



Application Form for Sheltered Housing for Appointment as a Resident

The Finchley Charities have been providing Almshouse accommodation for older residents since 1488 and must adhere strictly to the Charity Scheme under which The Finchley Charities operate. Our criteria are as follows:

- **The applicant must have reached the age of 55 years or older**
- **Have lived in the area of the Borough of Barnet for at least five years in their life time**
- **Be of limited means**
- **Be in need of sheltered housing**
- **Able to live independently (if necessary with the support of a care package)**

GENERAL INFORMATION: Conditions of entry

- Complete the Application Form for Housing and return to The Finchley Charities' office at the address above.
- If applying as a couple, each individual is required to complete an application form.
- The medical form must be completed, stamped and dated by your doctor and returned to The Finchley Charities' office, along with a printout of a summary record of your medical history path. Please be aware, some doctor's surgeries may charge for this service.
- You should be aware that if you do not provide the full facts or if you knowingly give false information in relation to your application, you will be breaking the law as set out in Section 171 of the Housing Act 1996.
- Upon receiving your application, we will check that you meet our initial eligibility criteria and we will then contact you to make an appointment to discuss your application further.
- You will be requested to attend an interview/assessment after which your application will be submitted to the Trustees. You will be asked for evidence to support information you have supplied on this form.
- The Finchley Charities has a no pet policy for all residents.
- All information will be treated in the strictest confidence.

Application form for accommodation

Full Name: (Print name in capitals) Mr/Mrs/Ms/Miss

Contact details

Home No:	Work No:
Mobile No:	Email:
Address:	
Postcode:	

Are you currently residing in a: (please tick)

House Flat Bungalow Bedsit Other (please specify) Number of years at above address

Please indicate which applies to your current housing: (Please tick)

Local Authority Tenant Social landlord/Housing Association Tenant Private Tenant

Tied Accommodation Owner Occupier Living with Family/Friend

Temporary Accommodation Other, (please specify)

If Owner Occupier (estimated value) £

Do you have the right to reside in the UK?

Yes No

Date of Birth:	Age:	Marital Status:
Place of birth:		National Insurance No.:
Ethnic Origin:	Religion or Spiritual practise:	

Economic status: (please tick)

Working Retired Other, (please specify)

If working, please give details:

Full time

Part time . No. of hours

Voluntary

Occupation and company address:

Job Title:
Company Address:

Name, address and telephone number of person/landlord you currently pay rent to:

(A reference will be required if offered a property with The Finchley Charities)

Name:			
Address:			
Current rent: £	Do you receive Housing Benefit?	Do you receive Council Tax Support?	
PW / PCM	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	

Why do you want to move from your present accommodation to a sheltered housing dwelling?

Please complete the following table in date order with all previous address details:

Full address details, including postcode	The London Borough / Local Authority	Name and address of landlord or mortgage provider	From	To	If sold, capital gain
1					
2					
3					
4					
5					

**Please list below details of next of kin and children (if any)
(Please use a separate sheet if necessary):**

Name:		Relationship:
Address:		
Tel No: Home:	Tel No: Work:	Tel No: Mobile:

Name:		Relationship:
Address:		
Tel No: Home:	Tel No: Work:	Tel No: Mobile:

Medical details

Are you registered as disabled? (Please tick)

Yes: No:

Please list disabilities/ health/ issues below:

Disability/ health/ medical issue	Medication	How does this affect you day to day

Name & address of Doctor:

Name:	Tel No:
Address:	
Postcode:	

Your income

Please provide the following information: (if necessary – please submit an additional sheet)

Pensions		
	Amount	Per week/month
State Retirement pension:		
Private Pension:		
Pension paid by past employer:		
Widows Pension:		
Any other pension:		

Benefits		
	Amount	Per week/month
Pension Credit:		
Attendance Allowance:		
PIP / Disability Living Allowance:		
ESA – Employment Support Allowance:		
JSA – Job Seekers Allowance:		
Carers Allowance:		
Housing Benefit:		
Council Tax Support:		

Other income		
	Amount	Per week/month
Bank Deposit account:		
Building Society account:		
Investments:		
Any other income:		

Your capital	Current balance/ value
Bank accounts:	
Building Society Accounts:	
Shares:	
National Savings certificates:	
Premium Bonds:	
Other Capital:	

References

You will be required to provide references from two / three responsible people (not relatives or friends), following your application being approved. Please include your current employer if employed.

We the undersigned having read the above application & hereby certify that we believe the facts stated therein to be true. We agree to provide a reference on request for the applicant/s.

Name (please print)	Relationship to Applicant	Address & Telephone Number	Signature

Criminal Convictions

Do you have any convictions for a criminal offence? If so, please give details:

Conviction	Dates

Declaration

The Finchley Charities will comply with existing and any subsequent data protection legislation and will only process an applicant's personal data as outlined in the Fair Processing Notice for Applicants. By signing this form you are confirming that you have received a copy of the Fair Processing Notice for Applicants.

The information you have given will be used to allow us to assess and prioritise your application for housing.

I confirm that the information I have supplied is accurate. I understand that if I have knowingly or recklessly given any false information or withheld information in connection with this application, and I am granted a Licence to Occupy a property with The Finchley Charities as a result of this, action may be taken and I understand I may lose my home. I understand that the completion of this form does not imply that I will automatically be entitled to an offer of accommodation. I agree to notify The Finchley Charities of any change in my circumstances that may affect this application.

Please sign this section:

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

Signature:	
Print name:	Date:

Please ensure you have enclosed the required documents to assess your application listed on page 8

Please return completed form to:

**The Finchley Charities
41 A Wilmot Close,
East Finchley, London N2 8HP
Tel: 020 8346 9464**

**email: info@thefinchleycharities.org
www.thefinchleycharities.org**

Documents to be enclosed with this application:

- The Finchley Charities Medical Form and summary of medical history path
- Proof of address, for example - council tax demand and award letter, housing benefit award letter
- Proof of residency living in the London borough of Barnet for five years
- Three months (up to date) bank statements and any information regarding further capital such as; Property, bonds, shares or ISAs held.

Please use this space to add any further information you feel is relevant to your application:



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