




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.

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:
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:

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

Please tell us which church you attend and give us the name of the Minister or contact at the church so that we may contact them

We are Members or Worshippers at _____ Church which we have attended for _____ years

Name and address of your Minister

Lined area for text entry.

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12. Sending us your application

Please remove Appendices A and B to this Application Form, and ask your Doctor to fill it in, and then send it with the rest of the completed Application Form to *the Secretary and Clerk to the Trustees, 14 Methodist Homestead, Homestead Way, Northampton, NN2 6JH.*

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 to a home we may be given as a result of this application, 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 a Resident 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 are able to look after ourselves and 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 C and D).

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.....

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. 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.



HOMESTEAD COTTAGES

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

APPENDIX A

REQUEST FOR MEDICAL INFORMATION TO SUPPORT MY APPLICATION FOR A BUNGALOW IN THE METHODIST HOMESTEAD

Background information about the Methodist Homestead

The Methodist Homestead provides 24 small bungalows (Homestead Cottages) which are affordable sheltered housing maintained by a charitable trust and administered by Trustees for persons meeting the criteria described with the Charity Commission.

A warden and handyman/gardener assist the Trustees in providing support to Residents but neither they nor the Trustees can accept responsibility for a Resident's care, if because of physical or mental infirmity, they are not able to look after themselves either temporarily or in the longer term.

In addition, the Warden is not qualified to provide medical care and assistance and is not permitted to administer or assist with the administering of drugs.

Residents are expected to be able to maintain and sustain an independent life style within the neighbourhood and community. The nearest shops and post-office are about a mile away.

To support the application the Trustees ask that the Applicant's Family Doctor provide some medical information

It would assist the Trustees in making a decision on the Application if you would provide in **confidence** any background medical history and a list of regular medication prescribed to them – in particular relating to any conditions which may affect the applicant's ability to look after themselves whilst in Homestead Cottages - that you feel the Trustees should take into consideration in making a decision about this application.

Your assistance in supporting this application by your patient is much appreciated.

The completed form and information can either be returned to your patient or sent directly to: *The Secretary and Clerk to the Trustees, The Methodist Homestead, 14 Methodist Homestead, Homestead Way, Northampton, NN2 6JH*

THE METHODIST HOMESTEAD

SUPPORTING MEDICAL INFORMATION FROM APPLICANT'S GP

All information supplied is treated strictly confidential and used solely for the purpose of this application

Applicant's Name in Full Mr./Mrs./Miss/Ms. Other:	
Address:	Post Code
Telephone No:	
Mobile No	
Date of Birth	
National Insurance Number	
(Information about the above applicant)	
List of regular medication	
Signed _____	
Dated _____	
Name of Doctor (Please print)	
Surgery Address and phone No:	



HOMESTEAD COTTAGES

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Applicant's Name in Full Mr./Mrs./Miss/Ms. Other:	
Address:	Post Code
Telephone No:	
Mobile No	
Date of Birth	
National Insurance Number	
(Information about the above applicant)	
List of regular medication	
Signed _____	
Dated _____	
Name of Doctor (Please print)	
Surgery Address and phone No:	

THE METHODIST HOMESTEAD
APPENDIX C - 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:

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THE METHODIST HOMESTEAD

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: