

LEE'S REST HOUSES
FORM OF APPLICATION FOR RESIDENCE

FULL NAME OF APPLICANT..... PAST OCCUPATION.....

NAME OF SPOUSE..... PAST OCCUPATION.....

STATUS: SINGLE, MARRIED, WIDOW, DIVORCED

ADDRESS

PHONE NO MOBILE NO

DATE OF BIRTH/S RELIGION

DO YOU OWN OR RENT THIS PROPERTY?

IF YOU CURRENTLY LIVE IN RENTED ACCOMMODATION, WE REQUIRE YOU TO SUPPLY THE CONTACT DETAILS OF YOUR LANDLORD: -

NAME.....

ADDRESS

TELEPHONE NUMBER.....

BRIEF DETAILS OF HEALTH OR INCAPACITIES

.....
.....

DO YOU SMOKE **YES/NO** DO YOU OR HAVE YOU HAD ALCOHOL RELATED PROBLEMS **YES/NO**

DO YOU TAKE RECREATIONAL DRUGS **YES/NO**

CRIMINAL CONVICTIONS

PLEASE PROVIDE DETAILS/DATES OF ANY SPENT/UNSPENT CRIMINAL CONVICTIONS.....

.....

NEXT OF KIN

IF YOU HAVE NO NEXT OF KIN – PLEASE GIVE THE NAME OF YOUR SOLICITOR OR OTHER RESPONSIBLE PERSON WHO MAY BE CONTACTED IN AN EMERGENCY.

1. NAME RELATIONSHIP

ADDRESS TEL NO

2. NAME RELATIONSHIP

ADDRESS TEL NO.....

<u>INCOME</u>	O. A. PENSION	£	PER	<u>ASSETS</u>	
	OTHER PENSIONS	£	PER	BUILDING SOCIETIES
	INVESTMENTS	£	PER	INVESTMENTS
	OTHER INCOME	£	PER	OTHER ASSETS
				TOTAL £

PROPERTY OWNED ADDRESS

PRESENT VALUE £.....

MORTGAGE OUTSTANDING £.....

DECLARATION - I HAVE READ THE CONDITIONS OF APPLICATION AND RESIDENCE AND THE OTHER INFORMATION ON THE REVERSE SIDE OF THIS FORM AND BELIEVE MYSELF TO BE ELIGIBLE FOR RESIDENCE AT LEE'S REST HOUSES.

I CERTIFY THE ABOVE INFORMATION TO BE CORRECT.

SIGNED DATE.....

1ST SPONSOR – I HAVE KNOWN THE APPLICANT FOR YEARS AND RECOMMEND THE APPLICATION

SIGN AND PRINT NAME DATE

ADDRESS TEL NO

2ND SPONSOR – I HAVE KNOWN THE APPLICANT FOR YEARS AND RECOMMEND THE APPLICATION

SIGN AND PRINT NAME DATE

ADDRESS TEL NO

APPLICANTS ARE ADVISED THAT FAILURE TO DISCLOSE ANY RELEVANT INFORMATION MAY PREJUDICE THEIR APPLICATION. MISLEADING OR INACCURATE INFORMATION MAY LEAD TO ANY APPOINTMENT BEING SET ASIDE AT SOME TIME IN THE FUTURE AND YOU HAVING TO LEAVE LEES REST HOUSES.

LEE'S REST HOUSES, ANLABY ROAD, HULL HU4 6XA

Registered Charity no 221523

MANAGER: 01482 354932

DEPUTY MANAGER: 01482 352171

CONDITIONS FOR APPLICATION AND RESIDENCE

1. APPLICANTS MUST HAVE RESIDED AND/OR CARRIED OUT BUSINESS IN HULL FOR THE PRECEEDING FIVE YEARS.
2. APPLICANTS MUST BE OF RETIREMENT AGE AND THE UPPER AGE LIMIT IS AT THE DISCRETION OF THE TRUSTEES WITH STATE OF HEALTH AS A FACTOR.
3. APPLICANTS MUST COMPLETE THE APPLICATION FORM AND HAVE IT SIGNED BY TWO SPONSORS, THEN RETURN IT TO THE MANAGER.
4. RESIDENTS MUST BE INDEPENDENT AND ABLE TO LOOK AFTER THEMSELVES AND THEIR FLATS.

PROCEDURE FOR APPLICATION

1. APPLICANTS MUST MAKE AN APPOINTMENT WITH THE MANAGER TO VISIT THE SITE.
2. IF THE RESIDENTS MEETS THE ABOVE CRITERIA THE APPLICANT WILL BE GIVEN AN APPLICATION FORM WHICH SHOULD BE READ CAREFULLY BEFORE IT IS COMPLETED. THE MANAGER WILL BE HAPPY TO ASSIST IF NECESSARY.
3. APPLICANTS ARE INVITED TO INTERVIEW WITH TWO OR MORE TRUSTEES.
4. APPLICANTS WILL BE INFORMED BY THE MANAGER WHETHER OR NOT THEIR NAMES HAVE BEEN PUT ON THE WAITING LIST.
5. SUCCESSFUL APPLICANTS WILL BE INFORMED IN DUE COURSE WHEN THEIR VACCANCY IS LIKELY TO OCCUR.

GENERAL

1. RESIDENTS ARE REQUESTED TO PAY MAINTENANCE CHARGES CALENDAR MONTHLY IN ARREARS BY STANDING ORDER.
2. RESIDENTS ARE TO OBSERVE THE LEE'S REST HOUSES RULES AND REGULATIONS AND TO SIGN THEIR LICENCE AGREEMENT ANNUALLY.
3. ALL INFORMATION GIVEN BY APPLICANTS WILL BE TREATED IN STRICT CONFIDENCE.
4. ANY FALSE INFORMATION GIVEN BY APPLICANTS WILL RENDER SUCH APPLICATION NULL AND VOID AND, IF RESIDENCE HAS BEEN GRANTED, SUCH GRANT MAY BE WITHDRAWN.

N.B. LEE'S REST HOUSES IS A CHARITABLE TRUST AND IS RECOMMENDED FOR VOLUNTARY DONATIONS OR LEGACIES