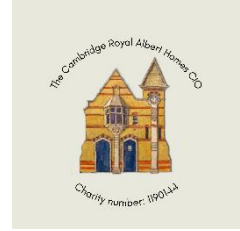


CAMBRIDGE ROYAL ALBERT HOMES (CIO)

Registered Charity 1190144

**28 Royal Albert Homes
120 Hills Road Cambridge CB2 1PP
Tel No. 01223 302531**



**Email manager@cambridgeroyalalberthomes.org.uk
Website: www.cambridgeroyalalberthomes.org.uk**

The Cambridge Royal Albert Homes (CIO) objective for the public benefit is the prevention or relief of poverty in the form of almshouse accommodation for older persons of modest means who are residents of or who have close associations with the city of Cambridge and who are capable of independent living.

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 Charity complies with the regulations for data security under the Data Protection Act 2018 and the UK General Data Protection Regulations (UK GDPR). The data we collect has been classified as Sensitive Data under Article 9 of UK GDPR. We have strong procedures and policies in place to protect the collection and storage of this data. 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 since the charity reserves the right to investigate and verify what you write in this form, but no details will be disclosed for any inappropriate purpose. You may have access to your personal information on request.

Before completing the application form please be aware that providing false information will lead to your application being withdrawn

Application Form - please note that if you are applying as a couple separate applications are required for each person

Section 1 – About You

Full Name (Mr/Mrs/Miss)

Address

.....

..... Post code.....

Telephone No. Mobile Number

Email address

Date of birth Age Marital status

National Insurance number.....

Where were you born?

Where did you grow up?

Have you ever lived or worked in Cambridge? If so, please give details

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Employment History: Please give details of your current occupation (if any) and brief details of your employment history

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Section 2 – About your Family (please add additional names, if any, on a separate sheet)

Next of kin.....

Relationship.....

Address

.....
.....

.....Postcode.....

Telephone No Mobile Number.....

Email address.....

Section 3 – About your present Home

Type of accommodation (e.g. 3 bedroomed house, 2 room flat):

.....

Council Tax Band

How long have you lived at this property.....

Do you or your spouse/partner own it? Yes/No

If 'yes', what is its present estimated value? £.....

Is there a mortgage outstanding on the property and if so how much is outstanding? If there is no mortgage, please write 'NONE'.

.....

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

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Is this person related to you in any way? If **YES** what is the relationship?

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If you or your partner/spouse have ever owned the property where you currently live, in what circumstances did you cease to be the owner?.....

.....

If rented, please give name and address of landlord:

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Current rent £.....per week

Do you receive Housing Benefit /Local Housing Allowance/Universal Credit? Yes/No

Do you receive Council Tax discount or reduction? Yes/No

Why do you wish to leave your present accommodation?

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What are your intentions regarding your current property if you are appointed to an almshouse?

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If you or your partner own or have owned property other than the one in which you live now please give details below. This should include property owned abroad as well as in the UK:

Address

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.....Post code

Please give details of all your previous addresses in the last five years

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Section 4 – Your Income

(if a joint application we will require details for each person in a separate application)

To enable the trustees to assess your application, please provide the following information.

This should include details of **all** sources of income and state how regularly you receive them, e.g. weekly, monthly or annually:

| Earnings | Amount | Per week (√) | Per month (√) | Per Year (√) |
|--|--------|--------------|---------------|--------------|
| From employment | £ | | | |
| Pensions | Amount | Per week (√) | Per month (√) | Per Year (√) |
| State retirement pension | £ | | | |
| Employment pension | £ | | | |
| Private pension | £ | | | |
| Widow's/ widowers pension | £ | | | |
| Any other pension | £ | | | |
| Benefits | | | | |
| Pension Credit | £ | | | |
| Attendance Allowance | £ | | | |
| Income support/job seekers/universal credit | £ | | | |
| Housing Benefit/Local Housing Allowance | £ | | | |
| Other income | | | | |
| Annuities | £ | | | |
| Bank deposit account interest | £ | | | |
| Building Society account interest | £ | | | |
| Investment interest | £ | | | |
| Rental income | £ | | | |
| Grants from a charity | £ | | | |
| Financial assistance from relative or friend | £ | | | |
| From a trust fund | £ | | | |
| Any other income (details required) | £ | | | |

Section 5 – Your capital (if a joint application we will require details for each person in a separate application)

Name:

1. Bank accounts (current and savings accounts)

1a. Bank..... Current Balance £.....

1b. Bank..... Current Balance £.....

1c. Bank..... Current Balance £.....

2. Building Society accounts

2a. Building Society..... Current Balance £.....

2b. Building Society..... Current Balance £.....

2c. Building Society..... Current Balance £.....

3. Shares Current Value £.....

4. National Savings Certificates Current Value £.....

5. Unit Trusts Current Value £.....

6. NS&I Premium Bonds Amount held £.....

Further information about bank accounts and savings please continue on a separate sheet of paper if necessary

Please note that you will be required to provide proof of income in the form of statements from your bank and building society together with pension statements and benefits details. Providing false information will lead to your application being withdrawn

Section 6 – Your Outgoings for both you/ and your partner (please indicate whether weekly or monthly)

Rent

Mortgage

Council Tax

Gas

Electricity

Water

Telephone/Mobile/TV

Other regular payments (please state)

Are you a car owner? Yes/No

Do you have any further assets? Yes/No

Are you a pet owner? Yes/No

If yes, please provide details below.....

.....

Section 7 – You are obliged to declare any outstanding debts.

Please tick/complete as follows:

I confirm that I have no outstanding debts: Signature/s.....

I have outstanding debts as follows:

- Cambridge or Cambridgeshire council Amount £
- Former Landlord Amount £
- Credit Card Amount £
- Bank Amount £
- Other (name) Amount £

Please list details of any other debts here

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Section 8 – About your Health and Social Factors

Are you able and willing to live independently and to look after yourself and your accommodation?YES/NO

Please give details of any significant health issues, mental or physical, injuries or operations during the last five years

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Are there any other health or social factors that you would wish the trustees to take into consideration when assessing your application?

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Are you currently receiving treatment for any illness? YES/NO

If Yes please give details below.....

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Are you a smoker?

Yes/No

Name and address of your GP

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..... Post Code.....

The charity will write to your GP asking him/her to complete a medical certificate to enable your application to be considered further. If you are appointed as a resident and, at a later date, trustees become concerned about your health and /or ability to continue to live independently they may need to obtain a further medical report. Please sign and return the enclosed form in which you authorise your GP to provide us with medical information about you either now or in the future

Residents should be of good character and so we need to ask if you have any criminal convictions. A conviction will not automatically exclude you from being considered as an applicant but the Trustees need to be fully aware of your circumstances. Do you have a conviction which is not spent under the Rehabilitation of Offenders Act 1974? Yes/No

Yes/No If yes, please give details

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This information will be processed solely for the purpose of this application

Section 9 - Reasons for applying – Applicants should be aware that almshouses are intended to be a community where residents can live safely together. If you wish to make any other statement in support of your application and suitability for almshouse accommodation, please use the space below

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For our information it would be of interest to know how you were made aware of The Cambridge Royal Albert Homes. Please could you complete the details below:

- An Advert – if so please state which magazine or paper
- Internet search
- An Almshouse resident
- The Almshouse Association
- Local knowledge
- Local Council Housing Department

Section 10 – 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. Please indicate how you know your referees. If you are currently renting accommodation one of the referees must be your current landlord. We will never disclose sensitive personal data to the referees but will supply them with the basic information regarding your application

1..... 2

.....

.....

Post Code..... Post code

How do you know reference 1?

How do you know reference 2?

.....

.....

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Section 10 – 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 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 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 have read this application form carefully and the Residents' Handbook and agree to abide by it should I be appointed to an almshouse.

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 and to live independently, with the assistance of family and social services if necessary.

I 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 consent to the charity holding personal and sensitive data relating to me and my personal circumstances in accordance with the General Data Protection Regulations (GDPR).

I understand that I have the right to request access to the information that is held by the Charity relating to my data. I understand that I have the right to decline to provide information requested within this form.

The charity is obliged to check the immigration status of prospective residents and will need to see proof of identity such as passport, driving licence or birth certificate

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

Please return your completed application, marked 'CONFIDENTIAL' to:
The Homes Manager
28 Royal Albert Homes, 120 Hills Road, Cambridge CB2 1PP

THE CAMBRIDGE ROYAL ALBERT HOMES (CIO)

APPLICANT'S AUTHORITY TO CONTACT GENERAL PRACTITIONER

I confirm that the Cambridge Royal Albert Homes (CIO) has my permission to seek a report which includes medical information about me from my General Practitioner, should this be necessary as part of my application for residence at the Homes.

Full Name (please print in CAPITALS)

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Signature

Full Name (please print in CAPITALS)

.....

Signature

Date

Name and address of GP

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