



ST. MARY'S CHURCH HOMES TRUST

Tel: 07776 187044 (Roger Jarman, Clerk to the Trustees)

Registered as a Charity no: 213 835

APPLICATION FOR RESIDENCE

(Please complete using a black pen and BLOCK CAPITALS)

St Mary's Church Homes Trust provides 12 one-bedroom flats; one wheel chair accessible, one-bedroom flat; and one two-bedroom wheel chair accessible unit with room for a carer on the first floor, 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 privacy of individuals is respected while co-operation between residents is encouraged. The Trustees are keen that this atmosphere is maintained.

The Trust is restricted to housing persons of limited means over the age of 60 (in the case of a married couple one party must be over 60 years and the other party over 55 years). Anyone disabled within the meaning of the Equality Act 2010 is exempt from this requirement.

Applicants should be resident in the Ealing, Brent, Hounslow or Hammersmith and Fulham deaneries; be a member of the Church of England; and regularly attend services. They must have an income to cover the Monthly Maintenance Contribution and living expenses and be unable to buy or rent a private property in the local area. They should be in a reasonable state of health and be capable of independent living in a self-contained flat.

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? _____

Do you have any unspent criminal convictions? _____
If so, please provide details on a separate sheet.

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 _____

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FINANCIAL INFORMATION

	Self	Spouse	
CAPITAL Amount of Capital (including the value of any property in the UK or overseas) Amount of savings	£	£	
	£	£	
INCOME	Investment Income	£	Per month
	State Pension	£	Per month
	Occupational Pension	£	Per month
	Social Security Benefits	£	Per month
	Salary / Wages	£	Per month

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.

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 with any accompanying documentation 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

THIS INFORMATION WILL BE TREATED WITH TOTAL CONFIDENTIALITY BY THE TRUSTEES AND KEPT IN ACCORDANCE WITH THE DATA PROTECTION REGULATIONS 2018.