

**The Hospital of St Cross
and
Almshouse of Noble Poverty**

APPLICATION FORM

The Hospital of St Cross and Almshouse of Noble Poverty was founded in 1132. It is one of the oldest charitable institutions in the country and one of the most beautiful collections of medieval buildings still in use today.

The Charity is governed by a Scheme approved and ordered by the Charity Commission in 1984. The qualifications of the Brethren are set out in clause 52, as follows:

1) the Brethren shall be poor men of good character of not less than 60 years of age (or in cases of exceptional infirmity or need to be approved by the Trustees and recorded in their Minute book not less than 50 years of age).

2) In allocating 17 of the existing sets of rooms, the Trustees shall give preference to poor men, qualified as aforesaid who are so reduced in strength as not to be able to work. Such Brethren shall be known as Hospital Brethren.

3) In allocating the remaining 8 of the existing sets of rooms the Trustees shall give preference to those who have been reduced by circumstances from independence to relative poverty. Such Brothers are known as Noble Poverty Brethren.

Surname.....

Christian Names.....

Date of Birth.....Place of Birth.....
(Certificates of Birth and Baptism to be forwarded if required)

Religion.....

(If Church of England are you confirmed?.....)

Present Address.....

.....
.....
.....

How long have you lived there?.....

Are you married or single?.....

If married is your wife living?.....

Your wife's date of birth?.....

What was your occupation?.....

Were you employed or self-employed?.....

When did you cease work, and for what reason?.....

.....

If you had children, how many are living?

Please give their names, addresses, age, occupations and marital status below:

1.

2.

3.

(Please continue on a separate sheet of paper if necessary)

Are they, or any near relatives, able to assist you?.....

If so, to what extent?.....

.....
We ask that all Brothers should have both made a will AND taken out an Enduring Power of Attorney by the time they are gowned.

Have you already a) made a Will?.....

b) taken out an Enduring Power of Attorney?.....

If you are in any doubt about Enduring Power of Attorney, the Hospital Administrator will be able to discuss this with you and give you written information on it.

Please give the name and address of:

The Clergyman of your Parish

.....

Your past employer

.....

.....

Your Landlord or his agent

.....

Please provide the names and addresses and occupations of two referees who should have known you for more than three years :

1.

2.

Please answer the following as fully as possible: It is important that you are perfectly straightforward with your answers to this section. Income level is not a bar to admission, but untruthful or incomplete answers at this stage will cause problems later on. Information you provide may be used in future, in connection with any benefit application. The Trustees may dismiss any Brother whose answers subsequently prove to have been deliberately evasive.

PRESENT INCOME PER MONTH: (If you are currently still working, but will have retired by the time you enter St Cross, please put your anticipated income at time of entry.)

- a) From work or part-time work
- b) State retirement pension
- c) Supplementary state pension.....
- d) Private or company retirement pension.....
- e) Private income.....
- f) From relatives or Trusts.....
- g) From any other source.....

YOUR CURRENT ASSETS:

- 1) National Savings
- 2) Building Society
- 3) Premium Bonds
- 4) Investments.....
- 5) Property.....

- 6) Cash.....
- 7) Bank Accounts...(a) current a/c.....
(b) Deposit a/c.....
- 8) Any other realisable assets.....

.....
Have you any prospect of receiving money in the future?.....

If so, what?

Have you ever applied, or are you applying, to any other Almshouse or Benevolent Institution?.....

If so, please give name and date of application.....

.....
What is your present state of health?.....

What is your wife's present state of health?

Name and address of your doctor:.....

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.....
.....

Please note that we will need to ask your doctor to conduct a medical and supply us with for a confidential report on your medical condition and suitability for living independently in the accommodation available at St Cross. This report will be seen by the Trustees and will remain confidential. We will not ask your doctor to disclose confidential medical information.

Please use this page to include any additional information that you feel may be helpful to the Trustees:

N.B. Under Clause 53 of the Scheme, the Trustees may make it a condition of appointing or permitting a person to be or remain a Brother that he shall from resources available to him:

- a) contribute a weekly sum towards the cost of maintaining the Hospital and essential services therein but so that the amount of the weekly sum shall not -
 - i) be such as to cause hardship to him
 - ii) be more than the amount approved from time to time by the Charity Commissioners
- b) contribute towards the cost of lighting and heating the Hospital and providing hot water therein
- c) contribute towards the cost of providing meals

The details given above by me are true and complete to the best of my belief

I give consent for the Trustees of the Hospital of St Cross to apply to my doctor for medical information relevant to my application and for my doctor to release such information.

Signed

Date

Please send this Application to:

The Administrator & Clerk to the Trustees
The Hospital of St Cross & Almshouse of Noble Poverty
St Cross Road
WINCHESTER S023 9SD