

PARISH OF ST PETER

MAISON LE MARQUAND APPLICATION FORM

Notes to read in conjunction with this form:-

All sections must be completed in ink and answered fully – if any question does not apply to you please write in N/A for Not Applicable. All details submitted will be held in strictest confidence.

Completing this form does not in any way infer that your application will be successful as a vigorous selection process based on need, means and personal circumstance will be weighted to ensure that those who will benefit most will be allocated one of the units.

The principal applicant must be 60 years of age or over to be eligible for one of the units

The rental will be equivalent to the States Housing Department Fair Rents scheme rental for full market rental depending on circumstances.

Office Use Only – please do not write in this section.

Application Number _____

Date Application Received _____

Date Passed to Selection Committee _____

Selection/Management Committee decision and Unit number if approved _____

1. Full Name _____ nee (Where applicable) _____

Address: _____

Phone Number:- _____ Email Address _____

Full Name of Husband/Wife/Partner/Friend (*Second Occupant*) _____

2. Date and place of birth:-

of applicant _____

of second occupant _____

if not Jersey, date of arrival in Jersey _____

How long have you/your partner lived in St Peter _____

any additional information that you wish to submit _____

3. Occupation:-

of applicant _____ Social Security Number _____

of second occupant _____ Social Security Number _____

4. Employer(s):-

of applicant _____

of second occupant _____

5. Do you or the second occupant occupy your current home as:-

Owner - Tenant - Life Tenant - Other

Please circle as appropriate

Any additional information that you feel is relevant *i.e Period of Notice* _____

6. Please give details of present accommodation:-

(a) Type and Number of Bedrooms _____

(b) Rent paid per month _____

(c) Name and Address of Landlord or rental agent _____

7. Please give details of any property (land or buildings) owned by you or by the second occupant and state if any part of such property is:-

(a) Occupied by you _____

(b) Occupied by members of your family _____

(c) Occupied by other tenants _____

8. Have you within the last 10 years either sold, given, benefited from or otherwise disposed of any landed property or other asset and if so please give details:-

9. Please give details of your income (*excluding investment income – see below*):-

(a) Total annual amount of all Salary, wages, casual or other earnings:-£ _____

(b) Annuities (state source) £ _____

(c) Pensions or anticipated pension (state source) £ _____

(d) Public or Parochial Assistance _____

Details of second occupants income (*excluding investment income – see below*):-

(e) Total annual amount of all Salary, wages, casual or other earnings:-£ _____

(f) Annuities (state source) £ _____

(g) Pensions or anticipated pension (state source) £ _____

(h) Public or Parochial Assistance _____

10. Other sources of your income:-

(a) Details of investments held _____

(b) Income from investments _____

(c) Income from any properties let _____

(d) Have you any interest in any discretionary trust – if so give details _____

(e) Any other income _____

(f) Please give details of any dependant relative that you would wish to live with you:-

Other sources of second occupants income:-

(a) Details of investments held _____

(b) Income from investments _____

(c) Income from any properties let _____

(d) Have you any interest in any discretionary trust – if so give details _____

(e)Any other income _____

11. Do you or the second occupant own a car or motorcycle? Please specify

12. Please state your connections with the Parish of St Peter in support of your application: e.g Family in St Peter – Parish Organisations etc.;

13. Are you on any other waiting list for Life Long or sheltered homes, if so please state which list(s):-_____

14. Are there any other details you wish to place before the selection committee which you feel may assist your application? e.g. Medical needs – incapacity or handicap – security of current accommodation – need access to Public Transport etc.;

Additional notes:-

- 1. Each question must be answered fully and accurately.**
- 2. Any change of address, employment, accommodation or status taking place after completion of this application must be notified immediately to the Parish Secretary.**
- 3. It is stressed that these are retirement homes and on-site nursing care is NOT available and applicants should therefore be mobile (including wheelchair mobility) and capable of looking after themselves (or by private arrangements) on a day to day basis.**
- 4. The Homes are for residents where the principal/applicant tenant is 60 years of age or above.**
- 5. Applicants of limited means may apply to the Social Security Income Support Scheme for assistance with their rental.**
- 6. Should your personal or financial circumstances change it is your obligation to advise the Selection/Management Committee without delay.**
- 7. The Selection/Management Committee reserve the right to request further information in support of this application.**

I/We certify that the above particulars are correct to the best of my/our knowledge, information and belief.

Applicant Signed _____ **Date** _____

Second Occupant Signed _____ **Date** _____

Please return completed applications marked:-

CONFIDENTIAL
The Constable
St Peter's Parish Hall
Rue des Fosses
St Peter
Jersey
JE3 7AH