



# Peter Birtwistle Trust

Supported Housing for Older People in Colne

Housing Association Number: 5086  
Registered Charity Number: 1183388  
Charitable Incorporated Organisation

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Updated December 2025

## Application for Almshouse Accommodation

### Personal Details

	Applicant 1	Applicant 2
Title (Mr/Mrs/Miss):	_____	_____
Forename:	_____	_____
Surname:	_____	_____
Marital Status:	_____	_____
Date of birth:	____ / ____ /19	____ / ____ /19
Town of birth:	_____	_____
Present address:	_____	_____
	_____	_____
Postcode:	_____	_____
Telephone:	_____	_____
Email Address:	_____	_____
How long have you lived in your current home:	_____ Year(s)	_____ Year(s)

### Housing History

Please give history of 10 years or more residency in Colne.

	Address and Post Code	Town	From	To	Owner	Tenant	Lodger
1	_____	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2	_____	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3	_____	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## Property Details

### Which of the following would best describe your current housing status?

(Please tick one)

- Council Tenant  
 Housing Association Tenant  
 Tenant of Private Landlord

- Living with a relative  
 In property that is tied to a job  
 Owner / Occupier  
 Other

Please give owner's or landlord's name and address and provide proof of Rental Agreement

Relationship to applicant

### Property Type:

(Please tick one)

- House  
 Maisonette  
 Ground Floor Flat  
 First Floor Flat

- Mobile Home  
 Bungalow  
 Bedsit  
 Hotel

Are you being forced to leave your current accommodation? Yes  No

Please give details and provide a copy of the Section 21 notice or notice of eviction.

Please tick which of the following facilities you are **NOT** able to use in your current accommodation and why you are not able to use them:

Facilities:

- Kitchen facilities  
 A cold water supply  
 A hot water supply

- Bath  
 Shower  
 Toilet

- Stairs  
 Front door  
 Back door

Please give details

Please tick which of the following items you have in your current home:

Heating:

- Gas or Electric Fires only  
 Storage Heaters

- Gas or Electric Central Heating

- No Heating

Number of Bedrooms:

- 1  2  3  4  5

(Please tick the number of bedrooms)

**Medical Circumstances**

**Applicant 1**

**Applicant 2**

**Doctor's Name**

**Address:**

**Postcode:**

**Phone No:**

**Ongoing, continuing, or recurring illnesses:  
(Including the severity of illness)**

**Do you currently receive any physical help with living in your home and how many times a week do you receive this support?**

**Applicant 1**

**Applicant 2**

**Please give details of any difficulties your home may present you or your partner as a result of medical circumstances? (e.g. size, maintenance, stairs, access etc)**

**Has your home been adapted/alterd in any way to help with medical needs?**

**Has a Disabled Facilities Grant application been made on your behalf?**

## Financial Circumstances

### A. Housing Costs

**Homeowners** (please give details of the property you own)

- Approximate Value of Property (s): £
- Mortgage Outstanding: £
- Monthly Mortgage Payment (if any): £

**Renting/Lodging** (please give details of Rent/Board)

- Gross Weekly Rent: £
- Board/Lodgings: £

### B. Other Savings & Investments

(Please tick the total value of savings and investments including any property you own/part own but do not live in)

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> £100 To £16,000     | <input type="checkbox"/> £ 21,000 To £ 40,000 | <input type="checkbox"/> £ 100,000 To 200,000 |
| <input type="checkbox"/> £16,000 To £ 21,000 | <input type="checkbox"/> £ 40,000 To 100,000  | <input type="checkbox"/> Over 200,000         |

### C. Income

	Applicant 1		Applicant 2	
• Weekly Earnings:	£	<i>per week</i>	£	<i>per week</i>
• Other Income:	£	<i>per week</i>	£	<i>per week</i>
<i>Please state source:</i>	_____		_____	

### D. Pensions

• State Retirement: Pension:	£	<i>per week</i>	£	<i>per week</i>
• Other Pension: (Occupational/private)	£	<i>per week</i>	£	<i>per week</i>
<i>Please state source</i>	_____		_____	

### E. Benefits

(Please provide proof of benefits claimed and give details)

a) _____	£	<i>per week</i>	£	<i>per week</i>
b) _____	£	<i>per week</i>	£	<i>per week</i>
c) _____	£	<i>per week</i>	£	<i>per week</i>

<b>Total Weekly Income:</b>	£	<i>per week</i>	£	<i>per week</i>
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Social Need

**Is there any other information that you feel will be helpful when we consider your application?**

*(Please give as much detail as you can)*

**Mobility Issues?** *(How far can you walk? Do you have issues with stairs?)*

**Isolation/Moving Closer to Relatives or Friends?**

*(Please supply address details for the people or person you need to move closer to and why)*

**Anti-Social Behaviour – Have you suffered from harassment/vandalism?**

*(Please give details of police or another agency involvement)*

**How would moving to a Peter Birtwistle Trust property benefit your current circumstances?**

Please feel free to attach additional sheets if required.

## Housing Choices

### Which of the following schemes do you wish to be considered for:

Please tick all the sites for which you wish to be considered.

- Birtwistle Standroyd
- Peter Birtwistle Close
- Birtwistle Fold
- Birtwistle East Lemes
- Peter Birtwistle House  
(The Old Colne Health Centre)

- Birtwistle Hyde Park
  - Ground Floor
  - First Floor

- New Keighley Road Flats
  - Ground Floor
  - First Floor

### What Features would you require from a Trust Property?

Please **only** tick those that are essential as you will not be considered for properties that do not have these features.

- Level access shower / Wet room
- Level access in and out of the property
- Disabled / Wheelchair Accommodation

**Do you or your partner have a pet that will be moving with you?** Not all schemes allow pets, those that do are restricted to one dog and/or one cat.

**Please give the name of a relative or friend who you would like us to contact regarding your application or who you would like to act on your behalf:**

Name:

Address:

Postcode:

Telephone number:

Email:

### Data Protection Statement:

It is part of the Trustees' responsibilities to ensure that applicants for almshouses are suitably qualified under the terms of the charity's governing document. Trustees, therefore, need to investigate the personal circumstances of applicants. The Charity complies with the regulations for data security under the Data Protection Act 2018 and UK General Data Protection Regulations (UK GDPR). The data we collect has been classified as Sensitive Data under Article 9 of UK GDPR. We have strong procedures and policies in place to protect the collection and storage of this data. The personal data supplied on this form and other information relating to an almshouse appointment or your care management will be held on file. Some details may be checked with relevant organisations since the charity reserves the right to investigate and verify what you write in this form, but no details will be disclosed for any inappropriate purpose. You may have access to your personal information on request.

## Declaration

I have read the charity's eligibility criteria and believe that I meet the beneficiary criteria to live in one of the charity's almshouses.

I declare that the information given in this application is correct and complete to the best of my knowledge and belief. I understand that the Trustees would be entitled to terminate any appointment to an almshouse dwelling I may be given, if my answers in this application form are untrue, or misleading in any respect (for example, due to omitting or misstating relevant facts).

In the event of a change in circumstances for example death of a partner or change of address I will notify the Trust and understand that I may have to reapply.

I have read this application form carefully and agree to abide by it should I be appointed to an almshouse.

I accept that if I am appointed as a resident I shall be a beneficiary of the charity and not a tenant. Any weekly sum I pay will be a maintenance contribution and not a rent.

I confirm that I am able to look after myself and to live independently, with the assistance of family and social services if necessary.

I consent to my GP or other medical attendant providing the charity with a medical certificate or report about my health and condition now or at a future date in accordance with the terms of the attached form of authority.

I consent to the charity holding personal and sensitive data relating to me and my personal circumstances in accordance with the General Data Protection Regulations (GDPR).

I understand that I have the right to request access to the information that is held by the Charity relating to my data. I understand that I have the right to decline to provide information requested within this form.

The charity is obliged to check the immigration status of prospective residents and will need to see proof of identity such as passport or driving licence.

### PLEASE PROVIDE YOUR NATIONAL INSURANCE NUMBER

\_\_\_\_\_  
*Applicant 1*

\_\_\_\_\_  
*Applicant 2*

**Signed:**

\_\_\_\_\_  
*Applicant 1*

\_\_\_\_\_  
*Applicant 2*

**Date:**

/       /

/       /