

LAPP'S CHARITY

St. Nicholas' House, 14, Cove Street, Cork
Telephone: +353 21 500 5080 EMail: secretary@corkchurchofireland.com

CHY No.548 RCN No. 20000837

Application Form for Lapp's Court

Private and Confidential

Notes (Please read carefully)

Residence at Lapp's Court is entirely dependent on the ability of an applicant to live independently without supports.

All information provided will be treated in the strictest confidence.

This application form must be completed in full by the applicant him or herself, not by a third party. Please attach additional sheets if space for any answer on this form is inadequate.

A separate form must be completed in respect of each adult applicant intending to reside in a house at Lapp's Court if offered accommodation. Incomplete application forms will not be considered.

All prospective residents will be required to sign a Form of Agreement prescribed by the Trustees, and, if considered necessary, to undergo a medical examination by a practitioner selected by the Trustees.

The Trustees reserve the right to seek any further information on the applicant's medical, financial or other circumstances which they may consider necessary.

The Trustees reserve the right to seek independent confirmation of any of the information supplied in this application. Application forms that are subsequently found to be inaccurate will be rejected and any offer of accommodation will be withdrawn.

If admitted as a resident you will be required to complete a registration form to provide additional information and to update that information from time to time, or in the event of a change in any of the information provided.

When submitting this application form it should be accompanied by:

- A photocopy of a document confirming your identity
- A photocopy of a utility bill confirming your current address
- A certificate from your pension provider, bank or other financial institution vouching for the financial information provided within this application

Surname:	
Year of Application	

Applicant

Surname:	
Title:	
Christian Names:	
Date of Birth:	
Place of Birth:	
PPS Number:	
Religious Denomination:	
Full Current Postal Address:	
Eircode:	
Current occupation:	
Name of Employer:	
Address of Employer:	
Email of Employer:	
Please list briefly previous occupations, employments and locations:	
Type of accommodation preferred at Lapp's Court	One Bedroom Two Bedrooms

Next of Kin

Please provide the names and addresses of your family or next of kin (use a separate typewritten sheet if necessary)

Name	
Full postal address	
Postal or Eircode	
Email	
Telephone	

Name	
Full postal address	
Postal or Eircode	
Email	
Telephone	

Name	
Full postal address	
Postal or Eircode	
Email	
Telephone	

Name	
Full postal address	
Postal or Eircode	
Email	
Telephone	

Name	
Full postal address	
Postal or Eircode	
Email	
Telephone	

Income, Investments, and Savings

Please state (in €) the amount of your income received annually from the following sources:

Employments or trades:	
State Pension (contributory or non-contributory)	
Occupational or other pension/annuity	
Income from investments (list below):	
Other income (give details):	
Total annual income:	

Total cash in bank, building society, credit union, deposit account etc:	
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Please list financial institutions where your cash is held:	
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If receiving income from investments, please give source and annual income (continue on a separate sheet, if necessary)

Source	Income € per annum

Property

Do you own the house in which you currently reside?	Yes No
If 'yes' what is the current value of that property?	€
If 'No' please give particulars of your present accommodation:	
Rent paid (state whether per week or per month)	€

Do you own any other property?	Yes No
If 'yes' please give details and current valuations:	

References

Please give the names and addresses of two referees from whom references with regard to the applicant's suitability for residence in this type of accommodation may be sought.

Referees may not be relatives of applicants.

Suggested referees are, for example, an employer, a former employer, a doctor or other professional, a legal adviser, a public representative who knows the applicant well.

Name of Referee:	
Occupation of referee:	
Full Postal address of referee:	
Eircode of referee:	
Email of referee:	
Telephone of referee:	

Name of Referee:	
Occupation of referee:	
Full Postal address of referee:	
Eircode of referee:	
Email of referee:	
Telephone of referee:	

Emergency Contacts and Family Support

Please give the names and addresses of two next of kin – both of whom should be younger in age than the applicant - who may be contacted in case of an emergency or who will undertake to remove the applicant if necessary or if the applicant is no longer capable of independent living at Lapp's Court:

Name of next of kin:	
Full Postal address	
Eircode	
Email	
Telephone	

Name of next of kin:	
Full Postal address	
Eircode	
Email	
Telephone	

Legal Representative

Please give the name and address of your legal representative who is to be contacted in the event of your death.

Name	
Full Postal address	
Eircode	
Email	
Telephone	

Declaration

I confirm that all of the information I have supplied in this application form is accurate and true.	Yes No
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I know of no reason that would render me unsuitable for residence at Lapp's Court.	Yes No
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If offered a residence at Lapp's Court I agree to sign the Form of Agreement provided by the Charity, to comply with the Rules of the Trust and any lawful orders or regulations implemented by the Charity from time to time.	Yes No
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If offered a residence at Lapp's Court I will pay my utility bills in full, a share of the cost of refuse collection, and will pay to the Charity the agreed monthly amount, as well as a proportion of any other costs in relation to the residence that may be apportioned by the Charity from time to time.	Yes No
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Print Name:	
Signature:	
Date:	

This form, when completed, should be returned to
The Secretary, Lapp's Charity, St. Nicholas' House, 14, Cove Street, Cork T12 RP40