

# HULL UNITED CHARITIES

Registered Charity No: 226291

## Application form for Accommodation

At

Northumberland Court

Northumberland Avenue

Hull

Tel: 01482 323965

*Hull United Charities will consider housing persons in need, of 55 years and over,  
From Hull and the East Riding of Yorkshire.*

It is a Charity Commission requirement to investigate the personal circumstances of applicants for almshouses. 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.

Please complete all sections of this form.

Mr/Mrs/Miss/Ms Fornames Surname			Mr/Mrs/Miss/Ms Forname Surname		
Date of Birth	Status	Age	Date of Birth	Status	Age
National Insurance No.			National Insurance No.		
Telephone No.			Telephone No.		
Addresses you have lived in over the last 10 years (inc. postcodes)				Dates From:	To:
Current:					
Previous:					



**Reason For Rehousing**

Why do you wish to leave your present home?		
If there are any medical reasons why you should be rehoused, please give details:-		
Have you or your partner a "Medical Priority" for rehousing? (If so, the letter from the District Medical Officer should be attached.)	YES/NO	
Are you registered as disabled?	YES/NO	
Is your partner registered disabled?	YES/NO	
If Yes, Please give your registered disabled Number(s) .....		
.....		
What is the nature of your/your partners disability?		
Are you able to manage stairs?	YES/NO	
<b><u>Details of present Accommodation</u></b>		
At your present address are you:	(please tick as appropriate)	
In Lodgings/Bed and Breakfast	Owner/Purchasing	
Living with relatives	Tied Property	
A Tenant	Living with Friends	
Is your present accommodation:	(please tick as appropriate)	
Furnished flat	Unfurnished flat	Flat Floor Level .....
Bungalow	House	Hostel
Number of rooms you Occupy .....		
Amount of rent paid per week/month	£	
Amount of Council Tax per month	£	

**Names & Addresses of Next of Kin:**

1. Name

Relationship (e.g. son, niece, friend)

Address

Post Code

Tel No.

Would they assist in case of illness?

2. Name

Relationship (e.g. son, niece, friend)

Address

Post Code

Tel No.

Would they assist in case of illness?

Do you have a pet?

Yes/No

If Yes please give details

<b>Please give details of any current medical conditions:</b>	<b>Please give details of any current medical conditions:</b>
<b>List of Medication</b>	<b>List of Medication</b>

**It is essential that almshouse residents are able to care for themselves.**

<b>Please give any special circumstances or reason for making this application:</b>
---

**Names & Addresses of two Referees** (these must be people who have known you for more than 2 years other than family) If renting one referee **MUST** be your current landlord.

1. Name:

Address:

Telephone:

Relationship to you:

2. Name:

Address:

Telephone:

Relationship to you:

## Declaration

In signing this form you are agreeing to the following:

- I undertake to notify Hull United Charities of any changes to the details provided on this form.
- I understand that in the event of any details being found to be untrue or inaccurate or if I have neglected to notify any changes in my circumstances, I may lose any licence to occupy offered to me, or if the licence has commenced the organisation reserves the right to take action to terminate this licence to occupy.
- I understand that my details will be held on computer, and hereby give permission for information regarding my application to be given or verified by other statutory or voluntary agencies in order to check this application and provide assistance with re-housing.
- I consent to references being obtained from referees given AND my previous landlords of the properties I have lived in during the last three years.
- I consent to credit checks being carried out in order to establish my financial status.
- I understand that the completion of this form does not mean I will be offered accommodation.
- I understand that the details of this application will be used for confidential statistical purposes.
- I understand that if I am appointed as a resident I shall not be a tenant.
- If I am offered a licence, any weekly sum I pay will be a maintenance contribution and not rent.

I certify that the details given on this application are true and complete to the best of my knowledge.

Signed (Applicant 1)..... Signed (Applicant 2).....

Print Name ..... Print Name.....

Date ..... Date .....

Please return completed form to:

**The Trust Manager  
Hull United Charities  
Northumberland Court  
Northumberland Avenue  
Hull  
HU2 0LR**