

# St John's Hospital, Wilton

## Application for Accommodation

St John's Hospital, Wilton, is a charitable trust registered with the Charity Commission (Number: 255110).

It is important to note that residents occupy Almshouse accommodation as beneficiaries of the charity not as tenants. You should consider this carefully before accepting an offer of accommodation and seek legal advice if you are unsure. Almshouse residents are licensees and do not pay rent but a Monthly Maintenance Contribution (MMC) to help the charity cover its running costs. (This is treated as the equivalent of rent as far as Housing Benefit is concerned, and so help with payments is available if needed).

We need to make sure you are qualified to become an Almshouse resident. Please read the Frequently Asked Questions before completing this form. If you need help to complete the form, please contact us. Please complete the form fully—failure to provide all the requested information could delay your application.

**IF A COUPLE ARE APPLYING, EACH PERSON MUST SUBMIT A SEPARATE APPLICATION FORM**

### Your Contact Details

Full Name:

Your Current  
Address:

Home Tel. No:

Mobile Tel. No:

Email:

### About You

Your Age:

Date of Birth:

Maiden/previous names:

Your marital status:

NI No:

### Your Salisbury Connection

Do you live now (or have you ever lived) in the Salisbury area?

YES/NO

If so, please give details

If you have not lived in the Salisbury area, do you have connections to Salisbury?

YES/NO

If so, please give details

### About your Current Accommodation: (please tick the relevant boxes)

Is it: Owned by you

☐

Rented from a private landlord

☐

Rented from a local authority or housing association (please state which one)

☐

Rented from family

☐

Other:

☐

If 'other' please give details

What is it about your current home that makes it unsuitable for you?

Why do you feel almshouse accommodation would be suitable for you?

Do you own, co-own or have any legal interest in any other property in the UK or abroad? If yes, please provide details: YES/NO

How long have you lived in your current home?

### About your Current Finances:

We need to assess whether or not you fit our criteria for re-housing. Providing information on your income and outgoings will help us make this assessment. We may ask you for more details and to bring copies of bank statements etc. when we invite you to visit us.

#### Income (per annum)

Salary/Wages:	£	pa
State pension:	£	pa
Social Security benefits:	£	pa
Pension from employment or private scheme:	£	pa
Income from savings and investments:	£	pa
Any other income:	£	pa

#### Capital Holdings

Bank or building society savings:	£
Investments:	£
Estimated house value:	£
Life assurance policies:	£
Any other capital:	£

### About your Current Health:

We are unable to provide any care or support and residents must be able to live independently. This is why it is important that you tell us about your current health and any ailments or disabilities. Living independently means that you must be able to cook, do your own shopping and clean your property. If you know now that your ability to live independently in the future will change, perhaps because of a progressive illness, you must tell us about this, although this does not necessarily mean your application would be refused.

Do you have any chronic illness/disability? Please provide details.

Are you registered disabled?

Do you receive any regular support—from carers; voluntary organisations; social services etc? Please provide details.

Are you in good health and able to manage a house or flat on your own?

Do you need a ground floor flat on medical grounds?

Doctor's Name:

Address:

Tel. No:

Email:

### About your Next of Kin (NOK)

NOK Name:

Address:

Tel. No:

Email:

Relationship:

Would he/she be in a position to help  
if you were ill?

YES/NO

Does he/she hold a Power of Attorney (POA) for you?

YES/NO

If not, does anyone else? Please give details:

POA Name:

Address:

Tel. No:

Email:

Relationship:

Would he/she be in a position to help  
if you were ill?

YES/NO

## References and Declaration:

Please provide details of two referees. One must be from someone who knows you well, but is not a close family member, who can confirm that you would benefit from becoming an Almshouse resident. If you are a tenant, we will also contact your landlord to confirm your tenancy has been conducted without problems. References will not be taken up until we have a property in mind for you.

### Personal Referee

Name:

Relationship:

Address:

Tel. No:

Email:

### Landlord Referee (if applicable)

Name:

Organisation:

Address:

Tel. No:

Email:

**Medical Fitness:**

The beneficiaries of St John's Hospital, Wilton must be capable of independent living and will be expected to take responsibility for their own physical and mental health. The trustees provide the services of a resident Warden, but cannot accept responsibility for an individual resident's health and well-being. Before your application can be considered, please note that we will ask you to submit a questionnaire to your GP surgery, who can confirm to the trustees your ability to live independently.

**Application:**

I apply to join the waiting list for a house or flat at St John's Hospital almshouses, Wilton.

I understand that if elected I will be a licensee and not a tenant.

I am ready to observe the rules of St John's Hospital, Wilton.

I declare that the information on this form is correct and complete.

Signature:

Date:

**Notes:**

1. Residents must be able to cook, cater and care for themselves. If this becomes no longer possible it may be necessary to revoke the licence and set aside the appointment.
2. By signing this form, you are certifying that all the information provided is true and correct. Misleading information or failure to notify us of any change in your circumstances may lead to an offer of accommodation being withdrawn or if you have been granted a property, to the recovery of that property.
3. **Your Consent** By submitting your Application Data you are granting your consent to the processing of that information in accordance with our General Privacy Policy. This is available from our website or on application to the Clerk to the Trustees on 01722 743421 or by e-mail (see address below).

**Please return the completed form to:**

**Email:** clerk@stjohnswilton.org.uk

**Post:** The Clerk to the Trustees,  
St John's Hospital,  
4 St John's Square,  
Wilton,  
Salisbury,  
Wiltshire, SP2 0DN