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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **APPLICATION FOR MEMBERSHIP** | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | |
| PLEASE **COMPLETE** BOTH SIDES, **SIGN,** **DATE,** and **RETURN** to the above address, **ENCLOSING:** | | | | | | | | | | | | | | | | | | | |
| 1. **THREE MONTHS RECENT STATEMENTS** for **EACH** of your **BANK & SAVINGS ACCOUNTS.** | | | | | | | | | | | | | | | | | | | |
| **2) PROOF** of each of your **INCOME** types for example a benefit letter or payslip  **3)** **PROOF** of any **INVESTMENTS**. For example Premium bonds  **IF ALL THE DOCUMENTS ARE NOT SUBMITTED THIS WILL DELAY YOUR APPLICATION.**  **4)** The equality monitoring data form | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | |
| **Your Details** | | | | | | | | | | | | | | | | | | | |
| Status | Married / Single / Widowed/ Other - please state | | | | | | | | | | | | | | | | | | |
| Are you | **Retired / Unemployed / In work full time / In work part time** | | | | | | | | | | | | | | | | | | |
| National Insurance Number |  | | | | | | | | | | | | | | | | | | |
| First Name |  | | | | | | | | | | | | | | | | | | |
| Surname |  | | | | | | | | | | | | | | | | | | |
|  |  | | | | | | | | | | | | | | | | | | |
| Date of Birth |  | | | | | | | | | | | | | | | | | | |
|  |  | | | | | | | | | | | | | | | | | | |
| Telephone Numbers | Landline | |  | |  | |  |  | |  | | |  | |  |  |  |  |  |
|  | Mobile | |  | |  | |  |  | |  | | |  | |  |  |  |  |  |
| Email Address |  | | | | | | | | | | | | | | | | | | |
| Address  Postcode |  | | | | | | | | | | | | | | | | | | |
| Is your home | Owned without a mortgage /Owned with a mortgage / Private rented / Council or Social housing rented / A friends or family members /Other | | | | | | | | | | | | | | | | | | |
| Please give the **names of anyone you SHARE the above accommodation**.  If no one state **NONE** | Full name | | | | | | | | Full name | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | |
| Please LIST  any other addresses  that you have lived at in the past ten years | Address  Postcode | | | | | | | | Address  Postcode | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | |
| Do you own ANY  properties in the UK and or abroad? | Yes / No | | | | | | | | | | | | | | | | | | |
| Have you EVER owned  ANY properties in the UK and or abroad? If YES, please give addresses | Yes / No  Address  Postcode | | | | | | | | Address  Postcode | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | |
| **Details of Savings & Investments** you have in the UK and/or abroad. **If none, please state NONE** | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | £ | | | | | | | | | | |
|  | | | | | | | | | £ | | | | | | | | | | |
| **Details of Current Income** | | | | | | | | | | | | | | | | | | | |
| State Retirement Pension | £ | | | | | | | | | | | per week/fortnight/month/year | | | | | | | |
| Company Pension(s) | £ | | | | | | | | | | | per week/fortnight/month/year | | | | | | | |
| Attendance Allowance | £ | | | | | | | | | | | per week/fortnight/month/year | | | | | | | |
| Personal Independence Payment | £ | | | | | | | | | | | per week/fortnight/month/year | | | | | | | |
| Universal Credit | £ | | | | | | | | | | | per week/fortnight/month/year | | | | | | | |
| Housing Benefit | £ | | | | | | | | | | |  | | | | | | | |
| Any other income eg salary | £ | | | | | | | | | | | per week/fortnight/month/year | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | |
| Have you **DEFERRED or DELAYED taking any PENSIONS**? Yes / No | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | |
| Do you receive **ANY OTHER FUNDS AND/OR BENEFITS** from any other person or organisation (charity, company etc) If YES, please provide the following information: | | | | | | | | | | | | | | | | | | | |
| Person/Charity/organisation etc name |  | | | | | | | | | | |  | | | | | | | |
|  | £ | | | | | | | | | | | per week/fortnight/month/year | | | | | | | |
|  | £ | | | | | | | | | | | per week/fortnight/month/year | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | |
| **Rent** **payable currently** | £ | | | | | | | | | | | per week/fortnight/month/year | | | | | | | |
| **Your Bank details** | | | | | | | | | | | | | | | | | | | |
| Bank Name |  | | | | | | | | | | | | | | | | | | |
| Bank Sort Code |  |  | |  |  | |  |  | | |  | | | | | | | | |
| Bank Account No |  |  | |  |  | |  |  | | |  | |  |  | | | | | |
| Building Society Roll No (if any) |  | | | | | | | | | | | | | | | | | | |
| Account Name |  | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | |
| **All grants of pensions are based on the information given and possibly an interview.**  **If at any time the Charity discovers that any information has been withheld or given under false pretences, the Charity reserves the right to cancel your application and withhold any future pension payments.**  **Data Protection Statement:** It is part of the trustees’ responsibilities to ensure that applicants are suitably qualified under the terms of the Charity’s governing document.  Trustees, therefore, need to investigate the personal circumstances of applicants.  The personal data supplied on this form and other information relating to an almshouse appointment or membership of the charity 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 the personal information we hold on you on request.  **Equality, Diversity & Inclusion Statement -** The Charity’s vision is working towards an equitable and inclusive society, where we reach eligible residents of Southwark in need, hardship or distress. To help us monitor our progress towards reaching residents who may be eligible to become members, please complete the enclosed equality monitoring form and include it with your application. | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | |
| **Declaration** | | | | | | | | | | | | | | | | | | | |
| **I hereby declare that all the information given is correct to the best of my knowledge and belief** | | | | | | | | | | | | | | | | | | | |
| **Signature of Applicant**  X | | | | | | **Date:** | | | | | | | | | | | | | |

Southwark Charities wants to meet the aims and commitments set out in our vision statement. This includes not discriminating under the Equality Act 2010, and building an accurate picture of the make-up of applicants in encouraging equality and diversity. The organisation needs your help and co-operation to enable it to do this, but filling in this form is voluntary. The information provided will be kept confidential and will be used for monitoring purposes. If you have any questions about the form, contact [operations@southwarkcharities.org.uk](mailto:operations@southwarkcharities.org.uk) or call us on 0207593 2000

**Age**

55-59 60-64 65-70 71-80 80 plus

**Gender**

Male Female Intersex Non-Binary Prefer not to say

Is the gender you identify with the same as your gender registered at birth?

Yes No Prefer not to say

**What is your ethnicity?** Ethnic origin us not about nationality, place of birth or citizenship. It is about the group to which you perceive you belong. Please circle as appropriate.

**Asian or Asian British**

Indian Pakistani Bangladeshi Chinese Prefer not to say

Any other Asian background, please state:

**Black, African, Caribbean or Black British**

African Caribbean Prefer not to say

Any other Black, African or Caribbean background, please state:

**Mixed or Multiple ethnic groups**

White & Black Caribbean White & Black African White & Asian Prefer not to say

Any other mixed or multiple ethnic background, please state:

**White**

English Welsh Scottish Northern Irish Irish British Gypsy or Irish Traveller Prefer not to say

Any other White background, please state:

**Other ethnic group**

Arab Prefer not to say Any other please state:

**Do you consider yourself to have a disability or health condition?**

Yes No Prefer not to say

**What is your sexual orientation?**

Heterosexual Gay Lesbian Bisexual Asexual Pansexual Undecided Prefer not to say

If you prefer your own identity please state:

**What is your religious belief?**

None Buddhist Christian Hindu Jewish Muslim Sikh Prefer not to say

If other religion or belief, please state: