

FOR OFFICE USE ONLY

Name:

Date Sent: Date Returned:

Priority: Reference:



Application form to become a Beneficiary of James Memorial homes

Please contact us if you would like help completing this form.

Please don't forget to sign the declaration on the last page.



The James Charities, Stuart Street, BIRMINGHAM B7 5NW
Tel: 0121 327 0803 Email: Jamesmemorialhomes@btconnect.com

If you are successful in your application, you will not have a tenancy but will become a beneficiary of the Charity, who will then issue you with a letter of Appointment.

PLEASE COMPLETE ALL SECTIONS OF THIS FORM AND TICK ✓ THE RELEVANT BOXES.

1. Personal Details

YOU
Surname:
Previous Name (s)
Title:
First Name:
Sex:
Marital Status:
Date of Birth:
Age:
Address:
.....
..... Postcode:
Date you began living at this address:
Tel: Home:
Work:
Mobile:
Email Address:
National Insurance Number:

YOUR PARTNER
Surname:
Previous Name (s)
Title:
First Name:
Sex:
Marital Status:
Date of Birth:
Age:
Address:
.....
..... Postcode:
Date you began living at this address:
Tel: Home:
Work:
Mobile:
Email Address:
National Insurance Number:

If you do not wish us to contact you at the above address, please tell us where we can contact you. Address:
.....
..... Postcode:

2. Details of Where You Live Now

Are you or your partner:

YOU **YOUR PARTNER**

• Living in tied accommodation?

• Living in bed & breakfast or a hostel?

• Living with family or friends?

• A homeowner?

If so, what is the value of your home?

£

£

Have you sold, or are you selling, your home?

YES **NO** **YES** **NO**

• A Housing Association tenant or Council tenant?

• A Private Landlord's tenant?

• How much is your current rent-state weekly/monthly.....

• How much notice do you have to give your landlord?

• Do you or your partner have any arrears?

YES **NO**

If yes, please specify (mortgage, rent, service charge etc.) and how much is outstanding

.....

If you or your partner is a tenant, what is your landlord's name and address?

YOUR LANDLORD'S NAME AND ADDRESS.

.....

.....

Please note-Were you to be made an offer of accommodation at James Memorial Homes we would approach your landlord for a reference.

- Do you or your partner live in a:

YOU			
House	<input type="checkbox"/>	No of Bedrooms	<input type="checkbox"/>
Bungalow	<input type="checkbox"/>	No of Bedrooms	<input type="checkbox"/>
Bedsit	<input type="checkbox"/>		Floor level <input type="checkbox"/>
Flat	<input type="checkbox"/>	No of Bedrooms <input type="checkbox"/>	Floor level <input type="checkbox"/>
Other	<input type="checkbox"/>	No of Bedrooms <input type="checkbox"/>	Floor level <input type="checkbox"/>

YOUR PARTNER			
House	<input type="checkbox"/>	No of Bedrooms	<input type="checkbox"/>
Bungalow	<input type="checkbox"/>	No of Bedrooms	<input type="checkbox"/>
Bedsit	<input type="checkbox"/>		Floor level <input type="checkbox"/>
Flat	<input type="checkbox"/>	No of Bedrooms <input type="checkbox"/>	Floor level <input type="checkbox"/>
Other	<input type="checkbox"/>	No of Bedrooms <input type="checkbox"/>	Floor level <input type="checkbox"/>

- Is your or your partner's home intended for older or disabled people? **YES** **NO**
- Do you or your partner share the kitchen or bathroom with others? **YES** **NO**

3. Please tell us why you want to move

- Have you or your partner been given notice to leave your current home?

YES

NO

If YES, please say when
You have to leave

- Are you or your partner suffering a relationship breakdown?

YES

NO

- Are you or your partner suffering any form of harassment, violence or domestic violence?

YES

NO

- Do you or partner need to move nearer to family for support?

YES

NO

- **Please describe in as much detail as possible your reasons for wanting to move:**
(please continue on a separate sheet if necessary)

4. Health Details

If you would like us to take into consideration an illness or disability affecting you or your partner, please complete this section.

We may require written confirmation from your Doctor, Medical Social Worker, Occupational Therapist, Community Psychiatric Nurse or another agency. You may be asked to pay a fee for this, but we are not able to reimburse you.

- Name of the person(s) affected by illness or disability

- Name and Address of Your Doctor

- Please describe the illness or disability

5. Details of Accommodation You Need

Please note all our flats are either Studio flats or large 1 bedroom flats.

- What floor would you like to live on? Ground Floor 1st Floor
- Do you or your partner need wheelchair-adapted accommodation? **YES** **NO**
- Do you or your partner have any pets? **YES** **NO**

If yes, what are they and how many do you have?

Please note that all of our flats are only suitable for caged animals, it is not possible to have dogs and cats in the accommodation.

6. Income Details

Pensions & Benefits

If you or your partner is receiving any kind of benefit or pension please complete this section.

Name	Type of Pension or Benefit	Amount of Benefit Per Week, Fortnight or Month
		£ Per
		£ Per
	Housing Benefit	£ Per
	Council Tax	£ Per

Employment

If you or your partner is in employment please complete this section.

Name	Employer's Name & Address	Telephone Number	Take Home Pay Per Week or per Month
			£ Per
			£ Per

6. Details of Savings and Assets

If you or your partner has savings or other assets, please complete the section below.

Name	Type of Savings or Assets (i.e. bank account, building society account, investments)	Value
		£
		£

How did you hear about The James Charities?

Newspaper Housing Association Internet
 Local Council CAB Other

Please state:

7. Details of Next of Kin

Please provide details of someone whom we can contact in an emergency.

YOU

Name	<input type="text"/>	Address	<input type="text"/>
Relationship to you	<input type="text"/>		
Tel No.	<input type="text"/>		

YOUR PARTNER

Name	<input type="text"/>	Address	<input type="text"/>
Relationship to your partner	<input type="text"/>		
Tel No.	<input type="text"/>		

8. Disclosure

- Have you or your partner been convicted of a criminal offence or have any pending court appearances?

YES NO

If YES, please give details

- Do you or your partner receive any type of support from Social Services, Probation Services, family, friends or any other agencies?

YES NO

If YES, please give details

- Are you or your partner related to, or employed by, anyone who is, or has been in the last twelve months, a member of James Charities Staff or a Trustee?

YES NO

If YES, please give details

9. Equal Opportunities

Your answer to the following question will help us ensure that our equal opportunities policy is implemented. If you do not answer, your application will not be affected.

- Please tick a box to describe your ethnic origin.

WHITE	MIXED	ASIAN OR BLACK ASIAN	BLACK OR BLACK BRITISH
a. <input type="checkbox"/> British	d. <input type="checkbox"/> White & Black Caribbean	h. <input type="checkbox"/> Indian	l. <input type="checkbox"/> Caribbean
b. <input type="checkbox"/> Irish	e. <input type="checkbox"/> White & Black African	i. <input type="checkbox"/> Pakistani	m. <input type="checkbox"/> African
c. <input type="checkbox"/> Other	f. <input type="checkbox"/> White & Asian	j. <input type="checkbox"/> Bangladeshi	n. <input type="checkbox"/> Other
	g. <input type="checkbox"/> Any other mixed background	k. <input type="checkbox"/> Other	
CHINESE OR OTHER ETHNIC GROUPS			
o. <input type="checkbox"/> Chinese	p. <input type="checkbox"/> Gypsy/Romany/Irish traveller	q. <input type="checkbox"/> Other (please describe)
r. <input type="checkbox"/> Decline to answer			

- Please ask your partner to tick a box to describe their ethnic origin.

WHITE	MIXED	ASIAN OR BLACK ASIAN	BLACK OR BLACK BRITISH
a. <input type="checkbox"/> British	d. <input type="checkbox"/> White & Black Caribbean	h. <input type="checkbox"/> Indian	l. <input type="checkbox"/> Caribbean
b. <input type="checkbox"/> Irish	e. <input type="checkbox"/> White & Black African	i. <input type="checkbox"/> Pakistani	m. <input type="checkbox"/> African
c. <input type="checkbox"/> Other	f. <input type="checkbox"/> White & Asian	j. <input type="checkbox"/> Bangladeshi	n. <input type="checkbox"/> Other
	g. <input type="checkbox"/> Any other mixed background	k. <input type="checkbox"/> Other	
CHINESE OR OTHER ETHNIC GROUPS			
o. <input type="checkbox"/> Chinese	p. <input type="checkbox"/> Gypsy/Romany/Irish traveller	q. <input type="checkbox"/> Other (please describe)
r. <input type="checkbox"/> Decline to answer			

- What is your preferred language?

	You	Your Partner		You	Your Partner		You	Your Partner
ARABIC	<input type="checkbox"/>	<input type="checkbox"/>	HINDI	<input type="checkbox"/>	<input type="checkbox"/>	OTHER	<input type="checkbox"/>	<input type="checkbox"/>
BENGALI	<input type="checkbox"/>	<input type="checkbox"/>	PUNJABI	<input type="checkbox"/>	<input type="checkbox"/>	Please specify		
ENGLISH	<input type="checkbox"/>	<input type="checkbox"/>	URDU	<input type="checkbox"/>	<input type="checkbox"/>	You		
GUJARATI	<input type="checkbox"/>	<input type="checkbox"/>	BRITISH SIGN LANGUAGE	<input type="checkbox"/>	<input type="checkbox"/>	Your Partner		

- Please state your religion

You:

Your Partner:

10. Declaration (please read the following and then sign where indicated)

- a) To the best of my knowledge, the answers given on this form are true. I understand that if accommodation is offered on the basis of false information, the James Charities may decide to end the occupancy and will take immediate action to regain possession of my home.
- b) I understand that the completion of this form does not necessarily mean I will be offered housing.
- c) I understand that I must tell the James Charities if there are any changes in my circumstances.
- d) I also note that, with the exception of working dogs, the keeping of pets will only be allowed at the discretion of the James Charities.
- e) **I agree to the James Charities making any necessary enquiries concerning this application including a tenancy check with current or previous landlords and any other agency and authorise those agencies to give information to the James Charities.**
- f) I understand that the James Charities will use the information on this form for the following: to assess my housing needs, statistical purposes and to provide details upon request to Local Authorities, other Government Public bodies, including those reporting to the Home Office.
- g) I understand that any aggression shown towards the James Charities staff may result in my application being refused.
- h) I understand that any information provided may be used for purposes other than re-housing (Data Protection Act).

Where there is a debt to the James Charities in connection with property managed by the James Charities and the James Charities are unable to contact me, I authorise the James Charities to ask ANY person or organisation that is likely to hold my contact information to disclose that information to them. I also consent to any person or organisation approached by the James Charities disclosing my contact information to the James Charities.

Some of the organisations that the James Charities may disclose information to, or request information from, could be Local Authorities; Utilities Companies; Department of Work and Pensions; BT or other phone companies; Council Departments; Mobile Phone companies; Other Housing Associations; DVLC/DVLA; Banks/Building Societies; Private Landlords.

As this consent is a key component of the James Charities' relationship with me, any revocation of this consent will not take effect until 60 days after I have given the James Charities written notice of revocation.

YOU - I have read and understood these details:

Your Signature:

Print Your Name: Date:

YOUR PARTNER - I have read and understood these details:

Your Partner's Signature:

Print Name: Date:

Please send your completed form to:

C/o The Manager,
Managers Office
James Memorial Homes
Stuart Street
Nechells
BIRMINGHAM
B7 5NW

If your circumstances change after you have completed this form, please contact us.

Tel: 0121 327 0803

Email: jamesmemorialhomes@btconnect.com

OUR POLICY

To join the waiting list, applicants must:

- Be aged over 60
- Live within 7 miles of the James Memorial Homes except that when a vacancy occurs, if there is no one from within 7 miles on the waiting list, applicants from outside the parish who otherwise qualify will be considered.
- Be in housing need
- Have a below average income and savings or assets (including any property owned) worth less than £150,000.
- Be capable of living independently, albeit with support from carers or support workers.

Eligible applicants are required to pay the first week's charge when accepting an offer of accommodation.

The James Charities aims to:

- Provide a service that is responsive to local people's needs and is accountable to applicants, residents and the wider community.
- Design our selection and allocations policy to be open, concise, effective, and easily understandable.
- Treat applicants fairly and according to their level of need without regard to their ethnic origin, nationality, colour, gender or sexual orientation as described in our Anti-Discrimination Statement.
- Monitor the effectiveness of this policy with respect of equality of opportunity by seeking a variety of information from applicants.

I agree that the Charity may contact me by:

email post telephone please tick as appropriate