

In Confidence when completed



THE FRENCH HOSPITAL - APPLICATION FOR A FLAT AT LA PROVIDENCE (Form B)

By signing this document, you are signifying that you have read and understood the Charity's Privacy Policy (**copy enclosed**) and you have no objection to its contents insofar as they relate to the Charity's processing of your personal data. Should you have objections to the Policy, now or in future, please inform the Clerk of them, in writing. Should you have any queries about the Charity's processing of your data, do not hesitate to discuss them with the Clerk.

Note: If you are a friend or relative who is going to share a flat with the main applicant please complete this form. If any details are duplicated, please write "As applicant"

Personal Details of Applicant

Title (Mr./Mrs./Miss/Other):

Surname:

Christian Names:

Place of Birth:

Date of Birth:

Serial No of Birth Certificate:

Religion:

Address:

Post Code:

Telephone Nos:

E-Mail:

Nat Ins No:

State whether you are married, widowed or divorced:

Present or Former Occupation or Profession:

State your present state of health:

(Should you be called forward for interview, you will have a preliminary confidential meeting with the Charity's Medical Director)

Your Doctor's Details

Name and Initials:

Address:

Post Code:

Tel No:

(Your doctor **may** be asked to communicate separately, and in confidence, with the French Hospital's Medical Director about your general health after your interview. The Clerk will brief you on the procedure and provide the appropriate certificate and letter to your doctor)

Outline Details of your French Protestant/Huguenot Descent or Connections by Marriage

(Attach additional sheets / documents as necessary, including copy of Birth Certificate):

Outline the circumstances that give rise to your charitable need:

(Attach additional sheets / documents if necessary)

Additional information that might support your application:

(Attach additional sheets / documents if necessary)

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How did you hear about The French Hospital? Huguenot - Society/Website/Friend/Relative/TV Programme/Advert/Other (please specify):

Have you made any application for accommodation to another housing organisation or a Local Authority?

Yes / No

If Yes, please state name and address of the organisation / Approximate date of application / Result or response:

Organisation 1 –

Organisation 2 –

Organisation 3 –

Other – please add pages if necessary

Next of Kin

(Other than any relative with whom you would be sharing accommodation)

Title: Mr/Mrs/Miss/Other:

Name (and Initials):

Address:

Post Code:

Tel Nos.

Relationship to Applicant:

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Power of Attorney

Have you nominated attorneys, under either the Enduring Powers of Attorney, or Lasting Powers of Attorney (LPA) (LPA Property and Finance, or LPA Health and Welfare) Schemes? Yes / No

If YES, please specify which:

Referees (Referees should be prepared to be contacted by phone, or in writing, by the Clerk)

Contact Details of two Persons, preferably not relatives, to whom Reference can be made after you have attended for Interview.

Referee A

Title: Mr/Mrs/Miss/Other:

Name (and Initials):

Address

Post Code:

Email address / Tel Nos:

Referee B

Title: Mr/Mrs/Miss/Other:

Name (and Initials):

Address

Post Code:

Email address / Tel Nos:

Do you have a pet?

Please give details:

Do you have a car?

Personal Financial details – see next page

FINANCIAL STATEMENT

(You may be asked to provide supporting documentation should you be called forward to interview)

INCOME AND ALLOWANCES (net per annum)

From State Retirement pension	£.....
From other pensions (please specify)	£.....
From employment, consultancy or other work or services	£.....
From investments	
• Dividends or Stocks interest	£.....
• Bank or Building Society interest	£.....
• National Savings	£.....
From state benefits	
• Housing Benefit (amount paid to you or direct to landlord):	£.....
☐ Type of benefit:	£.....
Winter fuel allowance	£.....
Other sources, specify e.g. trusts, annuities, grants, royalties, rent etc	£.....

OTHER FINANCIAL SUPPORT

Do you receive financial support from a relative, friend or otherwise? £.....

TOTAL: £

CAPITAL

Current account	£.....
Stocks and shares or other investments	£.....
Savings	
• Banks, Building Societies, ISAs etc.	£.....
• National Savings	£.....
Property (UK and overseas)	£.....
Other, including assets (specify e.g. clock collection, pictures, jewellery, car etc)	£.....

Do you have any outstanding amounts payable?

☐ Credit cards	£.....
☐ Loans	£.....
☐ Other	£.....

TOTAL: £

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Do you anticipate any material legacies? Yes / No
If Yes, how much? £.....
Have you made any gifts of more than £1,000 during the last seven years? Yes / No
If Yes, how much? £.....
Are you a homeowner? Yes / No
What is the value of your property (properties)?
Is your property (properties) mortgaged – if so, please give details

Have you ever owned a property? Yes / No
If YES, how long ago did you dispose of it?

Are you a tenant? Yes / No
If yes, please give details of landlord:

How much is your monthly rent?

Approximate Total of Regular Monthly Expenditure:

I hereby certify that all the above details are full and accurate, to the best of my knowledge.

Signed:

Date:

Name and Initials: