SIR THOMAS CREWE'S ALMSHOUSES REGISTERED CHARITY NUMBER 246208

APPLICATION FOR RESIDENCE AT: SIR THOMAS CREWE'S ALMSHOUSES, BRACKLEY, NORTHANTS

This completed application form should be returned to: The Clerk to the Trustees, 35, John Clare Close, Brackley NN13 5GG or asbw19@btinternet.com.

The information contained in this application form will be provided to the charity in confidence and will not be disclosed to anyone other than the Clerk and Trustees. Applicants are advised that failure to disclose any relevant information may prejudice their application. Misleading or inaccurate information may lead to your appointment being set aside at some time in the future and you having to leave the Almshouse.

PERSONAL DETAILS

Full name of applicant:
Date and place of birth:
Current address:
Telephone number: Email address:
Occupation (if any):
Employer (if applicable):
Marital status: Single / Married / Windowed / Divorced (delete as applicable)
Number of years resident in Brackley:
Name, address, telephone number and relationship of next of kin:
Are they able to help in the case of illness or emergency?:
Please give any special circumstances or reasons for making this application:
Doctors name:
Surgery address:
Name, address and telephone number of a reference if required (other than family):
Where did you find out about the vacancy?:

PRESENT ACCOMMODATION

Details of yo	our present accommodation: House / Flat / Bungalow / Lo	odgings (delete as applicable)
Do you own	your present accommodation?:	
Number of r	ooms you occupy:	
Do you shar	e the kitchen? Bathroom? others rooms	?
Amount of r	ent you are currently paying / charged: £	
Amount of c	ouncil tax you are paying / charged: £	
FINANCIAL I	NFORMATION	D 1
Income	Salary or wages	Per week £
	State pension	£
	Occupational pension	£
	Social security benefits (please specify)	
		£
		£
	Investment income	£
	Other income (please specify)	
		£
		£
	Total weekly income	$\overline{\mathfrak{t}}$
Capital	Value of property you own	£
	Amount of savings	£
	Amount of other capital (please specify)	£
		£
		£
		£
CERTIFICATI	ON	

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 confirm that I am able to look after myself, with the assistance of family and social services if necessary. I agree that if I am appointed to an Almshouse, I shall occupy it as a beneficiary of the charity as a licensee of the trustees and not as a tenant. Any weekly or monthly sum I pay will be regarded as a maintenance contribution and not as rent. Fire regulations:- No smoking or charging of E-Scooters or E-Bicycles is permitted in the property.

Signature of the applic	ant: