*William Jones’s Almshouse Charity*

*Registered Charity No 230514*

17 St. Augustine’s Parade, Bristol, BS1 4UL

Tel: 0117 930 0301

Email: info@bristolcharities.org.uk

www.bristolcharities.org.uk

Bristol Charities aims to assist the people in the greatest need living in Bristol, and has therefore set criteria describing which applicants have the most priority.

In order to qualify for one of Bristol Charities's Almshouse properties, you will need to show that:

* You have a housing need because of the physical condition of your present home.
* You have medical or social reasons for wanting to move such as poor health, disability, or isolation from friends and family.
* You do not own your own home or have capital in excess of £16,000.
* You live in Monmouthshire, or have a strong local connection to the area (e.g. you have family/carers living in the area).
* You are capable of living independently in self-contained accommodation with any assistance only provided by family and Health and Social Care.
* You are currently in receipt of housing benefit, or are eligible for it.
* You are over 60 years of age.

If you meet these criteria, please complete the application form.

**Almshouse (Accommodation for Older People) Application for William Jones’s Almshouse, Monmouth, NP25 3AE**

The William Jones’s Almshouse Charity Criteria

How long have you lived in Monmouthshire?

Sex:

National Insurance number:

Date of birth:

Place of birth:

Last name:

First name(s):

When did you move to this address?

Current address including post code:

If applicable, email address:

Mobile number:

Telephone number:

**PART 1: Personal Details -** About you and your household

**PART 1: Personal Details *(continued)***

If applicable, your partner’s details

Last name:

First name(s):

Date of birth:

Place of birth:

Sex:

National Insurance number:

Next of Kin contact details:

Current address including post code:

Email address (if available):

Mobile number:

Telephone number:

Relationship to you:

Last name:

First name(s):

**PART 2: Referral agency (where applicable)**

Current address including post code:

If available, email address:

Agency name:

Referral contact name:

Telephone number:

Mobile number:

**PART 3: Income Details**

Your partner (if applicable)

You

£

Net wage:

£

£

£

£

£

£

£

£

£

£

£

£

£

£

Detail state benefits, if any:

£

£

Detail other income, if any:

£

£

£

£

Pension credit:

£

Company pension:

State pension:

Attendance allowance:

Disability allowance:

Housing benefit / Supporting People:

Other state benefits:

Other income:

TOTAL WEEKLY INCOME:

How much money do you have in savings, investment and other capital?

Your partner (if applicable)

You

**PART 4: Accommodation Details**

**If you own property:**

If you own any other residential properties, please detail them here:

How much money do you still need to repay on a mortgage associated with this property? If there is no such mortgage, please write NONE.

Please give a simple description of the property you own and its current value.

What is your weekly rental cost?

£

**If you rent property:**

Who do you rent from? Please tick only one.

Do you owe any rent or service charges? If so, please detail them below.

Please provide the name and address of the person you pay rent to:

Tick the option that describes your living situation:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Renting a home |  | Staying in a hotel room | |  |
| Staying in a boarding home |  | Living with relatives | |  |
| Living with friends |  | Other (specify): |  | |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| A private landlord |  | A housing association |  | A local authority |  |

**PART 5: Current circumstances**

Please tell us about your present circumstances, list any health or social factors you would like to be taken into consideration when your application is assessed, and explain why you wish to move to William Jones’s Almshouse:

If you receive support from any other services - Social Services, Home Help, Domiciliary Care, a Community Psychiatric Nurse, Councillor or GP.

Please provide details and contact information below.

Do you think you may lose your home within the next 12 months?

If so, please explain why:

Special requirements: please indicate if you have any special requirements e.g. need for ground floor accommodation.

If there is any other information that you believe may support your application, please state it here:

**PART 6: Risks**

Do you have a history of anti-social behaviour? If so, please provide details below.

Do you have a history of violent or aggressive behaviour? If so, please attach risk assessment and give details of any contact with police, probation or social services.

**PART 7: References**

Name:

Address:

Phone number(s):

Occupation:

How long have they known you?

Reference 1

Reference 2

Please provide details below for 2 references. Ideally, one of them would be your GP, as they will regardless be asked to comment on your suitability for almshouse accommodation.

**PART 8: Pets**

Do you have any pets? Yes  No

If yes, please give details below.



Please note that pets are not allowed at Perrett House and Red Cross Mews.

**PART 9: Declaration**

I certify that the details given in this form are correct to the best of my knowledge 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 Health & Social Care if necessary. I acknowledge that if I am appointed it will be as a resident and that I shall not be a tenant.

Signed:

Print name in capital letters:

Dated:

If you have any queries regarding this application form, please contact the Service Manager for Housing Services at 0117 930 0301 or [info@bristolcharities.org.uk](mailto:info@bristolcharities.org.uk), or write to us at the following address:

Bristol Charities

17 St. Augustine’s Parade

Bristol

BS1 4UL

**Equal opportunities and diversity monitoring**

We keep records of the ethnic origin of anyone who applies to us for accommodation for older people. This is to ensure that our service is provided on an equal basis without discrimination on the grounds of race, ethnicity, sexuality, gender or disability. Any information you choose to give us will be treated in confidence and used for monitoring purposes only. It will not affect your application for support.

**ETHNICITY**

White:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| British |  | Irish |  | Other |  |

Mixed race or dual heritage:

|  |  |  |  |
| --- | --- | --- | --- |
| White & Black Caribbean |  | White & Black African |  |
| White & Asian |  | Other |  |

South Asian or Asian British:

|  |  |  |  |
| --- | --- | --- | --- |
| Indian |  | Pakistani |  |
| Bangladeshi |  | Other |  |

Black or Black British:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Caribbean |  | African |  | Other |  |

Chinese or other ethnic group:

|  |  |  |  |
| --- | --- | --- | --- |
| Chinese |  | Other |  |

**SEXUALITY**

**DISABILITY**

Do you consider yourself to have an impairment or be disabled?

Yes  No

Are you registered disabled? Yes  No

|  |  |  |  |
| --- | --- | --- | --- |
| Bisexual |  | Heterosexual |  |
| Gay |  | Lesbian |  |
| Prefer not to say |  |  |  |