



## **APPLICATION FORM FOR APPOINTMENT TO AN ALMSHOUSE**

**Long Alley Almshouses  
St. Helen's Churchyard  
Abingdon OX14 5EJ**

**Brick Alley Almshouses  
St. Helen's Churchyard  
Abingdon OX14 5EL**

**Twitty's Almshouses  
St. Helen's Churchyard  
Abingdon OX14 5EH**

**St. John's Almshouses  
The Vineyard  
Abingdon OX14 3PD**

**Tomkins Almshouses  
Ock Street  
Abingdon OX14 5DG**

**St. Helen's Wharf Almshouses  
St. Helen's Wharf  
Abingdon OX14 5EN**

### **NOTES TO ALL APPLICANTS - Please read the notes below before completing the attached form**

1. The qualifications to be appointed to any of the above almshouses vary slightly but in general such persons must have been resident in the Town of Abingdon for at least five years and be needy persons of at least 50 years of age and of 'good character'.
2. As our almshouses are not warden assisted, applicants must be able to care independently for themselves and their almshouse to an acceptable standard. Medical and special care cannot be provided by the Charity. Residents' capability is reviewed on an ongoing basis.
3. Applicants must nominate an adult relative (but not a parent) or a friend as their Next of Kin; this person will assist them in matters on an on-going basis throughout their occupancy. It is recommended that the Next of Kin be local, as they will need to be readily accessible, and they must be willing to be contacted should the Charity have concerns about the Resident. Next of Kin are required to sign the 'Rules of Occupation' form and to attend the induction with the Resident. We cannot in any circumstances act in the capacity of Next of Kin, nor as Power of Attorney.
4. Full and accurate financial information must be given when completing the application form and updated when an opportunity to take an almshouse arises and also at regular intervals during occupation. You may be asked to provide documentary evidence for any information that you give. This information will be held securely at the office and treated as highly confidential. It is used to access the applicant's/resident's initial/on-going 'need' for an almshouse. As part of the Charity rules, it is necessary to confirm that residents are still eligible to be a beneficiary of the Charity post occupation. Therefore, the Charity carries out financial reviews, every five years for residents who are retired and every three years for all other residents. This review includes a form to be completed, similar to the one you will have completed for your application, along with a request to see your most recent bank and savings account statements. If we are unable to confirm that you are eligible to be a beneficiary of the Charity, then your occupancy could be at risk. All financial information received is treated in the strictest of confidence. As per the rules of occupation, residents should not wait for the financial review to advise the Clerk of any changes to their financial circumstances, such as any windfall or inheritance, and should notify the Clerk as and when it occurs.
5. Electricity, heating, water, 24-hour personal alarm system and 'good neighbour' visits by our Almshouse Administrator, are provided free of charge. Also, those aged 60 and above, can be added to our concessionary TV License (other conditions apply to this). The only payment that must be made by all residents is called the Weekly Maintenance Contribution (WMC) towards the maintenance and management of the buildings. It is currently in the region of £150 per week. For those who are eligible, this is covered fully or partially by the Housing Benefits Office/Universal Credit Agency. For those

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who are not eligible and pay this themselves, it is paid on the first of each month (in advance) by Standing Order. The current rates are available by calling 01235 526487. The **resident** is responsible for ensuring that full payments are made. Failure to keep WMC payments up to date will put residence in the almshouse at risk.

6. The resident is responsible for payment of a telephone line and their own Council Tax.
7. **No car parking facilities** are provided at any of the almshouses and, if appointed, applicants with motor vehicles are expected to make their own arrangements for parking. The surrounding areas also have limited on-street parking. Currently there are limited facilities for the storage or charging of mobility scooters.
8. No animals can be accommodated at the almshouses other than proven therapy animals such as Guide Dogs or Hearing Dogs.
9. For the safety of our buildings, our almshouses are 'No Smoking or Vaping'.
10. The names of applicants who fulfil the requirement to be appointed as almspersons will be placed on the waiting list held securely in this office. All applicants placed on the waiting list will be contacted each January to confirm that they wish their name to remain on the waiting list.
11. Almshouses will be advertised as and when they become available, and they will be offered at the Governors' discretion, to the person considered most in need at the time of the vacancy, irrespective of the length of time they or any other applicant has spent on a waiting list.
12. An appointment to an Almshouse is an invitation to occupy and **not** a tenancy agreement.
13. If you are selected as a candidate for an almshouse, the names of two referees (who should not be relations) will be required. These references will only be requested from you just prior to an offer being made, but it is worth considering now, if these are something you will be able to provide. Without them, it is unlikely that we would make an offer as we need to ensure 'good character'.
14. The above is a brief summary of the requirements for occupation. A sample copy of the current 'Rules for Occupation for Residents of Almshouses' will be sent on receipt of a valid application form.

**Please detach this page, for your own future reference, before returning your application form.**  
**It may also be advisable for you to keep a copy of your completed application form for your own records.**

**Registered Charity Number 205112**



## CHRIST'S HOSPITAL OF ABINGDON

Registered Charity Number 205112

4 St Helen's Wharf, Wharf Road, Abingdon, OX14 5EN Tel: 01235-526487

# Application Form for Appointment to an Almshouse

By signing this form you are agreeing that you have read and understood all of the information provided in the 'Notes to Applicants' This completed form should be forwarded to 'The Clerk to the Governors' at the above address or at [clerk@christshospital.org](mailto:clerk@christshospital.org)

**Data Privacy:** *It is part of the Governors' responsibilities to ensure that applicants for almshouses are suitably qualified under the terms of the Charity's Governing Instrument. This Charity, therefore, will need to investigate the personal circumstances of applicants. Any personal data supplied on this form, is considered necessary and relevant to this process and will be held securely. Some details may be checked with other relevant organisations, but none will be disclosed for any inappropriate purpose. You may have access to your personal information on request in writing. By completing and signing this form you are agreeing to your information being held and or used by the Charity Governors and staff as necessary. Valid applications are held even if an almshouse is not immediately available. If your circumstances change whilst on our waiting list, please update us. Unsuccessful applications are shredded.*

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 almshouses. Incomplete applications will be returned.

## 1 PERSONAL DETAILS

Name in full: Mr/Mrs/Miss/Ms (delete as applicable).....

.....

Current Address & Postcode:.....

.....

Tel No:..... Email Address: .....

Date of Birth: ..... Age.....National Insurance No.....

What is your relationship status? Single / Married /In a relationship / Divorced / Separated / Widowed (delete as applicable)

Number of years resident in the Town of Abingdon - Past / Present (delete as appropriate) .....

If Past: please give address/es and dates.....

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Links with Abingdon: If you do not currently live here, have you had or do you have any other links with Abingdon (i.e.family live here, you worked here etc) **YES / NO**,  
If YES, please state: .....

## 2 NEXT OF KIN

Please provide the details of your chosen Next of Kin. This can be a friend or relative, **but they must be an adult** and in regular contact with you and live locally. Please ensure that they are aware of the requirements of this position (see number 3 on the 'Notes' page)

Name: ..... Relationship: .....

Address: .....

..... Tel No: .....

Email Address: .....

## 3 PRESENT ACCOMMODATION

Do you fully or partially, own your present accommodation? YES / NO

If **YES**, what is the present estimated total value of the property? £.....

What percentage do you own.....% (50% is half, 25% is a quarter)

If there is a co-owner, what is their relationship to you?.....

Please give a very simple description of this property (i.e 3 Bedroom Flat, 2 Bedroom Bungalow etc)

.....

If there is an outstanding amount on the mortgage for this property, How much is it?

(If there is no mortgage on the property, please write **NONE**) .....

Have you ever owned the property where you currently live? **YES / NO**

If **YES**, under what circumstances did you cease to be the owner?

.....

If you **do not** own the property where you currently live, who does?

.....

Is this person related to you in any way? **YES / NO**

If **YES**, what is the relationship?.....

If you own accommodation, other than the one you live in, please give details below (including any second property or timeshare)

.....

#### 4 FINANCIAL INFORMATION

To enable the Governors to assess your financial position, please provide the following information:  
We request that written proof of as many of these items as possible is provided i.e the most recent pension statement and **at least 3 months bank statements.**

**Net Income** Leave blank any boxes not applicable:

|                 |                                                | Per Month |
|-----------------|------------------------------------------------|-----------|
| <b>Pensions</b> | State Retirement Pension                       | £         |
|                 | Widow's Pension/Widow's Allowance              | £         |
|                 | Private Pension                                | £         |
|                 | Industrial Injuries Disablement Benefit        | £         |
|                 | War Disablement Pension                        | £         |
|                 | War Widow's Pension                            | £         |
|                 | Superannuation                                 | £         |
|                 | Pension from past employer                     | £         |
|                 | Widow's Pension from Late Husband's employment | £         |
|                 | Pension Credit                                 | £         |

|                   |                                                                                  |                |
|-------------------|----------------------------------------------------------------------------------|----------------|
| <b>Employment</b> | Income from any paid employment or work from home (please provide your last P60) | Per Month<br>£ |
|-------------------|----------------------------------------------------------------------------------|----------------|

|                   |                                 |   |
|-------------------|---------------------------------|---|
| <b>Allowances</b> | Attendance Allowance            | £ |
|                   | Mobility Allowance              | £ |
|                   | Invalid Care Allowance          | £ |
|                   | Severe Disablement Allowance    | £ |
|                   | Disability Living Allowance/PIP | £ |

|                 |                                                            |   |
|-----------------|------------------------------------------------------------|---|
| <b>Benefits</b> | Incapacity Benefit                                         | £ |
|                 | Income Support                                             | £ |
|                 | Housing Benefit                                            | £ |
|                 | Council Tax Benefit                                        | £ |
|                 | Universal Credit - what does this cover?<br>.....<br>..... | £ |

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| Other |                                    | Amount | Frequency (weekly, monthly, or annually) |
|-------|------------------------------------|--------|------------------------------------------|
|       | Maintenance received by you        | £      |                                          |
|       | Financial help from family         | £      |                                          |
|       | Charitable grants                  | £      |                                          |
|       | Income from a Trust fund           | £      |                                          |
|       | Rental Income from any property    | £      |                                          |
|       | Bank/Building Soc/Savings Interest | £      |                                          |
|       | Annuities                          | £      |                                          |
|       | Investment income (Dividends etc)  | £      |                                          |

Any other income – give details: .....

.....

| <b>Saving and Capital</b> - If bank accounts are in overdraft please state a negative balance.                                                 | Please enter balance at date of application |
|------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------|
| Bank Accounts                                                                                                                                  | £                                           |
| Post Office Accounts                                                                                                                           | £                                           |
| Building Society Accounts                                                                                                                      | £                                           |
| National Savings Certificates (state date bought)                                                                                              | £                                           |
| Premium Bonds                                                                                                                                  | £                                           |
| Redundancy Payment (if in last twelve months)                                                                                                  | £                                           |
| Cash                                                                                                                                           | £                                           |
| Any other capital – give details                                                                                                               | £                                           |
| Stocks/shares/unit trust – please give current value or state name of companies, and number of stocks/shares held on a separate sheet of paper | £                                           |

| <b>Debts</b>           | Balance at time of application |
|------------------------|--------------------------------|
| Store Cards            | £                              |
| Credit Cards           | £                              |
| County Court Judgments | £                              |
| Outstanding Loans      | £                              |
| Other Debts            | £                              |
|                        | £                              |

| <b>Outgoings</b>                      | <b>Per Month</b> |
|---------------------------------------|------------------|
| Rent                                  | £                |
| Council Tax                           | £                |
| Gas                                   | £                |
| Electricity                           | £                |
| Water                                 | £                |
| Telephone/Mobile                      | £                |
| Food                                  | £                |
| Car/Bus/Train Travel                  | £                |
| Other regular payments (please state) | £                |
|                                       | £                |
|                                       | £                |

## 5 HEALTH & SOCIAL FACTORS

Please tick to confirm that you are capable of independent living ☐

(e.g able to climb stairs, to shop, cook, clean and attend to your own personal care or organise this to be done for you etc)

Do you smoke or vape? **YES / NO** (Please note our almshouses are NO SMOKING or VAPING, for health and safety reasons we need to be aware if you do smoke or vape).

Are there any health or social factors that you would wish the Governors to take into consideration when assessing your application?

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Please state if there are specific medical reasons you wish to have considered.

.....

Please confirm that the Governors may, if necessary, consult your Doctor in confidence in connection with your application. **YES / NO**

Name of Doctor.....

Name and address of medical practice.....

.....

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## 6 ADDITIONAL INFORMATION

Our governing instrument states that residents should be of 'good character', so we need to ask if you have any criminal convictions. A conviction will not automatically exclude you from being considered as an applicant, but Governors need to be fully aware of your circumstances.

Do you have any criminal convictions? **YES / NO**

If **YES**, please give details:.....

.....

References: (Name, Address, **Telephone Numbers**, **Email Address** and relationship of two people from whom a reference will be obtained – if you are able, please use persons outside your family)

1).....

.....

2).....

.....

Is there anything else you would like to add in support of your application? (e.g Why you think you would be suitable for an almshouse and if you have a particular location in mind).

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.....

For our own research: Where did you hear about us? (advert in Church, friend, Doctor)

.....

## 7 CERTIFICATION

I certify that I have read and understood this form and the details above are correct to the best of my knowledge and belief and that this application is submitted in good faith. I understand that should it come to light that any information contained herein has been misrepresented that my occupation of an almshouse may be set aside. I accept that if I am appointed as a resident, I shall not be a tenant. Any weekly sum I pay will be a maintenance contribution and not a rent and I will ensure this is paid on-time and in full.

Signed.....

Date.....

Print Name (in capital letters) .....

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☐ Please tick this box to confirm that we may hold the data you have provided for yourself and your Next of Kin until your application/occupation is closed/complete. This consent may be withdrawn by you, your Next of Kin or your referees at any time by contacting our office.

A copy of our Privacy Policy can be viewed on the home page of our website at or upon request from our Head office at 4 St Helen's Wharf, Wharf Road, Abingdon. OX14 5EN.