

CHARITY OF MARJORIE HURST

1 St.Peter's Avenue, Knutsford, Cheshire, WA16 0DN

☎ 01565 640755

✉ mhurstcharity@gmail.com

APPLICATION FOR AN ALMSHOUSE

This Almshouse charity is restricted to elderly persons who reside in Knutsford

Full name(s) of applicant(s)				
Address				
Post code				
How long at this address?	years	months	years	months
If less than five years, please give previous address and length of stay				
Telephone numbers	home		mobile	
Email address				
Occupation				
Marital status	Single/married/widowed/divorced		Single/married/widowed/divorced	
Date(s) of birth				
Place(s) of birth				
Years resident in Knutsford				

Financial information

Capital		
Amount of savings	£	
Other (please specify)	£	
Income		
State pension	£	Per week
Occupational pension	£	Per week
Benefits	£	Per week
Investment income	£	Per week
Salary/wages	£	Per week
Total weekly income	£	Per week

Details of present accommodation

House/flat/bungalow/lodgings/other (please specify)		
Do you own the accommodation?	YES/NO	
If YES, value if sold	£	
Number of rooms you occupy (living/beds etc)		
Number of other residents		
Do you share? :-	Kitchen	YES/NO
	Bathroom	YES/NO
	(please specify) Other rooms	YES/NO
Present rent	£	Per week
Council Tax	£	Per week

Name and address of next of kin

Would they assist in case of illness? YES/NO

Telephone number:

Names and addresses of two references (who should not be relatives)

Telephone number:	Telephone number:

Please give any special circumstances or reasons to support this application

I understand that it is essential that almshouse residents are able to care for themselves.

I agree that, if I am appointed as a resident, I shall not be a tenant.

I understand that any weekly sum I pay will be a Maintenance Contribution and not a rent.

I agree to the Charity retaining my above personal details for up to three years if my application is unsuccessful and for as long as is necessary if I become a beneficiary of the Charity. I understand that the Charity will not share my personal details with third parties unless I give express consent or there are exceptional circumstances.

I declare that the foregoing statements are true.

Applicant's signature(s) _____

Date _____

Please state below your own view as to the ethnic group to which you belong. *[You are not required to complete this information in order for your application to be considered.]*

Please return the completed application form to the Clerk to the Trustees at the above address.