



**The Worshipful Company of Weavers**  
**Saddlers' House, Gutter Lane, London EC2V 6BR**  
 Tel: 020 7606 1155; e: [charity@weavers.org.uk](mailto:charity@weavers.org.uk); [www.weavers.org.uk](http://www.weavers.org.uk)

**APPLICATION FOR ACCOMMODATION AT WEAVERS' HOUSE, NEW WANSTEAD, E11**

Please complete Sections 1 to 7

Ensure that the form is signed by the applicant (and spouse if applicable)

Post the completed form to:

**The Clerk, The Weavers Company, Saddlers' House, Gutter Lane, London EC2V 6VR**

**Section 1 – Personal Particulars**

Full name .....	Mr/Mrs/Miss/Miss .....
Address .....	
.....	
..... Post Code .....	
Telephone Number.....	Mobile Number .....
Date of Birth .....	Age ..... National Insurance Number .....
Marital Status .....	

**Spouse** (if applicable)

Full name .....	Mr/Mrs/Miss/Miss .....
Date of Birth .....	Age ..... National Insurance Number .....

**Section 2 – About Your Family**

<b>Next of Kin</b> (other than spouse)	
Relationship	
Address .....	
.....	
..... Post Code .....	
Telephone Number.....	Mobile Number .....

### Section 3 – About your present home

What type of accommodation do you live in? (eg 3 bedroom house, 2 room flat)	
Do you, or your spouse own the property?	
If 'Yes', what is its approximate value?	
If you are a tenant, who is the owner of the property? (eg is your landlord the Council, a Housing Association or a private person or company?)	
Are you related to the owner in any way? If 'Yes', what is the relationship?	
If you are a tenant, what is your <b>weekly</b> rent?	£
If you live in a flat, which floor is it on and is there a lift?	
Does the property have a bathroom?	
If 'Yes', is this shared with other tenants?	
Do you share a WC?	

### Section 4 – Your Income

To enable the Trustees to assess your application, please provide the following information. This should include details of **ALL** sources of income and state the **WEEKLY AMOUNT** received.

Earnings & Pensions	
State retirement pension	£
Pension from previous employment	£
Private pension	£
Widow's pension	£
Any other pension	£
Earnings (if still employed)	£
Income Support & Benefits	
Pension Credit	£
Attendance Allowance	£
Housing Benefit (ie rent rebate)	£
Any other benefits	£
Other Income	
Annuities	£
Bank Deposit / Building Society Accounts	£
Investments	£
Any other income	£
<b>Total Weekly Income</b>	£

## Section 5 – Your Capital

Please give details of your capital (that is your savings and investments)

Savings & Investments	
Bank accounts	£
Building Society accounts	
National Savings Certificates	
Premium Bonds	£
Stocks and shares, or similar	£
Any other savings, in any form	
<b>Total Capital</b>	£

## Section 6 – About your Health & Social Factors

This section should be completed by both the applicant and spouse (if applicable)

	SELF	SPOUSE (if applicable)
Are you able and willing to look after yourself and your accommodation?		
Please give details of your general health at present and note any significant illnesses, injuries or operations during the last 5 years.		
Are you receiving continuing treatment for any of the above?		
What care services do you currently receive? (eg a home carer or meals on wheels etc)		

### Please provide the name and address of your GP

(with whom the Company may communicate in confidence if necessary)

.....  
 .....  
 ..... Post Code .....

**All applicants must complete and sign the attached Medical Questionnaire**

**Section 7 – Reason for Making this Application**

Please set out below your reasons for applying for a flat at Weavers’ House. You should state why you wish to leave your present accommodation and provide any other information which you think is relevant to your application including your need for sheltered housing or any connection you may have with the Weavers’ Company or the weaving industry. **Please continue on a separate sheet, if necessary**

**Declaration**

- I declare that the information given in this application is correct and complete to the best of my knowledge and belief.
- 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, with the assistance of family and social services if necessary

**Signature:** ..... **Date:** .....

**Name:** ..... **(Please print in capital letters)**

**Data Protection Statement:** It is part of the trustees’ responsibilities to ensure that applicants for the almshouses are suitably qualified under the terms of the charity’s governing document. 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 but none will be disclosed for an inappropriate purpose. You may have access to your personal information on request.

## Confidential Medical Questionnaire

**This section must be completed and signed by both the applicant and spouse**

Do you or your spouse suffer from or have ever had any of the following conditions?

If **'yes'**, please give details, including any medication you are taking

	SELF	SPOUSE (if applicable)
Diabetes		
High blood pressure		
Asthma		
Arthritis		
Epilepsy/fits		
Fainting or dizziness		
Nerve trouble		
Heart trouble		
Lung trouble		
Stomach trouble		
Skin disease		
Eye trouble		
Ear trouble		
Any other ailments		

Have you ever

Received in-patient or out-patient treatment for a physical condition?		
Received in-patient or out-patient treatment for a mental condition?		
Been registered disabled?		

To the best of my/our knowledge and belief the information given above is correct. I/we confirm that there is no objection to you communicating with my/our doctor in confidence if necessary.

**Applicant's Signature:** ..... **Date:** .....

**Spouse's Signature** (if applicable) : ..... **Date:** .....