



NEW APPLICANT FORM

Please complete this form and email or send to address below

1 YEAR OF RETIREMENT

Please tick 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	
Postcode	

Other household members

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

Full name	Relationship to you	Over or under 18?

3 ELIGIBILITY FOR AN MMHS PROPERTY

3a Length of service

You should have completed 10 years of eligible service with the Methodist Church in Britain. *(Please contact us for full details on service eligibility.)*

Please tick

Circuit/District/Connexional	Position held	Start (year)	End (year)	Full time	Part time

3b Estimate of income and capital assets

Will you be in receipt of your full pension entitlement from the Methodist Ministers' Pension Scheme (MMPS) at the point of your retirement?

Yes

No

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

Annual income (gross) Include:	£	Lead applicant	£	Second applicant
MMPS pension				
state pension				
other privately arranged pension				
other income				
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.	£	£
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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.	
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All other capital assets
Exclude any pension lump sum you will be opting for on retirement from the MMPS but include any other lump sums.

		Lead applicant		Second applicant	
Include:		£		£	
current accounts					
savings accounts					
unit and/or investments trusts, all bonds and stocks, all shares and money market instruments – including those held in tax wrappers like ISAs, TESSAs and PEPs					
premium bonds					
Total					

4 YOUR PROPERTY AND LOCATION NEEDS

4a Preferred location for retirement

Please note it may not be possible to accommodate your preferred location due to the availability and cost of suitable homes. You are welcome to indicate more than one preference.

4b Preferred type of property

House

Bungalow

Bedrooms:

2

3

4c Medical or welfare needs

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

5 ADDITIONAL INFORMATION

Please let us know if you think you may not need MMHS housing for the full duration of your retirement. By way of example, one reason may be receipt of inheritance. You may also include any other information you feel is relevant to your application.

6 DECLARATIONS

- I/We confirm that the information provided is true and correct.
- I/We understand that any wilful inaccuracies may result in my/our application being declined.
- I/We understand that auditors can request verification of any figures and information 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. The MMHS Privacy Policy can be found online at mmhs.org.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.