

**ST JOHNS' HOUSE
HALF MOON STREET
SHERBORNE, DORSET DT9 3LJ**

Tel: 01935 813245 Email@ stjohnsalmshouse@hotmail.co.uk

Website: www.stjohnshouse.org

REGISTERED CHARITY NO: 202499

APPLICATION FOR RESIDENCY

The information contained in this application form will be provided to St Johns' House in confidence and will not be disclosed to anyone other than the Trustees, Steward and Manager

1. PERSONAL DETAILS

Name(s) in full:

Address & Postcode:

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.....Tel: No:

Length of time at this address.....Date of birth

National Insurance No: Marital Status

Next of Kin: Please provide details of your current Next of Kin:

Name: Relationship:

Address:

.....Tel No:

Are they able to assist in cases of illness or emergency? YES / NO

2. FINANCIAL INFORMATION

Please answer all questions. Enter 'NIL' where appropriate

Pensions	Amount Per Week
State Retirement Pension	£
Widow's Pension/Widow's Allowance	£
Occupational Pension	£
Pension Credit	£
Allowances	
Attendance Allowance	£
Mobility Allowance	£
Invalid Care Allowance	£
Severe Disability Allowance	£
Benefits	
Incapacity Benefit	£
Housing Benefit	£
Any other income – please give details	

3. DETAILS OF PRESENT ACCOMMODATION

Do you own your present accommodation? YES / NO

If **YES**, what is the present estimated value of the property? £

Please give a very simple description of the property you own

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What are your intentions regarding this property if you are offered a room at St Johns'?

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4. HEALTH AND SOCIAL FACTORS:

Are there any health or social factors that you would wish the Trustees to take into consideration when assessing your application? Please state if there are specific medical reasons you wish to have considered.

Please confirm that the Trustees may consult your GP (in confidence) in connection with your application YES / NO

GP Details:
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5. REFERENCES

Please give the name and address of two people who can provide you with a reference

Reference 1	Reference 2

6. CERTIFICATION

I certify that the details above are correct to the best of my knowledge and belief and that this application is submitted in good faith. I accept that if I am appointed as a resident I shall not be a tenant. Any weekly sum I pay will be a maintenance contribution and not a rent.

Signed:

PRINT NAME IN CAPITAL LETTERS

Date