

**The Charity of Thomas Oken
and Nicholas Eyffler**

APPLICATION FOR AN ALMSHOUSE

CASTLE HILL ALMSHOUSES, CASTLE HILL, WARWICK

THE CHARITY IS RESTRICTED TO HOUSING POOR PERSONS OF GOOD CHARACTER WHO (EXCEPT IN SPECIAL CASES TO BE APPROVED BY THE CHARITY COMMISSIONERS) HAVE RESIDED IN WARWICK FOR NOT LESS THAN TWO YEARS PRECEDING THE TIME OF APPOINTMENT

1 FULL NAME OF APPLICANT:

2 FULL NAME OF SPOUSE:

3 ADDRESS AND POSTCODE OF APPLICANT:

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4 TELEPHONE NO:

5 OCCUPATION:

6 SINGLE/MARRIED/WIDOWED/
DIVORCED:

7 NUMBER OF YEARS RESIDENT AT
PRESENT ADDRESS:

8 DATE AND PLACE OF BIRTH:

9 FINANCIAL INFORMATION:

(1) ASSETS:

(A) CAPITAL: £

(B) HOUSE: £

(C) CAR: £

(D) INVESTMENTS: £

(E) SAVINGS: £

(F) DEPOSIT ACCOUNT: £

(2) LIABILITIES

- (G) MORTGAGE: £
- (H) BORROWINGS: £
- (I) DEBTS: £
- (J) HIRE PURCHASE: £
- (K) BANK OVERDRAFT: £
- (L) OTHER £

(3) INCOME:

- (A) INVESTMENT INCOME: £
PER WEEK/MONTH
- (B) STATE PENSION: £
PER WEEK/MONTH
- (C) OCCUPATIONAL PENSION: £
PER WEEK/MONTH
- (D) SOCIAL SECURITY BENEFIT: £
PER WEEK/MONTH
- (E) SALARY OR WAGES: £
PER WEEK/MONTH
- (F) NATURE OF WORK: £
PER WEEK/MONTH

TOTAL WEEKLY/MONTHLY INCOME: £

10 DETAILS OF PRESENT ACCOMMODATION:

- (1) HOUSE/FLAT/BUNGALOW/LODGINS:
- (2) NUMBER OF ROOMS YOU OCCUPY:
- (3) DO YOU SHARE THE KITCHEN?
- (4) DO YOU SHARE THE BATHROOM?
- (5) DO YOU SHARE OTHER ACCOMMODATION:
- (6) RENT:
WEEKLY/MONTHLY
- (7) COUNCIL TAX:

(8) WHO IS THE OWNER?

(9) LENGTH OF NOTICE TO BE GIVEN TO
PRESENT LANDLORD (if applicable)

11 NAME, ADDRESS AND TELEPHONE NUMBER OF
TWO CLOSEST NEXT-OF-KIN
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12 WOULD THEY ASSIST IN CASE OF ILLNESS
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13 PLEASE GIVE ANY SPECIAL CIRCUMSTANCES OR REASONS FOR MAKING THIS APPLICATION
INCLUDING REASONS FOR WISHING TO LEAVE PRESENT ADDRESS
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14 DOCTOR'S NAME:

SURGERY ADDRESS:

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TELEPHONE NO:

APPLICANTS MUST BE IN GOOD HEALTH AND ABLE TO LOOK AFTER THEMSELVES

15 STATE ANY DISABILITY WHICH MAY REQUIRE SPECIAL ATTENTION:

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16 NAME, ADDRESS AND TELEPHONE NO. FOR REFERENCES, IF REQUIRED, (OTHER THAN FAMILY):

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17 A WEEKLY PAYMENT OF £32.00 PAYABLE MONTHLY IS CHARGED. APPLICANTS ARE RESPONSIBLE FOR PAYING FOR THEIR OWN GAS AND ELECTRICITY.

18 HOUSING BENEFIT AND INCOME SUPPORT MAY BE APPLICABLE. THE TRUSTEES WILL ASSIST IN MAKING THE APPROPRIATE APPLICATIONS.

19 APPLICANTS PAY FOR THEIR OWN COUNCIL TAX (BAND B), BUT THE TRUSTEES PAY THE WATER RATES.

- 20 APPLICANTS ARE EXPECTED TO CLEAN AND MAINTAIN THE ACCOMMODATION IN GOOD ORDER AND HELP WITH COMMUNAL CLEANING AND MAINTENANCE OF THE GARDEN.
- 21 APPLICANTS MAY INSTALL THEIR OWN TELEPHONES IN THE DUCTING PROVIDED, BUT AT THEIR OWN EXPENSE, ALTHOUGH THE TRUSTEES MAY MAKE A CONTRIBUTION TO INSTALLATION CHARGES.
- 22 THE TRUSTEES PROVIDE A COMMUNAL TELEVISION LICENCE, (for retired persons) PROPERTY INSURANCE AND SOME CONTENTS INSURANCE.
- 23 THERE IS NO PARKING ACCOMMODATION.
- 24 NO ANIMALS ARE PERMITTED.
- 25 INSPECTION ARRANGEMENTS AND A VISIT TO THE ACCOMMODATION CAN BE AGREED WITH THE CLERK OF TRUSTEES.
- 26 NO CANDLES PERMITTED BECAUSE OF FIRE HAZARD.

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 SUM I PAY WILL BE REGARDED AS MAINTENANCE CONTRIBUTION AND NOT AS A RENT. I ACCEPT THAT THE TRUSTEES HAVE THE SOLE RIGHT TO PERMIT OCCUPANCY, AND MAY DETERMINE SUCH OCCUPANCY AT ANY TIME.

I DECLARE THAT THE FOREGOING STATEMENTS ARE TRUE.

APPLICANT'S SIGNATURE:

DATE:

THIS APPLICATION FORM SHOULD BE RETURNED TO:

C E R HOUGHTON ESQ
CLERK TO THE TRUSTEES
THE CHARITY OF THOMAS OKEN AND NICHOLAS EYFFLER
34 HIGH STREET
WARWICK CV34 4BE