



Methodist Ministers'
Housing Society

Please complete this form and email or send to address below

1 YEAR OF RETIREMENT

Please tick 2022 2023 2024 2025 2026
 2027 2028 2029 2030 Other _____

2 YOUR HOUSEHOLD

Applicant(s)

	Lead applicant	Second applicant
Title		
Forename(s)		
Surname		
Phone/mobile		
Email		
Date of birth		
NI number		

Address at time of application

Full address

Post code

Other household members

Will you have anyone else living with you? Yes No If yes, please give details below.

Full name	Relationship to you	Over or under 18?

Please turn over

Place of business and registered office: MMHS, 109 Baker Street, London W1U 6RP

T 020 3848 6020 **E** admin@mmhs.org.uk **W** mmhs.org.uk

Methodist Ministers' Housing Society is a registered charity Nos 1186758 (England and Wales)
and SC050661 (Scotland) and Company No 11929754.

3 ELIGIBILITY FOR AN MMHS HOME

3a Length of service

You would be expected to have completed 10 years of eligible service with the Methodist Church

See notes for details

Church/Circuit (or equivalent appointment)	Position held	Start (year)	End (year)	Please tick	
				Full time	Part time

3b Estimate of income and capital assets

Will you be in receipt of your full Methodist Church pension at the point of your retirement? Yes No

Please provide full details of your expected annual income at the point of retirement together with details of your capital assets as at the date of this application.

	Lead applicant	Second applicant
Annual income (gross) Include: church pension, state pension and any privately arranged pension or income	£	£
Total		
All capital assets Exclude: property which is dealt with separately and any lump sum you will be opting for on retirement from the Methodist Church Pension Scheme but include any other lump sums. Include: current accounts, savings accounts, unit and/or investments trusts, all bonds and stocks, all shares money market instruments and premium bonds – including those held in tax wrappers like ISAs, TESSAs and PEPs	£	£
Total		

Do you currently own or have a financial interest in any property? Yes No

If the answer is 'yes' to the previous question about a property, please state the **net** value (after mortgage repayment etc.) of your share.

£

£

Have you owned or had a financial interest in any property at any time? Yes No

If the answer is 'yes' to the previous question, please confirm the period during which you owned a property and the reason for disposal.

4 YOUR PROPERTY AND LOCATION NEEDS

4a Preferred location for retirement

We have a dynamic property portfolio and, when we can, we try to find retirement homes from this. However, we cannot always guarantee a specific location.

Please indicate which Districts are of interest to you at this time, you may tick as many as you wish at this stage.

- | | | |
|---|--|--|
| <input type="checkbox"/> Birmingham | <input type="checkbox"/> Wolverhampton & Shrewsbury | <input type="checkbox"/> Lancashire |
| <input type="checkbox"/> Bristol | <input type="checkbox"/> Shetland | <input type="checkbox"/> Liverpool |
| <input type="checkbox"/> Chester & Stoke-on-Trent | <input type="checkbox"/> South east | <input type="checkbox"/> Newcastle upon Tyne |
| <input type="checkbox"/> Cumbria | <input type="checkbox"/> Bedfordshire, Essex & Hertfordshire | <input type="checkbox"/> Nottingham & Derby |
| <input type="checkbox"/> Darlington | <input type="checkbox"/> Bolton & Rochdale | <input type="checkbox"/> Sheffield |
| <input type="checkbox"/> Isle of Man | <input type="checkbox"/> Channel Islands | <input type="checkbox"/> Scotland |
| <input type="checkbox"/> Lincolnshire | <input type="checkbox"/> Cornwall & Isles of Scilly | <input type="checkbox"/> Yorkshire West |
| <input type="checkbox"/> Manchester & Stockport | <input type="checkbox"/> Cymru/Wales | <input type="checkbox"/> London |
| <input type="checkbox"/> Northampton | <input type="checkbox"/> East Anglia | <input type="checkbox"/> Yorkshire north & East District |
| <input type="checkbox"/> Plymouth & Exeter | | <input type="checkbox"/> Anywhere |
| <input type="checkbox"/> Southampton | | |

4b Preferred type of property

- House Bungalow Flat *with* Garden Shed Garage
Bedrooms: 1 2 3

4c Medical or welfare needs

Please provide information to explain your **key needs** such as those linked to mobility issues, family support and medical conditions. *Continue on a separate sheet if necessary.*

5 DECLARATIONS

- I/we confirm that the information given above is correct and accurate to the best of my/our knowledge.
- I/we confirm that I/we have not knowingly withheld any relevant information from the Society.
- I/we understand that the Society's auditors can request verification of any figures given.

	Signature	Date
Lead applicant		
Second applicant		

Privacy We will use your information to provide you with the services, products or information you have requested, for administration purposes and to further our charitable aims. Contact details (name, address, telephone no, email address) may be shared with third parties such as contractors to enable them to access properties owned by MMHS. The MMHS Privacy Policy can be found online at mmhs.or.uk/your-privacy

- Please **tick the box** to confirm that you have been given the **opportunity** to locate, read and understand the MMHS Privacy Policy.