

# THE HOSPITAL OF GOD AT GREATHAM

(Founded 1273)



## ALMSHOUSE APPLICATION FORM

**Almshouses are for people over the age of 60 years who are of limited financial means and who require housing in a sheltered setting.**

The Hospital of God at Greatham has about 100 almshouses in Greatham, Norton and Stockton.

We have one and two bedroom bungalows, ground floor, first and second floor flats and bedsits.

All our almshouses are situated in pleasant secluded or semi secluded areas.

They all (except for the Norton properties) have a warden service and they are all at present, connected to Stockton Care Call for emergency use.

Our wardens help residents to stay independent within their almshouses and will talk with residents about how they can get practical help and support.

Applicants who own a property are not disqualified from applying but if the value of the property is such that you would be able to afford to buy a property similar to one of our almshouses then we will not be able to accept your application.

If you do own a property then this should not be rented to any person as a means of an income, following a successful application. Should we discover that a property has been retained and/or rented then this would be seen as clear breach of Charity rules. Any licence to occupy may therefore be terminated forthwith.

Please complete this form as accurately as you can. We will assess your application by using a points system that takes into account your personal, health, social, financial and housing needs.

If you need advice about how to fill in the form, require it in large print or other format, please contact the Estate Office on 01429 870247.

Name of Applicant:	
Date of Birth	
Present Address:	
Do you or a family member own the property you live in.	
Telephone Number:	
Mobile Number	
e-mail address	

**Please tick as many as apply:** Tick those that apply – the more you tick the greater your chances of getting an almshouse.

**Are you looking for an almshouse in:** Greatham

Norton

Stockton

**Are you looking for a:**

Bungalow

Flat

Ground Floor

First Floor

Second Floor

Bedsit

One Bedroom

Two bedrooms

Please tell us who will live in the almshouse, starting with yourself first.

Name	Date of Birth	Relation

1. Please tell us about your present housing situation by answering the following questions:

1.1	Are you homeless?	Yes/No
1.2	Are you "living in" with family or friends?	Yes/No
1.3	Do you have a suitable bathroom/shower that you can use?	Yes/No
1.4	Do you have central heating in your living room and the bedroom you sleep in?	Yes/No
1.5	Are you close to local shops and a bus stop?	Yes/No
1.6	Do you live in an area where anti social behaviour or crime is a problem?	Yes/No
1.7	Are you able to clean and maintain your present home?	Yes/No
1.8	Do you have any pets? If so what are they?	Yes/No

Please add any further information about your present housing situation.

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2.1 Do you have any health problems? If so please use the space below to describe your health.

2.2 Are there parts of your present house that you cannot use due to your health or lack of mobility? Can you climb the stairs? If so please use the space below to give us more information.

2.3 Do you need to move to an almshouse to be closer to family or friends?

Yes/No.

2.4 Can you tell us why you feel you need supported housing and whether you receive support from a warden or carer in your present home?

3.0 Please tell us about your financial circumstances. In assessing your application we take into account the following:

- 3.1 State Pension
- 3.2 Occupational Pension
- 3.3 Savings
- 3.4 Value of any property you own.

<b>FINANCIAL DETAILS</b>			
	YOURSELF	PARTNER	JOINT
3.1 State Pension	£	£	£
3.2 Occupational Pension	£	£	£
3.3 Savings	£	£	£
3.4 Value of property	£	£	£

Is there anything else you would like us to know about your financial circumstances?

#### **4.0 Suitability**

4.1 Our rules state that residents should be of good character and so we need to ask if you have any unspent criminal convictions. A conviction will not automatically exclude you from being considered as an applicant but Trustees need to be fully aware of your circumstances.

Do you have any unspent criminal convictions? YES/NO

4.2 References: Please give the name and address of one referee who is not related to you who we can approach for confidential information regarding your suitability for Almshouse accommodation

Name:
Address:
Postcode:
Tel No:
Mobile:

I hereby state that the information in this application is true and correct and acknowledge that if the information is subsequently found to not be true and correct my occupation of the almshouse might be terminated by the Trustees.

Signed: .....

Name: .....

Date: .....

Signed: .....

Name: .....

Date: .....

When complete please return this form to:

Mr David Granath  
Director  
The Hospital of God at Greatham  
Estate Office  
Greatham  
Hartlepool  
TS25 2HS

Telephone: Hartlepool (01429) 870247

Website: [www.hospitalofgod.org.uk](http://www.hospitalofgod.org.uk)

The completed application form together with any additional information giving detailed medical or financial information in support of your application will be held in the Estate Office in accordance with the requirements of the Data Protection Act. 1998