

Partis College Almshouse Application

Personal Details:				
Surname:				
Title:	Miss	Mrs	Ms	
Other Names:				
Date of Birth:				
Address:				
Post Code:				
Telephone:				
Email Address:				
Employment: (past/present)				
Are you:	Single	Widowed	Divorced	
Please tell us about your family circumstances:				
Next of Kin:			Contact in case of Emergency:	
Name:			Name:	
Address:			Address:	
Postcode:			Postcode:	
Telephone:			Telephone:	
Email:			Email:	

References:

Please give the names and addresses of three referees whom the Trustees can contact.

Names:	
Occupation and/or	
Relation to you:	
Address:	
Postcode:	
Telephone:	
Email Address:	
Names:	
Occupation and/or	
Relation to you:	
Address:	
Postcode:	
Telephone:	
Email Address:	
Names:	
Occupation and/or	
Relation to you:	
Address:	
Postcode:	
Telephone:	
Email Address:	

Are you on any other waiting lists for accommodation?	Yes	No	
If so, please provide details			
Have you made a previous application to Partis College?	Yes	No	
If so, when was this:			
How did you hear about Partis College?			
<p>Please tell us why you are applying to Partis College. (you may attach a separate sheet if you wish to)</p>			
<p>How do you feel you could contribute to the community life of the College?</p>			

About your Home:

Describe your present accommodation:

Living with Relatives
Homeless
Owned

Rented (Council or private)
Self-contained
Not self-contained
Sheltered accommodation

If you own your house or flat, what is its value? £.....

Apart from any mortgage, does anyone else have a financial interest in your home?

Yes

No

If yes, please give details of how much is involved £..... and details of those concerned.

Health and Welfare:**GP details:** Have we your consent for our medical advisor to ask about the state of your health?

Yes

No

Your Doctor:

Surgery:

Address:

Postcode:

Telephone:

Email address:

As explained in the enclosed leaflet, Partis College is a community of independent residents so there is not a full-time care manager on site. Everyone looks after their own house and garden and shares responsibility for the chapel and communal rooms. Do you have any concerns about potential health problems which might make life difficult in this environment?

Part II**About Your Finances****Capital:**

Bank Account - Current	£.....
Bank Account - Deposit	£.....
Building Societies Accounts	£.....
Shares and Investments	£.....
Other Investments (include details)	£.....
Value of house (if applicable)	£.....
Value of any other property or land	£.....

Income:	Weekly	4 - weekly	Monthly	Annually
Pension - State	£.....	£.....		
Pensions - Other	£.....		£.....	£.....
Benefits	£.....	£.....		
Other income (excluding interest and dividends)	£..... £.....		£..... £.....	£..... £.....

Details:

Expenditure:	Weekly	Monthly	Annually
Rent (before housing benefit)	£.....	£.....	
Council Tax		£.....	£.....
Water		£.....	£.....
Electricity		£.....	£.....
Gas		£.....	£.....
Other fuels			£.....
Telephone & Broadband		£.....	
Insurance (not health)		£..... £.....	£..... £.....
Other regular payments	£..... £.....	£..... £.....	£..... £.....

Details:

Debts:	amounts outstanding
Bank Overdraft	£.....
Bank Loan	£.....
Building Society Loan	£.....
Credit Card	£.....
Other	£.....

Declaration:

I agree that my answers to the foregoing and the information I have given are complete. I understand that, if the Trustees of Partis College subsequently discover that any of my answers are untrue, or I have failed to disclose all information relevant to my application, they may set aside my appointment as a resident of the College.

Name of Applicant:
 (please print in capital letters)

Signature:

Date: