

**CONFIDENTIAL**



**THE LEWIS W HAMMERSON MEMORIAL HOME**  
**HAMMERSON HOUSE, 50A THE BISHOP'S AVENUE, N2 0BE**  
**TEL • 020 8458 4523 FAX • 020 8458 2537 EMAIL • info@hammersonhouse.org.uk**

## APPLICATION FOR RESIDENCE

### 1. PERSONAL DETAILS

Surname: Mr/Mrs/Miss \_\_\_\_\_ Forename(s): \_\_\_\_\_

Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Hebrew Name: \_\_\_\_\_

Place of Birth: \_\_\_\_\_ Status: Single  Married

Widowed  Divorced

Former occupation: \_\_\_\_\_

Home Address: \_\_\_\_\_

Tel No: \_\_\_\_\_

### 2. NEXT OF KIN

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_ Postcode \_\_\_\_\_

Tel No: \_\_\_\_\_ Mobile: \_\_\_\_\_

Email: \_\_\_\_\_

### Applicant's Children (if applicable) or Key Relatives

	Name	Spouse's Name	Address Tel & Mobile	Email Address	Age	Occupation
1						
2						
3						
4						

**3. SYNAGOGUE MEMBERSHIP**

- a. Are you a member of a Synagogue?      Yes       No
- b. Name and Address? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- c. With which organisation have burial arrangements been made? \_\_\_\_\_
- d. Who will be responsible for funeral arrangements? \_\_\_\_\_
- e. Have you made a will?      Yes       No   
If "yes" where is it deposited? \_\_\_\_\_

**4. POWER OF ATTORNEY**

- a. Are there any Power of Attorney arrangements in place?      Yes       No   
If "yes" please provide details: \_\_\_\_\_  
\_\_\_\_\_

**5. FINANCIAL DETAILS**

National Insurance No     

Name of Local Authority where you normally live: \_\_\_\_\_

**a) Property Details**

- 1. Do you own a property?      Yes       No   
If "yes" what is the address? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- 2. Description: \_\_\_\_\_
- 3. Approximate Value: \_\_\_\_\_
- 4. Please give details of and value of any other properties you have an interest in?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

5. Have you owned a property in the last 7 years? Yes  No
6. If "yes" was the property sold to the new owner? Yes  No
7. If "no" was the property given to the new owner? Yes  No
8. Are you related to the new owner? Yes  No

**b) Income**

<b>Weekly Income</b>	<b>£</b>
Retirement Pension	
Pension Credit	
Private Pension	
Occupational Pension	
Restitution	
<b>Total Income</b>	<b>£</b>

<b>Benefits</b>	<b>£</b>
Attendance Allowance	
Other (please specify)	
<b>Total Income</b>	<b>£</b>

**c) Savings and Income after tax**

	<b>Total Savings £</b>	<b>Annual Income £</b>
Bank Account		
Building Society		
Other Investments		
<b>Total</b>	<b>£</b>	<b>£</b>

Admission is subject to a medical assessment and adherence to the financial policy attached. Hammerson House reserves the right to transfer, at their sole discretion to a different part of the home if the need arises.

**Declaration**

In making this application, I declare that, to the best of my knowledge the statements above are true and correct. If accepted, I promise to comply with the rules of the home.

Signature of applicant \_\_\_\_\_ Date \_\_\_\_\_

**For Office Use Only**

<b>Date Received</b>	<b>Date Acknowledged</b>	<b>Remarks</b>