

# THE E. HAYES DASHWOOD FOUNDATION

A Registered Charity No: 246460

## APPLICATION TO BECOME A BENEFICIARY OF THE FOUNDATION

This form is to assist the Foundation in understanding the situation of the Applicant and assessing the housing need. Beneficiary status with the E. Hayes Dashwood Foundation is restricted to persons who have served in HM Armed Forces or the British Mercantile Marine and suffer an infirmity. Those awarded this status (commonly known as Guests) receive the benefit of subsidised housing on the Foundation's estate in Balham, London, SW12 under a charitable scheme managed in a similar way to that of almshouse accommodation. The number of Guest properties available is limited and consists mainly of one and two bedroom purpose-built flats.

Responses given below are in confidence to the Foundation, its Managing Agents and Authorised officers.

The completed form should be returned to:

THE HAYES DASHWOOD ESTATE OFFICE 26E RADBOURNE ROAD LONDON SW12 0EF

As this office is not staffed continuously, please **do not** send by Registered Post

### PART 1 Personal Details

#### 1.1 You & Your Family

Your Full Name:	Date of Birth:
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Nationality
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**Essential** - If you are not British or a national of a European Economic Area (EEA) country, please enclose evidence of permission to live in the UK.

List here the copy nationality documents you are attaching.
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Current Address:
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Telephone Number:	Home	Work
Email Address (optional)		

Single/married/divorced/separated/with partner (please state which)
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Name of Spouse/Partner:	Date of Birth:
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Other family (or carer) who live(s) with you:		
Name:	Age	Relationship
Name	Age	Relationship
Name	Age	Relationship

Next of Kin (and address if different from above)
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## 1.2 Service Record

Royal Navy/Army (Corps/Regiment)/Royal Air Force/ Mercantile Marine (please state which)

Service Number or Merchant Navy Discharge Book Number:

Rank:

Date Enlisted:

Date Discharged:

Reason for Discharge:

**Essential** – please attach a copy extract of your discharge document, your Merchant Navy Discharge Book or written evidence in support of your service record.

List here the copy documents you are attaching.

## 1.3 Infirmary

Please give details of your infirmity or medical condition and current medical treatment (if any)

If you are not self-caring, please state the extent to which assistance is needed.

**Essential** – please attach copy medical evidence in confirmation of your infirmity or medical condition.

List here the copy documents you are attaching.

Please state whether your infirmity or medical condition arises from your military (or mercantile marine) service.

If you have a War Pension or Armed Forces Compensation Scheme award, please state your disability assessment percentage:

## 1.4 Present Accommodation

Do you occupy a house, flat, bungalow, lodgings or other? (please state which)

Are you a tenant or an owner?

How many rooms do you occupy?

Do you share a kitchen and/or a bathroom?

Do you have either sole or joint use of any other accommodation?

What are your reasons for wanting to move?

Who do you expect would also live with you if you are accepted as a Resident?

### **1.5 Current Employment**

Please give details of your current work, if any, saying where you work, what you do and for how long you have been in your current occupation.

Please give the name and address of two referees, who must have known you for more than two years and are not members of your family; also the name and address of your landlord if you pay rent (a landlord is not approached for reference purposes without your prior consent).

### **1.6 Referral**

Please state where or how you heard about the Foundation

## PART 2 Your Financial Circumstances

Knowledge of financial circumstances is to assist the Foundation in making a balanced judgement about the applicant's need for housing. It is also to help identify any particular need for support to meet the costs and ordinary living expenses which a resident will incur.

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### 2.1 Monthly Income (See Notes below)

	You £ /Month	Partner £/Month	Other £/Month
Net take-home pay (1)			
Child Benefit (2)			
Net occupational/service pension			
State benefits (3)			
Other income			
Child or Tax Credit			
<b>Total monthly income</b>			

### 2.2 Savings, investments and capital assets of you/your Partner

Value of all savings & investments (4)
Approximate value of capital assets (5)
Approximate yearly income(if any) from savings & investments

#### NOTES

- (1) include earnings & tax credits after tax and NI have been deducted.
- (2) Include any educational grants received.
- (3) include state pension, pension credit, jobseekers allowance, disabled living allowance, attendance allowance & statutory sick pay but not housing benefit/local housing allowance.
- (4) include bank & building society accounts, savings deposits, Premium Bonds, shares and other securities.
- (5) include property but not household goods, furnishings or car.

### 2.3 Accommodation Charges

How much is your current monthly rent?
If you receive housing benefit/LHA please say how much, per month.
If you do not pay rent, please explain why
Are you behind with your rent? If yes, how much do you owe?

## 2.4 Secured or Agreed Loans

Do you have repayment agreements in force for loans made by any bank, authority, building society or other lender? If so, please state the balance owed and repayment term

## 2.5 Unsecured Debts

Do you have any unsecured debts to repay, such as credit card debts? If so, please state the balance owed.

## 2.6 Financial Commitments

Apart from domestic and living needs, are there any special commitments such as child support, alimony or regular medical costs? If so please give details below:

## Part 3 Notes

**3.1 Enclosures.** Before sending this form to the Foundation, please check that you have enclosed details of your service record and confirmation of your infirmity or medical condition.

**3.2 Personal Data.** It is part of the Governors' responsibilities to ensure that applicants for the Foundation's properties are suitably qualified under the term of the Charity's governing instrument and operating policies. Governors, therefore, need to consider the personal circumstances of applicants. The personal data supplied on this form and other information relating to an appointment as a Resident of the Foundation, will be held on file. Some details may be checked with relevant organisations but none will be disclosed for any inappropriate purpose. You may have access to your personal information on request.

**3.3 Credit Checks.** Your credit status may be checked, in which case you will be informed and you may see a copy of the outcome, free of charge.

**3.4 Rent Arrears.** Unless there are exceptional circumstances, applicants seeking to transfer from an existing rental arrangement with this, or any other, housing provider are expected to have an up-to-date rent position or have an agreement in force and operating satisfactorily for the repayment of any rent arrears.

**3.5 False Statements** If the Foundation discovers that any information on this form is false, it may not be able to appoint you as a Resident or it may have to take legal action to repossess any accommodation allocated to you.

## PART 4 DECLARATION

**I declare that the statements and financial information given above are, as far as I know, correct. I will tell you immediately if there is any change in my situation and I give you permission to make any reasonable enquiries to confirm the details I have given.**

<b>Signature</b> .....	<b>Date</b> .....
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