



WH SAUNDERS &  
FRANK WAREHAM CHARITY

Registered Charity No. 227364

## ALMSHOUSE APPLICATION FORM

WH Saunders & Frank Wareham Charity aims to serve those in genuine need of almshouse accommodation. This application form will help the Trustees to appoint an almshouse to the applicant with most need. In order to ensure fair treatment and allocation of dwellings in accordance with our Scheme, it is necessary that the Trustees have as much information as possible.

It is therefore very important that you **carefully read and complete this form in full** following the instructions on each field. The Charity will **not** consider applications that are incomplete for any reason.

If you need any assistance in filling in the form, or any clarifications on how to complete it, please call us on **01202 911511 / 07719 722899** and we will be happy to assist.

### 1 - INTRODUCTION

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We welcome applications from people who have a qualifying connection to the area of benefit (Dorset) with a preference to those over 60, who are either retired or working part time and are unable to afford a home in the private market.

In case of two people applying jointly, **each** applicant must complete their own **separate** application form.

Residents who live in WH Saunders & Frank Wareham Charity almshouses are appointed as beneficiaries of the Charity and they **do not** have tenancy rights. If you are unsure how this affects you, please seek advice.

WH Saunders & Frank Wareham Charity  
Almshouses Office: 843a Ringwood Road, Bournemouth, BH11 8LJ  
M: 07719 722899  
T: 01202 911511

## 2 - SELECTION POLICY

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- a. The Trustees aim to make the best use of our almshouses by prioritising accommodation offers to the applicant with most need at the time of a vacancy.
- b. The application form is only the first stage of our selection process. Once an applicant has been deemed as eligible for an almshouse, the Trustees will invite them for an interview before deciding if the application will proceed any further. An invitation to an interview **does not** guarantee that the Charity will be able to offer an applicant an almshouse.  
We accept expressions of interest at any time, and eligible applicants will automatically be placed on our housing register. Placement on our housing register **does not** guarantee that the Charity will be able to offer an applicant an almshouse.
- c. If you do not wish your application to be added to our housing register, please inform us so in writing by email or letter. Our contact details can be found at the footer of the first page.

## 3 - PRIVACY NOTICE

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- a. Under the terms of the Charity's Scheme, it is part of the Trustees' responsibility to ensure that applicants are suitably qualified for residence. Trustees therefore need to investigate the circumstances of applicants in depth. The Charity complies with the regulations for data security under the Data Protection Act 2018 and 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 and strict procedures and policies in place to protect the collection, storage and accessibility of this data, which we may at any time assess and update as we deem necessary.
- b. The personal data supplied on the application form, along with any other information relating to an almshouse appointment, will be held in either manual, or electronic form, or both. Some details will be checked with relevant organisations, but none will be disclosed for any purpose inappropriate, unrelated or unconnected with this application. We will disclose your information if we have a duty to do so, or if the law allows us or compels us to. You have a right to see and correct the information we hold about you.
- c. If your application is unsuccessful or is cancelled or withdrawn, we will destroy your application form and remove any computer records within three years from the application date.
- d. You have the right to complain to the Information Commissioner's Office (ICO) if you think there is a problem with the way we are handling your data.

## 4 - EQUALITY AND DIVERSITY

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The Charity operates under an Equality and Diversity Policy and all applications are considered equally and fairly, regardless of marital or partnership status, age, disability, race, religion, beliefs, gender or sexual orientation.

An optional and completely confidential Equality & Diversity Monitoring Form can be found at the end of this document. Even though completing it is voluntary, it helps us meet our aims and commitments set out in our Equality Policy, so we kindly ask that you complete and submit it along with your Application Form.

### SECTION 1 – YOUR PERSONAL & CONTACT DETAILS

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Title	<input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Other _____
Full name <small>(please include any middle names)</small>	
Are you known by any other name	<input type="checkbox"/> NO <input type="checkbox"/> YES (please specify) _____
If YES, please specify the reason	<input type="checkbox"/> Deed poll <input type="checkbox"/> Marriage <input type="checkbox"/> Acquired gender
Telephone number <small>(please include landline and mobile if available)</small>	
Email Address	
Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Prefer not to say
Date of Birth <small>(please write the month in letters, e.g. 14 September 1935)</small>	
Place of Birth	
Nationality	
If non-British Nationality, do you have Right to Rent?	<input type="checkbox"/> NO <input type="checkbox"/> YES <i>(If "YES", proof must be submitted, please see Section 12)</i>
Marital / Civil Partnership Status	<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Civil partnership <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Widowed
Do you have any dependants under 16 years old?	<input type="checkbox"/> NO <input type="checkbox"/> YES

If "YES" please specify how many dependants you have, and their ages	I have _____ dependants Their ages are _____
National Insurance Number	
Current occupation or occupation before retirement?	
Age you retired or intend to retire?	<input type="checkbox"/> Retired <input type="checkbox"/> Intend to retire at age _____

Next of kin full name <small>(please include any middle names if known)</small>	
Relationship with next of kin	
Next of kin address <small>(please include Post Code and County)</small>	
Next of kin telephone number <small>(please include landline and mobile if available)</small>	
Next of kin Email address <small>(if known)</small>	
Emergency Contact name other than the next of kin above	
Emergency Contact telephone number	
What is your relationship with the above Emergency Contact?	

If there are any other personal details that you wish the trustees take into consideration when assessing your application, please mention them below

**Answering 'YES' to any of the 4 questions below, does not necessarily mean that you will be excluded from consideration.**

Are you related to, or know any existing WH Saunders & Frank Wareham Charity resident, employee or Trustee?

NO  
 YES

Do you have criminal convictions which have not been spent under the terms of the Rehabilitation of Offenders Act 1974?

NO  
 YES

Have you ever been evicted from a rented property or had legal action taken against your tenancy?

NO  
 YES

Have you ever been involved in a neighbour dispute and had any actions taken against yourself for antisocial behaviour or any type of harassment, or to another person?

NO  
 YES

If you have answered 'YES' on any of the above 4 questions, please provide further details below

## SECTION 2 – YOUR CURRENT ACCOMMODATION DETAILS

Current address (please include Post Code and County)	
When did you move there?	
Accommodation Type	<input type="checkbox"/> House <input type="checkbox"/> Flat <input type="checkbox"/> Bungalow <input type="checkbox"/> Shared accommodation <input type="checkbox"/> Other (please specify) _____
If you live in a flat, what floor is it in?	<input type="checkbox"/> Ground <input type="checkbox"/> First <input type="checkbox"/> Other (please specify) _____
Council Tax Band	<input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E <input type="checkbox"/> F <input type="checkbox"/> G <input type="checkbox"/> H
How much is your Council Tax?	£ _____ <input type="checkbox"/> per month <input type="checkbox"/> per year

Do you	<input type="checkbox"/> Own your home <input type="checkbox"/> Rent your home <input type="checkbox"/> Live with your spouse or civil partner who owns the home <input type="checkbox"/> Live with family or friends <input type="checkbox"/> Live in a house with multiple occupants <input type="checkbox"/> Other (please specify) _____
If you or your partner own property other than the one in which you live, please give full address and details here. This includes property owned abroad as well as in the UK.	

<b>If you or your spouse or civil partner OWN your current home (leave section blank if not applicable)</b>	
What is the estimated value?	
Is there a mortgage outstanding on the property?	<input type="checkbox"/> NO <input type="checkbox"/> YES (please specify outstanding amount) _____
How much equity do you have in the property?	
If you are appointed to an almshouse, what are your intentions regarding the property you own?	





## SECTION 3 – YOUR ADDRESSES IN THE PAST 10 YEARS

Address (please include Post Code and County)	
When did you move there?	
Accommodation Type	<input type="checkbox"/> House <input type="checkbox"/> Flat <input type="checkbox"/> Bungalow <input type="checkbox"/> Shared accommodation <input type="checkbox"/> Other (please specify) _____
Status at the time of stay	<input type="checkbox"/> Rented <input type="checkbox"/> Owned <input type="checkbox"/> Partly owned

Address (please include Post Code and County)	
When did you move there?	
Accommodation Type	<input type="checkbox"/> House <input type="checkbox"/> Flat <input type="checkbox"/> Bungalow <input type="checkbox"/> Shared accommodation <input type="checkbox"/> Other (please specify) _____
Status at the time of stay	<input type="checkbox"/> Rented <input type="checkbox"/> Owned <input type="checkbox"/> Partly owned

Address (please include Post Code and County)	
When did you move there?	
Accommodation Type	<input type="checkbox"/> House <input type="checkbox"/> Flat <input type="checkbox"/> Bungalow <input type="checkbox"/> Shared accommodation <input type="checkbox"/> Other (please specify) _____
Status at the time of stay	<input type="checkbox"/> Rented <input type="checkbox"/> Owned <input type="checkbox"/> Partly owned

***Please continue on a separate sheet if necessary***

## SECTION 4 – YOUR HEALTH AND SOCIAL FACTORS

The Charity may wish to contact your GP and ask them 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 or the Charity become concerned about your health and/or your ability to continue to live independently, they may need to obtain further medical evidence.

You are required to sign a Consent Form that authorises the Charity to contact your GP and acquire medical information about you, either now or in the future. This Consent Form must accompany your Application and can be found enclosed at the end of this document.

Are you able and willing to look after yourself and your accommodation?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Please give details of any significant illnesses, injuries, operations or mental health issues you've had during the last five years	
Are there any other health or social factors that you wish the trustees take into consideration when assessing your application?	
Are you receiving continuing treatment for any of the above?	<input type="checkbox"/> YES <input type="checkbox"/> NO

If you are receiving continuing treatment for any of the above, please provide details below

Medical Practice name	
Medical Practice address (please include Post Code and County)	
Medical Practice telephone number (please include landline and mobile if available)	
Medical Practice Email address (if known)	
Name of your GP	

## SECTION 5 – TRANSPORT MEANS

Do you own a vehicle or any other means of transport?	<input type="checkbox"/> NO <input type="checkbox"/> Car <input type="checkbox"/> Motorbike <input type="checkbox"/> Mobility Scooter <input type="checkbox"/> Bicycle <input type="checkbox"/> Other (please specify) _____
Is the vehicle part of the Mobility Scheme?	<input type="checkbox"/> NO <input type="checkbox"/> YES
If YES, please specify	How much of the DLA or PIP award covers payment? £ _____ Was a top up payment included? <input type="checkbox"/> YES <input type="checkbox"/> NO <i>If paid by Hire Purchase, please fill in Section 8 further below</i>
For cars, motorbikes or similar, please provide more details (Make & model, reg. number, age)	

## SECTION 6 – YOUR INCOME

	Amount	Please mark with <b>X</b> the appropriate column		
		Per Week	Per Month	Per Year
<b>Earnings</b>				
1. Employment	£			
2. Self-Employment	£			
<b>Pensions</b>				
3. State retirement pension	£			
4. Pension paid by a past employer	£			
5. Private pension	£			
6. Widow's or Widower's pension	£			
7. Pension Credit and/or Guaranteed Credit	£			
8. Any other pension	£			
<b>Social Security Benefits</b>				
9. Attendance Allowance, PIP or DLA	£			
10. Child Benefit	£			
11. Income Support	£			
12. Personal Independence Payment	£			
13. ESA or Universal Credit	£			
14. Housing Benefit	£			
15. Council Tax Benefit	£			
<b>Other Income</b>				
16. Bank Deposit Account Interest	£			
17. Building Society Account Interest	£			
18. Investments or Trust Funds	£			
19. Financial assistance from a relative, friend or grants from a Charity	£			
20. Any other income	£			

## SECTION 7 – YOUR SAVINGS

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	<b>Amount</b>
Bank accounts total current balance	£
Building Society accounts total current balance	£
Shares total current value	£
National Savings (e.g. National Savings Certificates) total value	£
Unit Trusts total current value	£
Premium Bonds amount held	£
Any other savings total value	£
Any other assets worth	£
	£

## SECTION 8 – YOUR BORROWING & DEBTS

Provider's Name	Commitment Type (Please mark with <b>X</b> the appropriate column)						Outstanding Balance	Monthly Payment	Credit Limit (where applicable)
	Mortgage	Credit Card	Store Card	Hire Purchase	Overdraft	Other			
							£	£	£
							£	£	£
							£	£	£
							£	£	£
							£	£	£

<b>YEARLY TOTALS</b> <small>OFFICE USE ONLY – PLEASE DO NOT FILL</small>	£	£	
	INCOME	EXPENSES	

## SECTION 9 – YOUR REFERENCES

Please give the names and addresses of two responsible people (not relatives or WH Saunders & Frank Wareham Charity residents) who know you well and whom the charity may approach for a reference

Referee 1	
Full name (please include any middle names if known)	
Address (please include Post Code and County)	
Telephone number (please include landline and mobile if available)	
Email address (if known)	
How long have they known you for?	
How do they know you?	

Referee 2	
Full name (please include any middle names if known)	
Address (please include Post Code and County)	
Telephone number (please include landline and mobile if available)	
Email address (if known)	
How long have they known you for?	
How do they know you?	

## SECTION 10 – MOVING TO AN ALMSHOUSE

Please indicate the main reasons for wanting accommodation (tick ALL applicable)

- Homeless
- Domestic violence
- Loss of tied accommodation
- Eviction or repossession
- Racial harassment
- Harassment (non-racial) or neighbour nuisance
- Required / asked to leave by family or friends
- Been served notice on your tenancy
- Financial or mortgage difficulties
- Unable to physically manage present accommodation
- Overcrowding in your current home
- Poor condition of current home
- Present accommodation required for improvements or redevelopment
- Relationship breakdown with partner (non-violent)
- Feeling isolated, insecure, worried about personal safety
- To be closer to family or friends
- Other (please specify) \_\_\_\_\_

Have you applied for accommodation elsewhere?

- NO     Local Authority     Private Landlord     Other Almshouse
- Other (please specify) \_\_\_\_\_



**Applicants should be aware that almshouses are Charities offering safe accommodation to their residents. Please state below:**

- 1. Why you wish to leave your current home**
- 2. What makes you a good candidate for an almshouse at WH Saunders & Frank Wareham Charity, and**
- 3. What you can add to the Charity**

How did you find out about our Charity (please tick all that apply)?

- Advertisement    Leaflet    Online media    Friend/family    GP/Social Worker  
 Current resident    Other (please specify) \_\_\_\_\_

## SECTION 11 – DECLARATION

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By submitting my application to WH Saunders & Frank Wareham Charity, I hereby declare the following:

1. I understand that the Charity may check some or all of the information I have provided to process my application. They may also obtain information about me from other organisations or give information about me to them to make sure the information is accurate in order to process my application and I consent in them doing so.
2. I am granting my consent to the processing of my private data in accordance with the Charity's Privacy Policy.
3. The information I have given on this form is correct and complete to the best of my knowledge and belief. I understand that the Trustees are entitled to terminate any appointment to an almshouse I may be offered as a result of this application, if my answers in this application form are (or are found to be in the future) untrue, or misleading in any respect (for example, due to omitting or misstating relevant facts).
4. I confirm that, to the best of my knowledge, I satisfy the Charity's eligibility criteria, as supplied to me on application. I understand that any false representation I make with regard to the eligibility criteria will render me ineligible to remain at WH Saunders & Frank Wareham Charity at any time in the future, if I am offered a place.
5. I agree that, if I am offered accommodation, 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 and will be paid by monthly bank direct debit.
6. I confirm that I am able and willing to look after myself and live independently.
7. 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 GP Authorisation Form.
8. I declare that I have taken permission from my next of kin, emergency contact and referees to disclose their contact details to the Charity so as to be contacted in regards to my application.
9. I have carefully read the Resident's Handbook and agree to abide by it should I be appointed to an almshouse. I understand that it is the Charity's right to evict me in case of failure to abide by the instructions contained in the Resident's Handbook.
10. I understand that, if shortlisted, an invitation to attend for an interview will be offered. I acknowledge that such invitation does not guarantee that an almshouse will be offered to me.

11. I understand that the appointment of all residents is entirely at the discretion of the Trustees of the Charity and that the Charity's decision is final with no right of appeal. I acknowledge however that, if rejected, I can always reapply.
12. I understand that my application will be kept to a housing register maintained in order to assess who is most in need of accommodation when a vacancy arises. I acknowledge that placement on said register does not guarantee that the Charity will be able to offer me an almshouse.
13. I acknowledge that pets are not allowed.
14. I consent that the Charity may contact me by  Email  Post  Telephone

## THE APPLICANT

\_\_\_\_\_  
Signature

\_\_\_\_\_  
PRINT NAME IN CAPITALS

\_\_\_\_\_  
Date

The witness signing the form below **must not** be a relative of the applicant.

## THE WITNESS

\_\_\_\_\_  
Signature

\_\_\_\_\_  
PRINT NAME IN CAPITALS

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness Address  
(please include Post Code and County)

## SECTION 12 – SUPPORTING DOCUMENTS

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Every application needs to be accompanied by the following supporting documents:

- A copy of your birth certificate or passport
- A copy of your proof of current residency (contract or any other relevant document)
- A copy of your proof of eligibility of Housing Benefit or Local Housing Allowance
- The completed and signed GP Authorisation Form (see last page)
- Copies of proof of all savings/borrowing  
(please include at least 3 months banks statements for current account)
- Proof of Settled Status and Right to Rent (if applicable)
- Any separate sheets you filled in
- Optionally, the completed Equality & Diversity Form (see next page)

Please send the application form and supporting documents by post or Email to:

Please return your completed application to:

**W H Saunders & Frank Wareham Charity**

The Almshouses Office  
843a Ringwood Road  
Bournemouth  
BH11 8LJ

Email: [lisa.browning@swalms.org.uk](mailto:lisa.browning@swalms.org.uk)

# EQUALITY & DIVERSITY MONITORING FORM

WH Saunders & Frank Wareham Charity want to meet the aims and commitments set out in our Equality Policy. This includes not discriminating under the Equality Act 2010, and building an accurate picture of the make-up of our residents in encouraging equality and diversity.

The Charity needs your help and co-operation to enable it to do this, but filling in this form is **voluntary**. The information provided will be strictly confidential and will remain anonymous. Your answers will:

- **not** be used as part of the selection process or affect your application in any way
- **not** be seen by the Trustees panel
- be used for statistical purposes **only**

No information will be published or shared in any way that would allow any individual to be identified. If you have any questions about the form please call us on **01202 515399** and we will be happy to assist.

What is your gender?	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> I prefer not to say <input type="checkbox"/> I self-identify as (please specify) _____
What is your Ethnic Group?  <i>Your Ethnic Group is not about nationality, place of birth or citizenship. It is about the group to which you perceive you belong.</i>	<input type="checkbox"/> White: English/Welsh/Scottish/Northern Irish/British <input type="checkbox"/> White: Irish <input type="checkbox"/> White: Gypsy or Irish traveller <input type="checkbox"/> White: Other White <input type="checkbox"/> Mixed Ethnic group: White & Black Caribbean <input type="checkbox"/> Mixed Ethnic group: White & Black African <input type="checkbox"/> Mixed Ethnic group: White & Asian <input type="checkbox"/> Mixed Ethnic group: Other Mixed <input type="checkbox"/> Arab <input type="checkbox"/> Asian/Asian British: Indian <input type="checkbox"/> Asian/Asian British: Pakistani <input type="checkbox"/> Asian/Asian British: Bangladeshi <input type="checkbox"/> Asian/Asian British: Chinese <input type="checkbox"/> Asian/Asian British: Other Asian <input type="checkbox"/> Black/African/Caribbean/Black British: African <input type="checkbox"/> Black/African/Caribbean/Black British: Caribbean <input type="checkbox"/> Black/African/Caribbean/Black British: Other Black <input type="checkbox"/> Other ethnic group (please specify) _____ <input type="checkbox"/> I prefer not to say

*continued on the next page...*

What is your age group?	<input type="checkbox"/> 60-70 <input type="checkbox"/> 71-80 <input type="checkbox"/> 80+ <input type="checkbox"/> I prefer not to say
What is your Marital / Civil Partnership Status?	<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Civil partnership <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Widowed <input type="checkbox"/> I prefer not to say
What is your Sexual Orientation?	<input type="checkbox"/> Heterosexual <input type="checkbox"/> Bisexual <input type="checkbox"/> Homosexual (Gay/Lesbian) <input type="checkbox"/> Other (please specify) _____ <input type="checkbox"/> I prefer not to say
What is your religion or belief?	<input type="checkbox"/> Buddhist <input type="checkbox"/> Christian <input type="checkbox"/> Hindu <input type="checkbox"/> Jewish <input type="checkbox"/> Muslim <input type="checkbox"/> Sikh <input type="checkbox"/> Other (please specify) _____ <input type="checkbox"/> No religion or atheist <input type="checkbox"/> Agnostic <input type="checkbox"/> I prefer not to say
Do you have any criminal convictions which have not been spent under the terms of the Rehabilitation of Offenders Act 1974?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Under the Equality Act 2010, a person has a disability if they have a physical or mental impairment that has a 'substantial' and 'long-term' negative effect on their ability to do normal daily activities.	<p>On the basis of this definition, do you have a disability?</p> <input type="checkbox"/> YES <input type="checkbox"/> NO

*Thank you for taking the time to complete this Equality & Diversity Form*

# GP AUTHORISATION FORM

I, (FULL NAME IN CAPITALS) \_\_\_\_\_  
whose date of birth is \_\_\_\_\_  
of address \_\_\_\_\_  
\_\_\_\_\_

hereby authorise my GP for the time being to provide WH Saunders & Frank Wareham Charity (Registered Charity No 227364) with:

1. relevant information about my current health and ability in regards to any application I make to become a resident of the WH Saunders & Frank Wareham Charity, and
2. advice about my health needs, should this be necessary at any future time, unless and until I have ceased to live in the property provided by the Charity.

## THE APPLICANT

\_\_\_\_\_  
Signature

\_\_\_\_\_  
PRINT NAME IN CAPITALS

\_\_\_\_\_  
Date