated GDPR Privacy notice are available on our website for your information. You have the right to request a copy of the data we hold on your file at any time.

Any questions related to GDPR or to issues concerning data protection generally should initially be addressed to Chris Jones, Chief Executive Officer, Wyggestons, 160 Hinckley Road, Leicester, LE3 0UX

Signature of Applicant**………………………………………………………………..…..**Date **……………..**

Joint Applicant **…………………………………………………………………………….**Date**……………..**

For joint applicants, all applicants must sign.

All applications, together with the appropriate documentation should be returned to:

**The Master**

**Wyggestons**

**160 Hinckley Road**

**Leicester**

**LE3 0UX**

**EQUAL OPPORTUNITIES QUESTIONNAIRE**

To help us ensure that our Equal Opportunities Policy is being carried out, would you please provide the information requested below. The information will be treated confidentially and used for statistical purposes only. Thank you for your co-operation. Please tick one of the boxes below to indicate your ethnic or racial background.

SECTION 1

Would you describe yourself as:

|  |  |  |
| --- | --- | --- |
| **Family composition** | **Male** | **Female** |
| **White** |  |  |
| British: |  |  |
| English |  |  |
| Scottish |  |  |
| Welsh |  |  |
| N.Irish |  |  |
| Irish |  |  |
| Any other white background (please state) |  |  |
| **Mixed** |  |  |
| White and Black Caribbean |  |  |
| White and Black African |  |  |
| White and Asian |  |  |
| Any other Mixed background (please state) |  |  |
| **Asian, Asian British, Asian English** |  |  |
| Indian |  |  |
| Pakistani |  |  |
| Bangladeshi |  |  |
| Any other Asian background |  |  |
| **Black, Black British, Black English** |  |  |
| Caribbean |  |  |
| African |  |  |
| Any other black background |  |  |
| **Chinese, Chinese British, Chinese English** |  |  |
| **Traveller Community** |  |  |
| **Other ethnic background** |  |  |

**OFFICE USE ONLY**

**Applicant’s Name** **……………………………………………………………………………………….…**

**Address**  **…………………………………………………………………………………………**

 **………………………………………………………………………………………….**

**Date Application form received by Charity** **………………………………………………………**

**Date of Interview** **……………………………………………………………………………………….…**

**Is all supporting documentation provided? Yes/No**

**If No, comments……………………………………………………………………………………………**

**………………………………………………………………………………………………………………..**

**Master / Governor Comments**

**- Suitable for sheltered housing Yes/No**

**- Current housing circumstances …………………………………………………………………….**

**- Evidence of need for rehousingYes/No**

**- Comments on priority of need to move……………………………………………………………**

**Decision:**

**Admitted to Housing register for Applicants Yes/No**

**If no, give reason………………………………………………………………………………..**

**If yes, Rehousing Band awarded (1, 2, 3 or 4*)* …………………………………………….**

**Any comments .…………………………………………………………………………………**

**Date …….............................................................................................................................**

**Approval:**

**Signed Master/CEO Date**

**………………………………….. …………………………………. ……………………………**

**Passed to Administrator to add to Housing Register for Applicants Date …………….**