



## **ST. MARY'S CHURCH HOMES TRUST**

---

**St. Mary's Church Homes Trust  
St. Mary's Church  
St. Mary's Road  
Ealing  
London W5 5RH**

**Tel: 020 8579 7134**

**Fax: 020 8840 4534**

**Registered as a Charity no: 213 835**

---

### **APPLICATION FOR RESIDENCE (please use BLOCK CAPITALS)**

---

St. Mary's Church Homes Trust provides 12 one-bedroom flats in St. Mary's House, Church Gardens, Ealing, W5 4HL. The house is a happy community of individuals who pull together as considerate and friendly neighbours. The Trustees anticipate that this atmosphere will continue, respecting privacy and also encouraging co-operation.

The Trust is restricted to housing persons of limited means, who are usually over retirement age, have lived in or around the area Ealing for at least two years, who are active Christians and who are capable of looking after themselves in a self-contained flat.

**OFFICE USE ONLY:**

Full name of Applicant: \_\_\_\_\_

Full name of Spouse: \_\_\_\_\_

Address of Applicant: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Telephone Number: Home: \_\_\_\_\_

Mobile: \_\_\_\_\_

Email \_\_\_\_\_

Number of years as a resident in the Ealing area: \_\_\_\_\_

Do you have a relative resident in the Ealing area: \_\_\_\_\_

Marital Status: \_\_\_\_\_

Date of Birth of Applicant: \_\_\_\_\_

Date of Birth of Spouse: \_\_\_\_\_

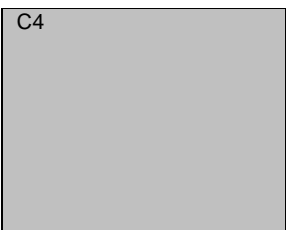
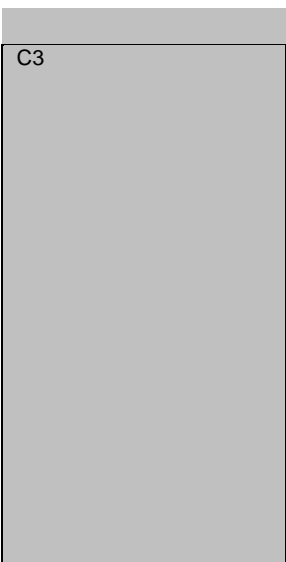
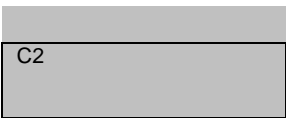
Occupation of Applicant: \_\_\_\_\_

Please specify any  
voluntary work and  
number of hours  
undertaken: \_\_\_\_\_

Occupation of Spouse: \_\_\_\_\_

Please specify any  
voluntary work and  
number of hours  
undertaken \_\_\_\_\_

Name and Address of  
Church currently  
attended: \_\_\_\_\_  
\_\_\_\_\_



For how long? \_\_\_\_\_

How often do you attend? \_\_\_\_\_

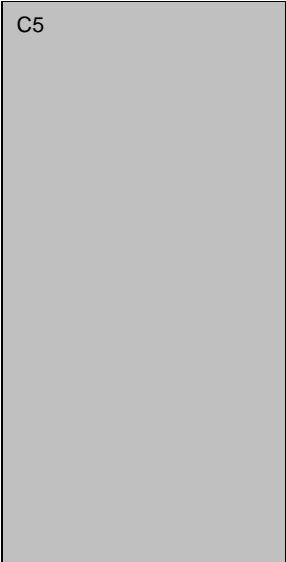
Weekly/Fortnightly/Main Festivals \_\_\_\_\_

Are you Baptised? \_\_\_\_\_



**DETAILS OF PRESENT ACCOMMODATION**

Lodgings



Do you own the accommodation? \_\_\_\_\_

No. of rooms you occupy: \_\_\_\_\_

Do you share the kitchen? \_\_\_\_\_

Do you share the bathroom? \_\_\_\_\_

Do you share other rooms? \_\_\_\_\_

Your rent per week/per month: \_\_\_\_\_

Have you been accepted as homeless by the Council? \_\_\_\_\_

**FURTHER DETAILS**

Name of next-of-kin:



Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Telephone No: \_\_\_\_\_

E-mail address: \_\_\_\_\_

Is your designated next of kin aware that you have designated her/him? \_\_\_\_\_

Would s/he help in case of illness? \_\_\_\_\_

Name of second person to be contacted in emergency: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Telephone No: \_\_\_\_\_

E-mail address: \_\_\_\_\_

Do you receive assistance from any of the following? If so what?

Social Services? \_\_\_\_\_

Home Help? \_\_\_\_\_

Meals on Wheels?

Please state any special reasons or circumstances for making this application.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please ask your doctor to confirm that you are able to look after yourself, noting any disability which may require special attention.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

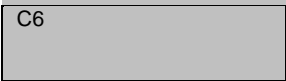
Doctor's name: \_\_\_\_\_

Doctor's Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Doctor's signature \_\_\_\_\_



C6

**FINANCIAL INFORMATION**

		Self	Spouse		OFFICE USE ONLY:
<b>CAPITAL</b>	Amount of Capital (including the value of any property in the UK or overseas)	£	£		
	Amount of savings	£	£		C7
<b>INCOME</b>	Investment Income	£	£	Per week/month/year	
	State Pension	£	£	Per week/month/year	
	Occupational Pension	£	£	Per week/month/year	
	Social Security Benefits	£	£	Per week/month/year	
	Salary/Wages	£	£	Per year	C7

Other:

(Please give details)

Please provide us with copies of two months worth of bank statements (omitting account numbers) as part of evidence of the above.

There is no warden and no domestic or nursing care provided.

I agree that if I am offered accommodation I shall occupy it as a beneficiary of the Charity and as a licensee of the Trustees and not as a tenant. Any monthly sum I pay will be regarded as a maintenance contribution and not as a rent.

I declare that the foregoing statements are true.

Applicant's/Applicants' signature(s):	
Date:	

Please return the completed application form to the Clerk of the Trust at the following address:

**PRIVATE AND CONFIDENTIAL**

Roger Jarman  
Clerk to the Trustees  
47 Dorset Road  
Ealing  
London W5 4HX

**(IT WILL BE TREATED WITH TOTAL CONFIDENTIALITY BY THE TRUSTEES):**