




HOMESTEAD COTTAGES

THE METHODIST HOMESTEAD, HOMESTEAD WAY, NORTHAMPTON NN2 6JH APPLICATION FOR ADMISSION AS A RESIDENT

All Information supplied is treated strictly confidential and unless marked with  is used solely for the purpose of making or reviewing this application.

1. Applicant 1 - About you

Full Name	
Mr. /Mrs. /Miss /Ms. /Other:	
Address:	
Post Code	
Telephone No:	Mobile No:
Length of time at this address:	Current Council Tax:
Date of Birth:	Marital Status: single/married/widow/widower/other
Age	National Insurance Number
Occupation or (if retired) previous occupation	
Email address	
Name of your Doctor and the address of the Medical Practice to which you belong	

2. Applicant 2 - About you (U)

Full Name	
Mr. /Mrs. /Miss /Ms. /Other:	
Address:	
Post Code	
Telephone No:	Mobile No:
Length of time at this address:	Current Council Tax:
Date of Birth:	Marital Status: single/married/widow/widower/other
Age	National Insurance Number
Occupation or (if retired) previous occupation	
Email address	
Name of your Doctor and the address of the Medical Practice to which you belong	

3. About your family (U)

Name of your next of kin/legal representative (please delete as appropriate)	
Relationship	
Address:	
Post Code	
Telephone No:	Mobile No:
Email address	

4. About your Representatives (🔒)

We ask you to provide the names and contact details for at least two relatives or friends – who will act as your Representatives. They will be contacted if you need someone to assist you if you are ill or in an emergency.

Please note: At least one of your representatives should live locally so that they are able to support you if you are ill, and if your representatives are likely to be away together we would ask that you find an additional representative.

Full Name	
Mr. /Mrs. /Miss /Ms. /Other:	
Address:	
Post Code	
Telephone No:	Mobile No:
Email address	
Relationship	Age

Full Name	
Mr. /Mrs. /Miss /Ms. /Other:	
Address:	
Post Code	
Telephone No:	Mobile No:
Email address	
Relationship	Age

Full Name	
Mr. /Mrs. /Miss /Ms. /Other:	
Address:	
Post Code	
Telephone No:	Mobile No:
Email address	
Relationship	Age

A meeting will be arranged between your named Representatives and the Trustees to discuss the role in detail.

5. About your present home

Type of accommodation	
Do you, or your spouse, own it?	Yes/No
If "Yes" what is the approximate 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 the property?	
Is this person related to you in any way? If YES what is the relationship?	
If you, or your spouse, have ever owned the property where you currently live, in what circumstances did you cease to be the owner?	
If rented, please give us the name and address of the landlord	
Current rent £..... per week/month	
Do you receive Housing Benefit or other Benefit to help with housing costs? Yes/No	
Do you receive Council Tax discount or reduction? Yes/No	

What do you intend to do with your current accommodation if you are offered a home at the Methodist Homestead?

If you or your spouse own property other than the one in which you live now (including any property owned abroad), please give the details below:

Address

Post Code:

6. About your income

	Amount Applicant		Frequency Applicant	
	1	2	1	2
Pensions I. State retirement pension II. Pension paid by past employer III. Private pension IV. Widow's or Widower's pension V. Any other pension				
Social Security Benefit I. Pension Credit II. Attendance Allowance III. Universal Credit IV. Any other benefit				
Current employment or self-employment Please explain type of employment and hours of work and please note that we will ask to see evidence of earnings at interview				
Other income I. Annuities II. Bank Deposit Account III. Building Society Account IV. Investment V. Renting property or land that you own VI. Grants from a charity VII. Financial assistance from a relative/friend VIII. From a trust fund IX. Any other income – please give details				

7. About your capital

1. Bank accounts: current balance
2. Building Society accounts: current balance
3. Shares: current value
4. National Savings (e.g.: National Savings Certificates): Value
5. Unit Trusts: current value
6. Premium Bonds: Amount Held

8. About your borrowing

Do you have any loans or other debts outstanding? If so, please provide details.
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9. About your health and other factors

Are you able and willing to live independently and look after yourselves and your home?
Please tell us about any significant illnesses, injuries or operations during the last 5 years
Are either of you currently being treated for any illness? Yes/No
If yes please give details below:
Do either of you use: A walker or Zimmer frame in the home Yes/No A wheelchair in the home Yes/No A wheelchair outside the home Yes/No A mobility scooter Yes/No

Are there any other health or social factors that you wish the Trustees to consider when assessing your application? Yes/No

If yes please give details below:

Are either of you a smoker? Yes/No

Please be aware that the Trustees discourage smoking in any of the homes for safety reasons.

As part of this application you will be expected to ask your GP 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 your ability to continue to live independently they may need to obtain a further medical report. Please sign and return Appendices C and D in which you authorise your GP to provide us with medical information about you either now or in the future.

Do either of you have a conviction which is not spent under the Rehabilitation of Offenders Act 1974?

YES / NO

If yes please give details below:

10. References

Please give the names and addresses of two people (not relatives) who know you well and whom the Methodist Homestead may approach for a reference. If you are currently renting accommodation, one of the referees should be your current landlord. Please indicate how you know the referees.

1. Name and address	2. Name and address
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12. Sending us your application

Please ensure that one of you sign Appendix A and the other Appendix B to this Application Form, as these will enable us to contact your Doctors to obtain a medical reference – without which the application process cannot be completed. Specifically, we will ask your GP to confirm the following:

- That you are capable of independent living as at the date of signing this form; and
- That there is no reason other than the normal aging process to suspect that you might cease to be capable of independent living in the future; and
- That you do not have a history of hoarding behaviour, neglect of your living accommodation to the point of squalor, or self-neglect; and
- That you do not suffer from any chronic medical conditions which are likely to have a significant impact in the foreseeable future on your ability to live independently and carry out normal activities of daily living; and
- If they are unable to agree these statements to explain why

Once you have completed all sections within the Application Form, please return it to *the Secretary and Clerk to the Trustees, 14 Methodist Homestead, Homestead Way, Northampton, NN2 6JH.*

Data Protection Notice

The Trustees of the Methodist Homestead will use the information in sections 1, 2 and 3 on this Application Form in the event of an emergency or other situation when we need to contact your representatives or a key holder. From time to time, we will provide a copy of the information for you to check.

This information will also be supplied to Call Care who provide the monitoring station for the alarm system; they will use the information if your call on the alarm system is handled by them.

All other information provided in support of the Application will be treated in the strictest confidence.

The Trustees reserve the right to use the information on this Application Form if at any time your appointment as a beneficiary of the charity is reviewed.

If you are appointed as a beneficiary of the charity, the Application Form will be retained for as long as you are a Resident and then destroyed.

If the application is withdrawn or not accepted the Application Form will be retained for 12 months and then withdrawn.

13. Important Declaration

We have read the Methodist Homestead Resident's Handbook and believe that we are eligible to apply to live in one of the charity's homes.

We declare that the information given in this application is correct and complete to the best of our knowledge and belief. **We understand that the Trustees would be entitled to terminate any appointment as a beneficiary of the charity, if our answers in this application form are untrue, or misleading in any respect (for example, due to omitting or misstating relevant facts).**

We have carefully read both this Application Form and the Residents Handbook and if admitted to residence agree to abide by the conditions set out in the Resident's Handbook (together with any additions or amendments which may be made within the terms of the Trust Deed).

We accept that if we are appointed as Residents, we will be a beneficiary of the charity and not a tenant. Any monthly sum we pay will be a maintenance contribution and not a rent.

We confirm that we can look after ourselves and are able to live independently, with the assistance of family and care services if necessary.

We consent to our GP or other medical attendant providing the charity with a medical certificate or report about our health and condition now or at a future date in accordance with the terms of the attached form of authority (Appendices A and B).

We understand that the Trustees cannot enter into any discussion about decisions made regarding this application or the allocation of homes.

Signed.....

Signed.....

Date.....

Date.....

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Confidential

THE METHODIST HOMESTEAD
APPENDIX A - GP AUTHORISATION FORM



I [full name in capitals]

whose date of birth is

of address:

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Authorise my GP for the time being and all my other medical advisors for the time being to provide information about my health and any aspect of my medical condition upon request to the Secretary and Clerk to the Trustees of the Methodist Homestead (Registered Charity No 1150018), both in connection with any application I make to become a Resident of homes provided by the charity and at any time thereafter until I have ceased to live in the property provided by the Methodist Homestead

Signed by applicant:

Date of signature:

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THE METHODIST HOMESTEAD
APPENDIX B - GP AUTHORISATION FORM



I [full name in capitals]

whose date of birth is

of address:

.....

Authorise my GP for the time being and all my other medical advisors for the time being to provide information about my health and any aspect of my medical condition upon request to the Secretary and Clerk to the Trustees of the Methodist Homestead (Registered Charity No 1150018), both in connection with any application I make to become a Resident of homes provided by the charity and at any time thereafter until I have ceased to live in the property provided by the Methodist Homestead

Signed by applicant:

Date of signature: