

**MISS HANNAH LEVICK'S CHARITY**

**APPLICATION FORM FOR AN UNFURNISHED ALMSHOUSE FLAT AT LEVICK COURT**

*[\*delete as applicable]*

*[revised September 2011]*

**FULL NAME OF APPLICANT**

\*MR / MRS / MISS / OTHER (specify) .....

AGE ..... DATE OF BIRTH .....

PRESENT ADDRESS .....

POST CODE ..... TELEPHONE ..... MOBILE .....

**FULL NAME OF SPOUSE (if applicable):**

\*MR / MRS / MISS / OTHER (specify) .....

AGE ..... DATE OF BIRTH .....

**APPLICANT'S CLOSEST RELATIVES (if applicant is unmarried, give next of kin first)**

(1) NAME : ..... RELATIONSHIP .....

ADDRESS .....

POST CODE ..... TELEPHONE ..... MOBILE .....

(2) NAME : ..... RELATIONSHIP .....

ADDRESS .....

POST CODE ..... TELEPHONE ..... MOBILE .....

(3) NAME : ..... RELATIONSHIP .....

ADDRESS .....

POST CODE ..... TELEPHONE ..... MOBILE .....

*If the above live in the wider Nottingham area, please indicate below whether they would be able and willing to assist you in case of illness or other temporary emergency:*

(1) YES / NO\*    (2) YES / NO\*    (3) YES / NO\*

**DETAILS OF YOUR PRESENT LIVING ACCOMMODATION**

HOUSE / FLAT / BUNGALOW / LODGINGS\*:    HOW LONG THERE? ..... years

Do you own the accommodation? YES / NO\* : Do you own the furniture? YES / NO\*

If rented, what is the weekly rent? £ .....

**REASON(S) FOR APPLYING** (continue overleaf if necessary) :

**REFEREES:** Please provide the names of TWO people (other than relatives) who can be contacted to provide a reference:

(1) NAME ..... ADDRESS .....  
..... POST CODE ..... TELEPHONE .....

Connection with applicant(s) (e.g. Friend) .....

(2) NAME ..... ADDRESS .....  
..... POST CODE ..... TELEPHONE .....

Connection with applicant(s) (e.g. Friend) .....

**DECLARATIONS**

I/WE DECLARE that all the statements in this application (including those in the Financial Annex) are true. I/We agree that, if elected to an almshouse flat, I/we will occupy it under a Licence from the Trustees and **not** under a tenancy. I/We acknowledge that any weekly or monthly sum that I/we pay to the Trustees will be regarded as a maintenance contribution and **not** as rent. *[If unclear as to the distinctions in these terms, you are advised to seek professional advice.]*

SIGNED BY APPLICANT ..... DATE .....

and (in the case of a SPOUSE) ; I have read and assent to the foregoing and the Financial Annex.

SIGNED ..... DATE .....

This completed and signed application, together with the Financial Annex, should be posted to:

Clerk to the Trustees  
Miss Hannah Levick's Charity  
St Peter's Church Centre  
St Peter's Square  
Nottingham  
NG1 2NW

**FINANCIAL ANNEX** SUBMITTED BY ..... (NAME OF APPLICANT)  
[\*delete as applicable]

1 Are you (or your spouse if a joint applicant) receiving Housing Benefit? YES / NO\*

If YES, please state below the Local Authority from which it is received and the Reference Number.

Local Authority ..... Reference Number .....

2 What other support do you receive towards your living costs? *Continue overleaf if necessary*

Type of support ..... Reference Number .....

Type of support ..... Reference Number .....

Type of support ..... Reference Number .....

3 List all invested capital assets (such as annuities, stocks and shares) and cash holdings (such as savings accounts, ISAs, Bonds) held in any type of bank, building society or similar institution and state for each whether held by applicant, spouse or jointly:

(i) Capital held with ..... (name of institution)

Held in the name(s) of ..... Value £ .....

(ii) Capital held with ..... (name of institution)

Held in the name(s) of ..... Value £ .....

(iii) Capital held with ..... (name of institution)

Held in the name(s) of ..... Value £ .....

*Continue overleaf if necessary.*

4 What is the total value of any uninvested cash held by you (and spouse)? £ .....

5 Do you own freehold/leasehold land/buildings, including your current residence? YES / NO\*

If YES, please give particulars and state (i) it's current estimated value and (ii) the value of any outstanding mortgage.

.....  
.....  
.....

**FINANCIAL ANNEX** (continuation) SUBMITTED BY ..... (NAME OF APPLICANT)

[\*delete as applicable]

6 Please state your INCOME from all sources:

		APPLICANT (£)	SPOUSE (£)
State Pension(s)	(4-weekly)	.....	.....
Occupational Pension(s)	(Monthly)	.....	.....
Benefits (Housing Benefits etc. but not Attendance Allowance or Disability Living Allowance)	(4-weekly)	.....	.....
Income from Investments	(Annually)	.....	.....
Income from Annuities	(Annually)	.....	.....
Income from Cash Holdings (Banks, Building Societies etc.)	(Annually)	.....	.....
Rents from Freehold or Leasehold properties	(Annually)	.....	.....
Income from any other source(s) – please specify period:	<i>Continue overleaf if necessary</i>		
.....		.....	.....
.....		.....	.....

SIGNED BY **APPLICANT** ..... DATE .....

and (*in the case of a **SPOUSE***); I have read and assent to the foregoing and the Financial Annex.

SIGNED ..... DATE .....

**NOTES :**

*1. The above financial information will be regarded as confidential by the Trustees and their Clerk. However, they reserve the right (after receiving your consent) to seek confirmation that the information is accurate and complete. In the event that a Licence is granted on the basis of false or incomplete information, knowingly supplied to the Trustees, they reserve the right to revoke any Licence to Occupy granted as a result of this application.*

*2. It is a Charity Commission requirement for us to investigate the personal circumstances of applicants for almshouse. The personal data supplied on this form and the Financial Annex, 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. If granted a Licence to Occupy, your care management information, amended by you from time to time, will be passed to Nottingham On-Call who monitor our Alarm system. You may have access to your personal information on request.*