

BRIDGNORTH HOUSING TRUST

The registered name of Bridgnorth General Municipal Charity
A REGISTERED CHARITY No. 217544

The Office, Spinners Court, St Stephens Place, Bridgnorth, WV15 6AE
Telephone: 01746 766555 E-Mail clerk@bgmc.co.uk

Application for Housing Accommodation

For further information or for help in completing this form please contact the Clerk to the Trustees at the above address.

Bridgnorth Housing Trust is a Charity which provides housing for poor persons who (except in special cases to be approved by the Commissioners) are inhabitants of the area previously covered by the area known as Bridgnorth District Council.

This completed form to be forwarded to the Clerk to the Trustees at the above address.

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 the Trustees.

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

PLEASE DO NOT APPLY IF YOU HAVE A PET OR IF YOU HAVE RESPONSIBILITY FOR CARING FOR A PET ON A TEMPORARY BASIS AS THE COMMUNAL NATURE OF THE OVERALL AREA OF OUR PROPERTIES MAKES IT UNSUITABLE AND IMPRACTICAL

EXCEPTIONS MAY BE MADE ONLY FOR OFFICIAL ASSISTED ANIMALS

Applicants are advised that ALL properties are NON SMOKING.

Applicants are advised that residents are appointed on licence as beneficiaries of the Charity and as such they nor any relation or guest of theirs will be a tenant of the Charity or have any legal interest in the property.

Data Protection Statement: It is part of the Trustee's responsibility to ensure that applicants are suitably qualified under the terms of the charities governing instrument. Some details given on this form may be checked with relevant organisations but none will be disclosed for any inappropriate purpose. Any email addresses will only be used by Bridgnorth Housing Trust and will not be passed to any third party without your written permission. By signing this form, you agree to Bridgnorth Housing Trust holding on file either in hard copy or electronically the personal data supplied on this form and other information given relating to an almshouse appointment or your care of management. You may have access to your personal information on request.

CRITERIA FOR HOUSING WITH BRIDGNORTH HOUSING TRUST

Applicants must:

Be in financial need (in all cases) **AND**

Have lived in the area previously covered by the former Bridgnorth District Council for at least 10 years

The Trustee may consider applicants from outside the area but only in the following exceptional circumstances:-

Have strong links to the Bridgnorth area or

Need to move closer to family living in Bridgnorth. (family defined as Parents, Grandparents, Siblings, Children).

Need to be in Bridgnorth for work purposes

Have previously lived in Bridgnorth for at least 10 years

N.B. The Charity Governing Scheme states that the Trustees must give preference to women, Trustees will consider this when making decisions.

- ***Financial need:-***

To assess financial need the Trustees will consider the following:-

Are applicants (or will they be if offered a property) in receipt of benefits

Are applicants working but on a low income

Are applicants retired but on a low income

- ***Home owners***

Home owners can only be considered if the value of their present home less any outstanding debt would not exceed £30,000.00.

When there are special circumstances which make it impossible for them to buy suitable housing in the local area.

- ***Previous Residents***

Previous residents will be considered for re-housing if their previous residency was conducted in a satisfactory manner.

- ***Existing Residents***

Consideration will be given to existing residents who request a transfer of accommodation. In decision regarding a transfer of accommodation the trustees will consider the following:-

Medical grounds

Payment history

That the Terms of occupancy have been conducted in a satisfactory manner.

Existing home is in good order

Community involvement

Accommodation constructed specifically for the elderly will be offered to people over state retirement age or disabled.

The Trustees will have regard to the existing community within the Almshouse scheme when making its decision.

PERSONAL DETAILS OF APPLICANT

Title Mr Mrs Miss Ms Other.....

Surname.....First Names.....

Present address.....

.....Post Code.....

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

***Telephone No: Home.....Work.....Mobile.....

E MailNational Insurance Number.....

Marital Status

Single Separated Engaged Divorced Widowed Married/Living with partner

Sex.....Age.....Date of Birth.....

Are you (a) Owner or (b) Tenant (please delete as applicable)

If **tenant**, please give name and address of landlord:

.....

What is the current weekly/monthly rent?.....

Do you give consent to the Charity requesting information of your tenancy and rent account from your existing Landlord? Yes No

If **owner**, what is the present estimated value of the property?.....

Please give a brief description of the property.....

How much money do you still need to repay on a mortgage associated with this property?.....

Do you own any other property? If yes please give brief details:

.....

Details of Dependants (if applicable)

Surname.....First Name.....Sex.....Age.....Date of Birth.....

Surname.....First Name.....Sex.....Age.....Date of Birth.....

Reference: (Name & Address of a person from whom a reference can be obtained if required)

.....

.....

Are you on the register for local authority housing?

Yes No

If Yes, how long on the register and which band are you, bronze, silver etc?

SECOND APPLICANT (if applicable)

Title Mr Mrs Miss Ms Other.....

Surname.....First Names.....

Present Address.....

.....Post Code.....

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

*** Telephone No: Home.....Work.....Mobile.....

E MailNational Insurance Number.....

Marital Status

Single Separated Engaged Divorced Widowed Married/Living with partner

Sex.....Age.....Date of Birth.....

Are you (a) Owner or (b) Tenant (please delete as applicable)

If **tenant**, please give name and address of landlord:

.....

What is the current weekly/monthly rent?.....

Do you give consent to the Charity requesting information of your tenancy and rent account from your existing landlord? Yes No

If **owner**, what is the present estimated value of the property?.....

Please give a brief description of the property.....

How much money do you still need to repay on a mortgage associated with this property?.....

Do you own any other property? If yes please give brief details:

.....

Details of Dependants (if applicable)

Surname.....First Name.....Sex.....Age.....Date of Birth.....

Surname.....First Name.....Sex.....Age.....Date of Birth.....

Reference: (Name & Address of a person from whom a reference can be obtained if required)

.....

.....

Are you on the register for local authority housing?

Yes No

If Yes, how long on the register and which band are you, bronze, silver etc?

FREEMAN

If either applicant is a widow of, or an unmarried daughter of a Freeman of the Town of Bridgnorth, please state name and address of such freeman.

INCOME AND EMPLOYMENT

All information provided is confidential

Please provide details about you and your partner's sources of income. Proof of income is required.

	Full Time Work:	Part Time Work:	Unemployed:	Retired:	Long Term sick/ Disabled	Other
Applicant 1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Applicant 2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Details of Weekly Income	Applicant 1	Applicant 2
Take home pay (after deductions)		
Income Support		
Job seekers allowance		
Child benefit		
Family credit		
Maintenance Payments		
Pension (State)		
Pension (private)		
Pension Credit		
Allowances (please give details)		
Housing Benefit		
Council Tax Benefit		
Other benefits (please state which)		
Rental Income		
Other Income (please give details)		

SAVINGS AND CAPITAL

Please answer all questions. Enter NIL where appropriate.

	AMOUNT	
	Applicant 1	Applicant 2
Bank Accounts		
Post Office Accounts		
Building Society Accounts		
National Savings certificate		
Premium Bonds		
Redundancy Payment (if last 12 months)		
Cash (including cash at home)		
Any other capital (please give details)		
Stocks/Shares/Unit Trusts (Please give current value)		

VEHICLE OWNERSHIP

Does either applicant own a vehicle? Yes No

Does either applicant qualify for a Blue Badge? Yes No

HEALTH AND SOCIAL FACTORS

Does either applicant have a MEDICAL need for more suitable accommodation? Yes No

Does either applicant experience DOMESTIC violence? Yes No

Do you need to move nearer to a close relative to give/receive support? Yes No

Does anyone on this form suffer from a long standing illness or disability? Yes No

Does anyone on this form have history of drug/alcohol abuse? Yes No

Does anyone on this form have a criminal conviction? Yes No

Do you have any special needs? Yes No

If you have answered yes to any of the above questions please give details.

.....
.....
.....
.....
.....
.....
.....
.....

LOCAL CONNECTIONS

Please state the number of years you have lived in the Bridgnorth District

Applicant 1.....Applicant 2.....

Please state ALL relevant former addresses with dates.

Name	Address	From	To
.....
.....
.....
.....

Has either applicant any family connections with the Town of Bridgnorth Yes No

If yes please give full details.....
.....
.....
.....

PROPERTIES

ALL PROPERTIES ARE NON SMOKING AND PETS ARE NOT PERMITTED

Bridgnorth Housing Trust have the following properties with restrictions where applicable, Please indicate what accommodation is required. (Tick as many as applicable)

There is a waiting list for all properties.

St Stephens Place: (over 60 only)

2-bedroomed bungalows

2-bedroomed flats (first floor)

1 bedroomed flats (ground floor)

Church Street (over 60 only)

2 bedroomed flats (first floor)

2 bedroomed flats (ground floor)

Reverend Francis Palmers Hospital (Single Ladies over 60 only)

1 bedroomed flats (first floor)

1 bedroomed flats (ground floor)

Severn Street

1 bedroomed House

2 bedroomed House

Spinners Court

2 bedroom bungalow

2 bedroom House

FINANCIAL OBLIGATIONS

Has either applicant ever failed to meet any financial obligations? Yes No

Do you currently have any debt? Yes No

Have you had or currently have any County Court Judgements registered against them? Yes No

If YES to either question, please give details.....

.....

CERTIFICATION

I certify that the details given above are correct to the best of my knowledge 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 confirm that I have read and understood the accompanying notes to this application form.

Applicant 1 Signed Date

Applicant 2 Signed..... Date