

# Gospel Standard Bethesda Fund

## APPLICATION FORM

When Complete please return to:-

The General Manager  
Bethesda General Office  
12(b) Roundwood Lane  
Harpenden  
Hertfordshire  
AL5 3BZ

## General Details

Surname: \_\_\_\_\_ Other Names: \_\_\_\_\_

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

\_\_\_\_\_ Post Code: \_\_\_\_\_

Telephone: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Marital Status: \_\_\_\_\_ Maiden Name: \_\_\_\_\_

Reason for wishing to consider a place in Bethesda, including details of any sickness or Infirmary:

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## Financial Circumstances

Please complete the separate financial details form and, once this form has been signed by your Pastor/Minister and Deacons, please return together to the Bethesda General Office.

## Other details

- (a) Have you any relatives or friends able to care for you in an emergency?
- (b) Please state if there are any particular reasons which make an early entry to a home desirable:
- (c) Is your need of care urgent?
- (d) Please give details of any help received towards living at home from your local Social Services department:

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(e) Please state preferred Home or Homes in order of preference

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(f) Would you consider a Bethesda Flatlet before entering a home?

If yes please tick preference: Harpenden / Redhill

**Chapel Details**

I am a member of the Gospel Standard Strict Baptist Church at:

\_\_\_\_\_

**or**

I have regularly attended the Gospel Standard Strict Baptist chapel at:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I hereby make application for the Bethesda list of approved applicants and confirm my full agreement to the Gospel Standard Articles of Faith.

Date: ..... Signature: .....

**Recommendation:** Where there is a pastor on the Gospel Standard list of ministers, the signature of the pastor alone is sufficient. In other cases the form must be signed by a Gospel Standard minister and also the pastor (if any) and deacons.

I have known \_\_\_\_\_ for \_\_\_\_\_ years and confirm he/she is suitable to become a Bethesda resident.

Date \_\_\_\_\_ Signed \_\_\_\_\_ Pastor/Minister

Date \_\_\_\_\_ Signed \_\_\_\_\_ Deacon

Date \_\_\_\_\_ Signed \_\_\_\_\_ Deacon



# GOSPEL STANDARD BETHESDA FUND

Registered Charity 209376

## FINANCIAL DETAILS TO ACCOMPANY THE APPLICATION FORM

- This form must be returned to the General Manager at the same time as the Application Form.
- Full details are required in all cases
- This form is confidential to the Bethesda Fund Committee and will not be disclosed to any other person outside of the Bethesda organisation.

Name: .....

You own a house? ..... Amount of any outstanding mortgage: .....

If under £500,000 please state value: ..... If value over £500,000 please tick here: ...

Savings and investments:

If under £300,000 please state value: ..... If value over £300,000 tick here: .....

Income (enter below, either weekly or calendar monthly, whichever is the most convenient)

	Per week	Per calendar month
State retirement pension		
Private pension		
Approximate savings/investment income		
Attendance allowance		
Council tax support		
Disability living allowance		
Housing benefit		
Pension credit		
Universal credit		
Any other income or benefits		

To the best of my knowledge the above information is correct.

Signed: .....

Date: .....