



Glover's  
Trust

## Application Form for Accommodation

Please fill in fully and write carefully and clearly,  
ideally using block capitals.

### FIRST APPLICANT

#### About you

Title: eg. Mr, Mrs, Ms

Surname

First name(s)

Date of birth

Place of birth

Marital status

If widowed, when did your husband/wife die?

Address

Postcode

Telephone

Mobile

Email

How long have you lived there?

Are you the owner or tenant?

### SECOND APPLICANT (if applying as a couple)

#### About you

Title: eg. Mr, Mrs, Ms

Surname

First name(s)

Date of birth

Place of birth

Marital status

If widowed, when did your husband/wife die?

Address

Postcode

Telephone

Mobile

Email

How long have you lived there?

Are you the owner or tenant?

## FIRST APPLICANT

Does any member of your family have a financial stake in the property?

Yes  No

Previous address

How long did you live there?

Number and ages of children

Are you retired/working?

If retired, what was your occupation?

Have you applied for a Glover's cottage previously and if so, when?

Please give details of any health issues

Name and address of doctor

Do you own a car? Yes  No

If yes, please give its make, model and age

Do you have any current, unspent convictions?

Yes  No

If yes, please give details

## SECOND APPLICANT

Does any member of your family have a financial stake in the property?

Yes  No

Previous address

How long did you live there?

Number and ages of children

Are you retired/working?

If retired, what was your occupation?

Have you applied for a Glover's cottage previously and if so, when?

Please give details of any health issues

Name and address of doctor

Do you own a car? Yes  No

If yes, please give its make, model and age

Do you have any current, unspent convictions?

Yes  No

If yes, please give details

## FIRST APPLICANT

### Your weekly income

State pension £

Housing Benefit £

Other benefits £

Please specify

Private pensions £

Other income £

Please specify

### Total weekly income

£

What are your weekly payments  
for rent/mortgage?

£

### Your savings and assets

National savings £

Bank account £

Other savings £   
eg ISAs

Investments £

Value of property £

## SECOND APPLICANT

### Your weekly income

State pension £

Housing Benefit £

Other benefits £

Please specify

Private pensions £

Other income £

Please specify

### Total weekly income

£

What are your weekly payments  
for rent/mortgage?

£

### Your savings and assets

National savings £

Bank account £

Other savings £   
eg ISAs

Investments £

Value of property £

## Moving to Glover's

Why do you wish to move to Glover's?

## References

Please give details of two people who are not your relatives that we can ask for a reference about you.

If you are applying as a couple, the people you list should ideally know you both. If not, please provide details of someone for each of you, listing the first applicant's referee as number 1.

### Reference 1

Name

Address

Postcode

Telephone

Email

### Reference 2

Name

Address

Postcode

Telephone

Email

## Checks and data protection

Please make sure that the information you give on this form is true and complete. If you have knowingly or recklessly given false or misleading information your application will be disqualified.

The Trustees of Glover's are responsible for making sure that successful applicants meet the requirements set out in the charity's governing instrument. This means we need to consider personal circumstances by checking information that relates to your application and your future wellbeing as a resident here.

This will include us storing information, such as photocopies of your passport or other identification. It might include some details being shared for appropriate reasons with relevant organisations. We treat all your information with care and confidentiality. You can ask to see the personal information we hold about you for a small administrative fee.

## Declaration and consent

Please read the paragraphs above and below, and then sign to show that you understand and agree with them.

I declare that the information I've given is true to the best of my knowledge and belief, and that I have answered all the questions that apply to me.

I give Glover's Trust permission to use, share and store information I give:

- to make relevant checks to deal with my application; and if I move to Glover's
- to support my wellbeing and care management while living there.

### FIRST APPLICANT

Name (please print)

Signature

Date

### SECOND APPLICANT

Name (please print)

Signature

Date



Please return your completed form to:  
Mrs P L Johnston - Chairman of the Trustees  
Glover's Trust  
445 Chester Road  
Sutton Coldfield  
West Midlands B73 5BW