

The Sydney Howard Lovell Memorial Almshouses

Lovell Road, Oakley, Bedfordshire

Registered with the Charity Commission number 200480. Phone: 07736 466965

www.lovellhomesoakley.co.uk

APPLICATION FORM

PRIVATE & CONFIDENTIAL

You should read the Rules for Residents of the Lovell Homes that are available from our website www.lovellhomesoakley.co.uk before completing your application. When you send in your application, it will be assumed that you are both willing and able to comply with the Rules, and that you understand the nature of the services provided.

Qualifications for Residence

The Lovell Homes is a registered charity. Under the terms of its deed, residents must be chosen from particular areas. Applicants have to live in the Borough of Bedford as it existed in December 1905 or in specified rural villages and areas of North Bedfordshire. In selection of residents who currently live in the rural areas, priority is given to people who are, or who have been agricultural labourers and live in the specified villages.

Section 1 – About You

	Applicant 1	Applicant 2
Title (Mr/Mrs/Ms)		
Forenames		
Surname		
Address		
Town		
Postcode		
Telephone Number		
Mobile Number (optional)		
Email Address (optional)		
Length of time at this address		
Council Tax Band		
Date of Birth		
Marital Status		
National Insurance Number		

	Applicant 1	Applicant 2
Employment History Please give details of any occupations you have followed and for how long. Any present occupation should be included.		
Have you been an agricultural worker? If so, please give details.		

Section 2 – About your Family (If it is the same for both, please complete for Applicant 1 only)

	Applicant 1	Applicant 2
Next of Kin		
Relationship		
Address		
Town		
Postcode		
Telephone Number		
Mobile Number		

Section 3 – About your present home (if you both reside in the same house, please complete for Applicant 1 only)

	Applicant 1	Applicant 2
Type of Accommodation (e.g. 3 bedroom house, 2 room flat)		
Do either of you own it	Yes/No	Yes/No
If yes, what is its present estimated value?		
If you do not own the property where you currently live, who does own this property?		
Is this person related to you in any way? If yes, what is the relationship.		

If rented, please give name and address of landlord		
Current rent	£ per week/month	£ per week/month
Do you receive Housing Benefit?		
Do you receive Council Tax Benefit?		
Why do you wish to leave your present accommodation?		
What are your intentions regarding your current property if you are appointed to an almshouse?		
Is there a mortgage outstanding on the property and, if so, how much is outstanding?		
If you own property other than the one in which you live, please give details. This should include property owned abroad as well as in the UK.		

Section 4 – Your Income (please state whether this is weekly or monthly)

	Applicant	Spouse/Partner
Pensions: <ol style="list-style-type: none"> 1. State Retirement Pension 2. Pension paid by a past employer 3. Private Pension 4. Widow's Pension 5. Any other Pension 		
Social Security Benefit: <ol style="list-style-type: none"> 1. Pension Credit 2. Attendance Allowance 3. Any other benefits 		

<p>Other Income</p> <ol style="list-style-type: none"> 1. Annuities 2. Bank Deposit Account 3. Building Society Account 4. Investment 5. Renting Property or land you own 6. Grants from a charity 7. Financial assistance from a relative or friend 8. From a Trust Fund 9. Any other income (please give details) 		
<p>Investments/ Current Balances:</p> <ol style="list-style-type: none"> 1. Current Accounts 2. Building Society Accounts 3. Shares 4. National Savings Certificates 5. Unit Trusts 6. Premium Bonds 		

Section 6 – About your Health and Social Factors

	Applicant	Spouse/Partner
Are you able and willing to look after yourself and your accommodation?		
Are there any other health or social factors that you wish the Trustees to take into consideration when assessing your application?		
Are you receiving continuing treatment for any of the above?		
Name of your GP		
Address of your GP		
Town		
Postcode		
<p>The Trustees may wish to write to your GP asking him/her to complete a medical certificate. You will be asked to sign an authorisation form if this is the case.</p>		

	Applicant	Spouse/Partner
Do you have a conviction which is not spent under the Rehabilitation of Offenders Act 1974? If yes, please provide details:		

Do you own a car? Please note the Rules for Residents of the Lovell Homes, available from our website at www.lovellhomesoakley.co.uk , state that only ONE car per residence is allowed. You should also note that caravans, mobile homes, trailers and motor vehicles that are not cars are not permitted.	Yes/No
Do you have any pets? If so, please give details below. Please note that pets are only exceptionally allowed at the Lovell Homes.	Yes/No
Details of any pets.	
Do you or your spouse/partner smoke?	Yes/No

How did you hear about the Lovell Homes?	
Do you know anyone living at Lovell Homes? Please state names.	

Section 7 – 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.

Reference 1 Name	
Address	
Telephone Number	
Capacity in which known (eg, friend, employer, etc)	

Reference 2 Name	
Address	
Telephone Number	
Capacity in which known (eg, friend, employer, etc)	

Section 8 – Declaration

I have read the charity's Conditions of Entry and believe that I am eligible to apply to live in one of the charity's almshouses.

I have read the charity's Rule Book and agree to abide by it should I be appointed to an almshouse.

I declare that the information given in this applications is correct and complete to the best of my knowledge and believe.

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

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

DATA PROTECTION STATEMENT: it is part of the trustees' responsibilities to ensure that applicants for almshouses are suitably qualified under the terms of the charity's governing document. Trustees, therefore, need to investigate the personal circumstances of applicants. The personal data supplied on this form and other information relating to an almshouse appointment or your care management 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.

Signature(s) of Applicant(s)	
Date	

Updates	Resident 1	Resident 2	Trustee
Signature			
Date			