

**NORTH MEMORIAL HOMES**  
**Registered Charity No 215582**

The North Memorial Homes Charity provides housing predominantly for ex-service people and their families linked to Leicester but can consider other applications if there are unfilled vacancies. The Charity is restricted under its governing instrument as to who it can appoint as a beneficiary but subject to this restriction, the Trustees do not discriminate on grounds of race, religion or disability.

This completed Form to be forwarded to the registered office: **North Memorial Homes, c/o Mr David Janes Leicester City Council, City Hall, Floor 4, West Rear Wing, 115 Charles Street, Leicester. LE1 1FZ**

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 Hon. Secretary, Hon. Administrator and the Trustees.

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

Please note that the Homes are for independent living. There is no warden on site.

**1. PERSONAL DETAILS**

Name(s) in full: .....

Address & Postcode: .....

..... Tel No:.....

Length of time at this address: ..... Council Tax Band .....

Date(s) of Birth: ..... Age(s): ..... National Insurance No(s): .....

Past or Present Occupation(s): .....

Reference: (Name & Address of a person from who a reference can be obtained if required)  
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Next of Kin: Please provide the details of your current Next of Kin

Name:..... Relationship.....

Address:.....

..... Tel No:.....

Are they able to assist in cases of illness or emergency? YES/NO

Where did you live when you enlisted .....

Service in the Armed Forces: (Please give details of time spent in the armed forces, including dates and times spent on active service)

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**2. FINANCIAL INFORMATION**

To enable the Trustees to assess your application, please provide the following information:

Net Income Please answer all questions. Enter 'NIL' where appropriate.

		AMOUNT PER WEEK	
		YOURSELF	SPOUSE
<u>Pensions</u>	State Retirement Pension		
	Widow's Pension/Widow's Allowance		
	Industrial Injuries Disablement Benefit		
	War Disablement Pension		
	War Widow's Pension		
	Superannuation (pension from former employer)		
	Widow's Pension from Late Husband's Employment		
	Pension Credit		
<u>Allowances</u>	Attendance Allowance		
	Mobility Allowance		
	Invalid Care Allowance		
	Severe Disablement Allowance		
	Disability Living Allowance		
<u>Benefits</u>	Incapacity Benefit		
	Income Support		
	Housing Benefit		
	Council Tax Benefit		
<u>Other</u>	Maintenance Received by Yourself		
	Voluntary or Charitable payments received		
	Rental Income from any property		

Any Other Income – give details .....

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**3. SAVINGS AND CAPITAL**

Please answer all questions. Enter 'NIL' where appropriate.

- Bank Accounts
- Post Office Accounts
- Building Society Accounts
- National Savings Certificate (state date bought)
- Premium Bonds
- Redundancy Payment (if in last twelve months)
- Cash – this includes any cash held at home
- Any Other Capital – give details
  
- Stocks/shares/unit trust – please give current value or state name of companies, and number of stocks/shares held on a separate sheet of paper

AMOUNT	
YOURSELF	SPOUSE

If you, or your partner, own property other than the one you live in, please give details below

ADDRESS ..... VALUE £ ..... MORTGAGE £ .....

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**4. PRESENT ACCOMMODATION**

Do you, or your spouse, own your present accommodation? YES NO

If YES, what is the present estimated value of the property? £ .....

Please give a very simple description of the property you own .....

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What are your intentions regarding this property if you are offered an Almshouse?

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How much money do you still need to repay on a mortgage associated with this property?  
 If there is no mortgage on the property, please write **NONE**.

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If **NONE** i.e. you do not own the property where you currently live, who does own this property?

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Is this person related to you in any way? If YES, what is the relationship?

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**5. HEALTH & 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

GP details.....

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Our governing instrument states that residents should be of good character and so we need to ask if you have any 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 criminal convictions? YES/NO

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**6. CERTIFICATION**

I certify that the details above are correct to the best of my knowledge and belief and that this application is submitted in good faith. 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. Any weekly sum I pay will be a maintenance contribution and not a rent.

Signed .....

.....  
(PRINT NAME IN CAPITAL LETTERS)

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 instrument. Trustees, therefore, need to investigate the personal circumstances of applicants. The personal data supplied on this form, and other information relating to an almshouse 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.