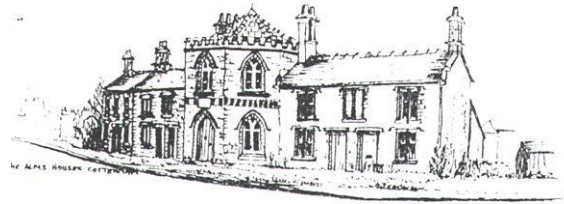


Please return to:-

Malcolm Dee
62, Lyles Road
Cottenham
Cambridge CB24 8QR

Tel: 01954 250387



John Moreton Homes

APPLICATION FOR ACCOMMODATION:

The information contained in this application form will be provided to the charity in confidence and will not be disclosed to anyone other than the Clerk and Trustees.

Applicants are advised that failure to disclose any relevant information may prejudice their application. Misleading or inaccurate information may lead to your application being set aside at some time in the future and your having to leave the almshouses.

Self

Partner/Spouse

FULL NAME:		
TITLE:		
DATE OF BIRTH:		
NATIONAL INSURANCE No.		
OCCUPATION BEFORE RETIREMENT:		
ADDRESS:		
POST CODE:		
EMAIL ADDRESS		
TELEPHONE NUMBER:		

PRESENT HOUSING (tick where applicable)

OWNER/OCCUPIER TENANT LODGER

HOUSE FLAT BEDSIT SHELTERED ACCOMMODATION

OTHER (please specify) _____

If you own a property, please give the approximate value £ _____

and also the amount of any mortgage outstanding £ _____

How long have you lived at the above address? Approximate number of years _____

Do you, or have you ever, lived in Cottenham? YES/NO

Please give approximate dates _____

Do you live alone? (If 'NO' please give brief details): _____

DETAILS OF INCOME AND ASSETS

	Self	Partner/Spouse	
Gross Salary	£	£	weekly/monthly
State Retirement Pension	£	£	weekly/monthly
Other Pensions	£	£	weekly/monthly
Income support / Pension Credit	£	£	weekly/monthly
Housing Benefit	£	£	weekly/monthly
Council Tax Benefit	£	£	weekly/monthly
Disability Living Allowance	£	£	weekly/monthly
Attendance Allowance	£	£	weekly/monthly
Child Tax Credits	£	£	weekly/monthly
Working Tax Credits	£	£	weekly/monthly
Job Seekers Allowance	£	£	weekly/monthly
Employment & Support Allowance	£	£	weekly/monthly
Rent from lodger/tenant	£	£	weekly/monthly
Investment Income	£	£	weekly/monthly
Other regular income	£	£	weekly/monthly

JOINT SAVINGS**Capital**

Post Office Savings Bank	£
National Savings Certificates	£
Bonds	£
Premium Bonds	£
TESSA/PEP/ISA Account	£
Bank Deposit Account	£
Bank Current Account	£
Building Societies	£
Stocks and Shares	£
Loans to Third Parties	£
Any other Savings	£

OUTGOINGS

Rent/Mortgage	£	Weekly/Monthly
Council Tax	£	Weekly/Monthly
Service Charges	£	Weekly/Monthly
Bank Loan/Overdraft	£	Weekly/Monthly
Debts	£	Weekly/Monthly
Fines	£	Weekly/Monthly

HEALTH AND SOCIAL FACTORS

Are there any health or social factors that you would wish the Trustees to take into consideration when assessing your application? Please state if there are specific medical reasons you wish to have considered.

Please confirm that the Trustees may consult your GP (in confidence) in connection with your application.

YES / NO

REASON FOR APPLICATION**NAME, ADDRESS, PHONE NO. AND RELATIONSHIP OF NEXT OF KIN**

I certify that the above particulars are accurate to the best of my knowledge and belief and that I have no other income or savings. I confirm that I am able to look after myself, with the assistance of family and social services if necessary. I accept that if I am appointed as a resident I shall not be a tenant and any weekly sum I pay will be a maintenance contribution and not a rent. I agree to the processing of my personal data for administrative purposes, in line with the Data Protection Act.

Signatures of Applicants.

Date.

SPONSOR'S NAME
ADDRESS

TEL NO:

E-MAIL:

I certify the bona fide nature of the applicants' request. The information herein contained is, to the best of my knowledge and belief, correct. I consider the applicant to be of good character and worthy of the Trustees' consideration for benefits from the Charity of John Moreton.

Signed

Date.

TRUSTEE REPORT