



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 smoke or vape?

Yes  No

### 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 smoke or vape?

Yes  No

Do you have a will?

Yes  No

Do you have any current, unspent convictions?

Yes  No

If yes, please give details

Do you have a will?

Yes  No

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

## General Data Protection Regulation

### COMMON REPORTING STANDARDS COMPLIANCE (CRS)

*In order to deal with your application, it is necessary for the Trust to keep a file containing information about you. Under the terms of Company Reporting Standard legislation (CRS), introduced in 2017, the Trust is now obliged, by law, to provide HMRC with certain information regarding the tax residence of grant applicants who receive assistance from the Trust and the following information is required:*

Country of Residence for Tax Purposes: UK or OTHER (please *delete* as appropriate)

If OTHER, please specify Jurisdiction

Tax ID or National Insurance Number .....

Date of Birth .....

### HOW WE USE THE INFORMATION YOU HAVE PROVIDED

The information you have provided, will only be used to process your application. Your information will be stored on computer, in paper format or in other ways being used by the Trust for the purpose of processing your application. Your information will only be shared with Trustees of the Trust and will not be shared with any third parties and will be destroyed securely, once the process has concluded.

The Trust may make enquiries relating to your application. You are entitled to request a copy of the details held by the Trust about you. For further information on the Trust's Privacy Notice, please go to: [www.glovers-trust.org](http://www.glovers-trust.org)

You may have included personal information within your application. If so, you are responsible for confirming you have the written agreement and permission of any individuals identified in your application to pass their personal information to the Trust.

The Trust will use this information only for the purposes of assessing your application.

## 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  
Sarah Glover House  
31 Sarah Glover Close  
Sutton Coldfield  
B73 5BW