

JESUS HOSPITAL CHARITY

(Founded by James Ravenscroft in 1679)

Telephone: 020 8440 4374

Email: info@jesushospitalcharity.org.uk

**Ravenscroft Lodge
37 Union Street
BARNET, Herts
EN5 4HY**

Background Information

The Charity

The Jesus Hospital Charity was established in 1679 by James Ravenscroft and his wife, Mary, who drew up an agreement to ensure the support and maintenance of lady residents, known as Sisters, residing in Ravenscroft Cottages in Wood Street, Barnet.

The Charity is run in accordance with a scheme prepared by the Charity Commission and is administered by 12 voluntary Trustees.

Day to day administration is carried out by the charity's CEO, Visiting Officer, Administration Officer and Finance Officer.

In 2010 The Jesus Hospital Charity took over Wilbraham's Almshouses, which were established in 1612 by Sir Roger Wilbraham.

The Almshouses

The Jesus Hospital Charity provides 63 unfurnished dwellings for ladies aged 50 plus, who reside alone, who are fit and able to care for themselves. The Almshouses are situated on various sites across Barnet - Potters Lane, Grasvenor Avenue, Monken Hadley, Wood Street and Union Street.

There are three important rules that are enforced, including:

- 1) No pets.
- 2) No overnight guests (except in exceptional circumstances and approved by the Trustees).
- 3) As these properties are for people in genuine housing need, residents are not allowed to be away from their almshouse for more than 28 days in total in anyone year.

For further information please visit our website on www.jesushospitalcharity.org.uk

JESUS HOSPITAL CHARITY

Registered Charity No. 1075889

Jesus Hospital Charity, Ravenscroft Lodge, 37 Union Street, Barnet, Herts., EN5 4HY.

Telephone Number: 0208 440 4374

E-Mail: info@jesushospitalcharity.org.uk

Application for Almshouse Accommodation

Eligibility criteria:

1. **Single ladies aged over fifty.**
2. **A significant period of residence in the area of benefit.** The area of benefit comprises of the former urban districts of Barnet, Chipping/High Barnet, East Barnet and Friern Barnet. The Trustees may consider applicants who do not live in any of these areas, but do live elsewhere in the Borough of Barnet also those who may have a connection with Barnet.
3. **You are able to live independently.** (This condition of entry will be dependent on a supporting letter from your doctor).
4. **In housing need.** You must demonstrate a pressing reason to move from where you are currently staying.
5. **Full evidence of your financial situation.**

It is essential that **ALL** questions are answered fully, accurately and honestly.

Please note: As part of the application process, a home visit is usually undertaken.

Please use CAPITAL letters on this page and BLACK ink. If a question does not apply to you, please write **N/A**.

Data Protection Statement: It is part of the Trustees' responsibilities to ensure applicants for accommodation are suitably qualified under the terms of the charity's governing document. The Trustees, therefore, need to investigate the personal circumstances of applicants. The personal data supplied on this form and other information relating to an almshouse appointment or your care management will be held on file. **Some details may be checked with relevant organisations since the charity reserves the right to investigate and verify what you write in this form,** but no details will be disclosed for any inappropriate purpose. You may have access to your personal information on request.

All information given will be treated in the strictest confidence.

(Please note the Trustees will ask to see documents, e.g., birth certificates, marriage certificate, divorce papers, proof of residency, bank books, passport etc., in support of the statements you have made).

Section 1 – About You

(Mrs/Miss/Ms)

First name:

Middle name(s):

Surname:

Maiden name (if applicable):

Date of Birth..... Age.....

Your National Insurance Number (NIN).....

Telephone No.....

Mobile Number.....

Email.....

Marital status (evidence will be required)

Married ☐ Divorced ☐ Separated ☐ Single ☐ Widowed ☐

Section 2 – About your present/previous accommodation(s)

Current Address.....

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Post Code.....

Length of time at this address.....

Type of accommodation (e.g., 3-bedroom house, 2-room flat, shared):

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Do you, or your spouse, own it? YES ☐ NO ☐

If 'yes', what is its present estimated value?

£.....

Is there a mortgage outstanding on the property and, if so, how much is outstanding?

If there is no mortgage, please write **NONE**

.....

If you, or your spouse, have ever owned the property where you currently live, in what circumstances did you cease to be the owner?

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If you own property or have ever owned a property other than the one in which you live now, please give details below. This should include property owned abroad as well as in the UK:

Address.....

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Post Code.....

If you do not own the property where you currently live, who does own this property?

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Is this person related to you in any way? If **YES** what is the relationship?

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If rented, please give name and address of landlord:

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Do you share this property or the facilities with anyone else if so please state relationship and what accommodation is exclusively for your use?

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Current rent £..... per week ☐ month ☐

Do you have security of tenure? YES ☐ NO ☐

Please tick which of the following is included in the rent?

Gas ☐ Electricity ☐ Heating ☐ Water ☐ Council Tax ☐ Other (Please state)

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Do you receive Housing Benefit or other Benefits to help with housing costs?

YES ☐ NO ☐

Do you receive Council Tax Benefit?

YES ☐ NO ☐

Why do you wish to leave your present accommodation?

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If you are appointed to an almshouse, how much notice are you required to give to your landlord?

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Please provide details of all your previous addresses – (continue on a separate sheet of paper if necessary).

Address.....

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Post Code.....

Dates.....

Reason for moving.....

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Address.....

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Postcode.....

Dates.....

Reason for moving.....

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Address.....

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Postcode.....

J1

Dates.....

Reason for moving.....

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Address.....

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Postcode.....

Dates.....

Reason for moving.....

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Section 3 – About your Family

Name of next of kin or other person with authority willing to act for you who may be contacted in an emergency.

MR/MRS/MS/MISS

MR/MRS/MS/MISS

ADDRESS.....

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Post-code.....

Post-code.....

Telephone no.....

Telephone no.....

Mobile no.....

Mobile no.....

Email.....

Email.....

Relationship to you

Relationship to you.....

Section 4 - Employment History

You will be required to bring evidence of earnings such as payslips or proof of earnings (if self-employed) to interview.

Are you retired? YES ☐ NO ☐

Please give details of your previous/current occupation (if any) including hours of work and brief details of your employment history. **(If you are not employed or retired, please state reason and previous work including dates - continue on a separate sheet of paper if necessary).**

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Section 5 – Your Income & Expenditure

To enable the Trustees to assess your application, please provide the following information. This should include details of all sources of income and expenditure and state how frequently you receive them, e.g. weekly, monthly or annually:

INCOME	Amount £	Frequency
Pensions/Salary		
1. Wages/Salary		
2. State Retirement Pension		
3. Pensions paid by a past employer		
4. Private Pension		
5. Widow's Pension		
6. Any other pension		
7. Any other income		

Social Security Benefits	Amount £	Frequency
1. Universal Credit		
2. Pension Credit		
3. Housing Benefit		
4. J.S.A.		
5. E.S.A.		
6. P.I.P.		
7. Any other benefits		
Other Assets	Amount £	Frequency
1. Annuities		
2. Bank Deposit Account		
3. Building Society Account		
4. Investment		
5. Premium Bonds		
6. Rental from property or land you own		
7. Insurance Policies		
8. Funeral Plan		
9. Grants from a charity		

10. From a trust fund		
11. Financial assistance from friend/ relative		
12. Any other income – please give details		
TOTAL INCOMINGS		

EXPENSES/OUTGOINGS	Amount £	Frequency
Rent		
Council Tax		
Utilities		
Food		
Household/Cleaning		
Cigarettes/Alcohol/ (Please specify)		
Leisure/Entertainment (Please specify)		
Insurance		
Travel Costs		
Mobile phone		
Telephone/Broadband		
TV Licence		
Clothing		
Catalogue		

Credit Cards		
Loans		
Other		
TOTAL EXPENSES		

(The Trustees will ask for photocopies of pages of passbooks/bank/building society statements/pay slips etc.)

Do you own a car? Yes ☐ No ☐

If yes please give details:

Make..... Model.....

Vehicle Registration Plate

Section 6 – About your Health and Social Factors

Name & Address of your doctor:

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Telephone Number:..... Email.....

Are you able and willing to live independently and to look after yourself and your accommodation?

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Please give details of any significant illnesses, injuries or operations during the last five years

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Section 7 – References

Please give the names and addresses of two responsible people (not relatives) who know you well and whom the charity may approach for a reference.

If you are currently renting accommodation, one of the referees should be your current or former landlord. Please indicate how you know the referees.

MR/MRS/MS/MISS.....

MR/MRS/MS/MISS.....

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Post-code.....

Post-code.....

Telephone no.....

Telephone no

Mobile no.....

Mobile no.....

Email.....

Email.....:

Relationship to you

Relationship to you.....

Section 8 – Other information

How did you hear of Jesus Hospital Charity and have you applied anywhere else for housing. If so, please give details?

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If there is any further information which you would like the Visitors to take into account while considering your application, please give it briefly below.

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Section 9 – Declaration

I have read the charity's Conditions of Entry and believe I am eligible to apply to live in one of the Charity's almshouses.

I declare the information given in this application is correct and complete to the best of my knowledge and belief.

I understand the Trustees would be entitled to terminate any appointment to an almshouse dwelling I may be given if my answers in this application form are untrue, or misleading in any respect (for example, due to omitting or misstating relevant facts).

I have read and understood this application form and information sheet provided and agree to abide by the terms and conditions stated therein should I be appointed to an almshouse.

I accept that if I am appointed as a resident, I shall be a beneficiary of the charity and not a tenant. Any weekly sum I pay will be a maintenance contribution and not a rent.

I confirm that I am able to look after myself and to live independently, with the assistance of family and social services if necessary.

I consent to my GP or other medical attendant providing the charity with a medical certificate or report about my health and condition now or at a future date in accordance with the terms of the attached form of authority.

I consent to the charity holding personal data on this form in accordance with Data Protection Regulations.

I agree the charity may contact me by: (Please tick as appropriate)

Email ☐

Post ☐

Telephone ☐

Signature.....

Name.....

(PLEASE PRINT NAME IN CAPITAL LETTERS)

Date

Charity Commission No. 1075889