

**THE HOSYER-FOX E ALMSHOUSE CHARITY, ELIZABETH MASSEY  
ALMSHOUSE CHARITY, SIR JOB CHARLTON HOSPITAL CHARITY,  
LOUISA POWELL ALMSHOUSE CHARITY**

Clerk to the Trustees: Mr C E Williams 2 Jockeyfields Ludlow Shropshire SY8 1PU  
Email [cwilliams1@btinternet.com](mailto:cwilliams1@btinternet.com) Phone: 01584 874661

**APPLICATION TO BE PLACED ON THE WAITING LIST FOR AN  
ALMSHOUSE**

PLEASE ANSWER ALL QUESTIONS FULLY AND CLEARLY, AND THEN READ THE  
DECLARATION BEFORE SIGNING.

Please state which Almshouse You are interested in:

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1 Full Name

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2 Date of Birth

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3 Marital Status

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4 If you are married and live with your spouse, please state spouse's

Full Name

Date of Birth

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5 Present Address

Post Code

Tel No

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6 How long have you lived at your present address?

If less than 10 years, please state previous address(es), with number of years at each

7 Does any person (other than yourself and your spouse) live at your present address?

**YES/NO**

If **YES**, please state name(s) and relationship(s) (if any)

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8 Please give the following information about your present address

TICK ONE  House  Bungalow  Flat  Other (please state)

Do you have your own:	Bathroom	<b>YES/NO</b>
	Kitchen	<b>YES/NO</b>
	Garden	<b>YES/NO</b>

If any facilities are shared, please state which

Please state number of bedrooms

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9 Are you presently in sheltered accommodation? **YES/NO**

If **YES**, is there a Warden service? **YES/NO**

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10 If you **OWN** your present accommodation:

What is the approximate sale value? £

What is the amount of mortgage loan outstanding (if any)? £

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11 If you **DO NOT** own your present accommodation:

State name and address of owner/landlord

Is the owner related to you? **YES/NO**

If **YES**, what is the relationship?

What is your present weekly rent (before deducting any Housing Benefit/Council Tax Benefit)? £

12 Have you made any application for accommodation to a Local Authority or other housing organisation? **YES/NO**

If **YES**, please state:

Name/address of organisation	Approximate Date of Application
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What response have you had?

- 13 Are you (and your spouse) able to look after yourself(ves) and lead a fully independent life? **YES/NO**

**THE FACT THAT YOU MAY NEED ASSISTANCE WILL NOT NECESSARILY AFFECT YOUR APPLICATION, BUT WE WOULD APPRECIATE AN ANSWER TO THE NEXT QUESTION**

If **NO**, in what respects do you (and/or your spouse) need assistance?

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- 14 Do you (or your spouse) have any physical disability, or any condition requiring medical attention or treatment? **YES/NO**

If **YES**, please give details

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- 15 Do you (or your spouse) have any difficulty going up and down stairs? **YES/NO**
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- 16 Please state name and address of your usual doctor (we may contact him/her regarding your medical status if we are considering offering you accommodation)

Telephone(incl dialling code):

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- 17 Please give details below of your next of kin:

Name	Relationship
Address	Telephone no.

- 18 Please state the names and addresses of two persons, not related to you, who have known you for at least three years and who would be willing to be referred to by Hosyer- Foxe charity for information in support of your application.

- 19 Having read the guidelines for prospective applicants carefully, please state in your own words, why you are seeking almshouse accommodation at together with any other information which you wish to bring to the notice of the Trustees.

- 20 Do you have a pet (Please note that pets are only allowed with the permission of the Trustees.)

- 21 We have to ask you for details of your income and financial position, because you are applying for accommodation which is subsidised by the Charity

**Amounts**

Income

Please give full details of your (and your spouse's) total **weekly** income from ALL sources

Employment (if applicable)(state full or part time and nature of work)

Pensions (please state each pension source separately)

Benefits (please state each benefit, eg. income support, attendance allowance, separately)

Other (state all other sources of income)

Capital

Please provide details of ALL capital held and total value:

Bank/building society/savings accounts

Stocks/shares/investments

Other capital (including main residence)

- 22 Have you, during the last seven years, made any gift to a relative of capital (property or money) valued at more than £10,000 **YES/NO**

If **YES**, please give following details:

Date(s) of gift(s)

Recipient of gift(s)

Amount (or nature) of gift(s)

23. Do you have any Criminal Convictions

YES/NO

If yes please provide appropriate details

**DECLARATION**

**I declare that the information given on this form is true and complete to the best of my knowledge and belief.**

**I authorise the Charity to make any enquiries they may deem necessary to verify the information given on this form.**

**I understand that the giving of false or misleading information will render this application invalid.**

**Signed .....Dated.....**

PLEASE RETURN TO:

C E Williams  
2 Jockeyfields  
Ludlow  
Shropshire  
SY8 1PU  
Email: cewilliams1@btinternet.com