

## **APPLICATION FOR A PROPERTY OWNED BY THE OLD TRUST**

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The Governors and Assistants of Queen Elizabeth's Grammar School, Ashbourne.

( THE OLD TRUST )

Clerk to the Trustees:

Mr John Griffiths Tel. No. 01335 343963

Please indicate which property(s) you wish to be considered for;

COOPERS CLOSE ---- COOPERS GARDENS ---- CLERGY WIDOW FLATS ---- ABRAHAMS ----

OWFIELDS ---- SPALDENS ---- JOHN COOPERS ----

PERSONAL DETAILS:

FULL NAME

DATE OF BIRTH

ADDRESS

POST CODE

TELEPHONE NUMBER, landline or mobile

LENGTH OF TIME AT THIS ADDRESS

NEXT OF KIN

RELATIONSHIP

ADDRESS

TELEPHONE NUMBER

PRESENT HOME; Do you or your spouse own it? YES/ NO

If YES what is the estimated value:

ARE YOU ?

A Tenant YES/ NO

Owner occupier YES/NO

Living with relatives YES/NO

In lodgings YES/ NO

Do you receive Housing Benefit or Council Tax benefits YES/ NO

YOUR INCOME

Do you receive ; State Retirement Pension YES/NO

Employment Pension YES/ NO

Private Pension YES/ NO

Social Security Benefits YES/ NO

Your approximate capital : include Bank and Building Society, investment, shares, property.

HEALTH AND SOCIAL FACTORS

Are you willing and able to look after yourself and your property. Please give details of any significant illnesses, injuries or operations during the last 5 years

Can you cope with stairs ? YES/ NO

Have you submitted a Doctors letter ? YES/NO

NAME and ADDRESS of GP

Does your present property have ;

A fixed bath YES/ NO

An inside WC YES/ NO

A hot water supply YES/NO

Is your property damp YES/ NO

In a state of disrepair YES/NO

PETS; may only be kept if written authority is given by the Clerk to the Trustees.

REFERENCES; Please give the names and addresses of TWO responsible adults (not relatives) that the Trust may approach for a reference.

Why do you wish to move ?

Any other relevant information you wish to add to your application.

PLEASE NOTE: Once your application form is submitted the Old Trust will retain your details and assume your circumstances have not changed unless informed otherwise. Your application will immediately be considered for the next appropriate property allocation.

DECLARATION:

I declare that the information given in this application is correct and complete to the best of my knowledge and belief.

YOUR SIGNATURE:

DATE:

**DATA PROTECTION STATEMENT:** it is part of the trustees' responsibilities to ensure that applicants for almshouses are suitably qualified under the terms of the charity's governing document. Trustees, therefore, need to investigate the personal circumstances of applicants. The personal data supplied on this form and other information relating to an almshouses appointment or your care management will be held on file. Some details may be checked with relevant organisations but none will be disclosed for any inappropriate purpose. You may have access to your personal information on request.