

**RICHARD WATTS AND THE CITY OF ROCHESTER
ALMSHOUSE CHARITIES**

Telephone: 01634-842194
Fax: 01634-409348

Administrative Offices
Watts Almshouses
Maidstone Road
ROCHESTER
Kent ME1 1SE

ALMSHOUSE APPLICATION FORM

**ALMSHOUSE ACCOMMODATION IS AVAILABLE ONLY TO RESIDENTS OF ME1 AND ME2 WHO ARE
AT LEAST 65 AND NO LONGER WORKING**

It is a Charity Commission requirement to investigate the personal circumstances of applicants. The personal data supplied on this form will be held on file. Some details may be checked with relevant organisations, but none will be disclosed for any inappropriate purpose. You may have access to your personal information on request.

	APPLICANT	JOINT APPLICANT
Surname		
First Name(s)		
Address & Postcode		
Telephone Number		
Date(s) of Birth		
Marital status		
How long have you lived in Rochester / Strood?		
Present state of health (please give details of any medical conditions)		
Name & Address of GP:		
Do you or your spouse/partner own your present accommodation?	Yes/No	
If YES, is this freehold or leasehold?		
If YES, what is the present estimated value of the property?	£	
What are your intentions regarding this property if you are offered an		

Almshouse?	
How much money do you still need to repay on a mortgage associated with this property	£
If there is no mortgage on the property, please write NONE	
Do you or your spouse/partner own property other than the one you live in? If YES please give details	YES/NO
If the property you live in is rented please give the name and address of the landlord.	
If any part of your current accommodation is shared please give details.	
If your current accommodation is in need of repairs or basic facilities (such as hot water, central heating etc.,) please give details.	
Please give reasons on why you are seeking almshouse accommodation with Richard Watts Charities. (if insufficient space please continue on a separate sheet)	

The Charities have groups of Almshouses at

- Watts Almshouses, Maidstone Road, Rochester (including Donald Troup House)
- Reeves House, Watts Avenue, Rochester (Couples only)
- St Catherine's Hospital, Star Hill, Rochester
- Hayward House, Corporation Street, Rochester

If you have a preference, which location would you prefer?

Whilst the preference will be noted it cannot be guaranteed that this will be met.

FINANCIAL DETAILS

Income Amount per month £			Expenditure Amount per month £		
State Pension		Per month	Rent		Per month
Universal Credit		Per month	Mortgage		Per month
Income Support		Per month	Council tax		Per month
Attendance Allowance		Per month	Water Charges		Per month
PIP /Disability Living Allowance		Per month	Gas		Per month
Housing Benefit		Per month	Electricity		Per month
Council Tax Benefit		Per month	Other Heating		Per month
Employment Support Allowance		Per month	Telephone		Per month
Unemployment Benefit		Per month	TV Rental		Per month
Job Seekers Allowance		Per month	TV Licence		Per month
Industrial Injury Benefit		Per month	Insurances		Per month
Interest on savings		Per month	Cost of Care		Per month
Private Pensions		Per month	Vehicle expenses		Per month
Shared Occupants Contribution towards household expenses		Per month	Other expenditure (please give details)		Per month
Other Capital Bank/building society/savings accounts Stocks/shares/investments		Per month			
			Please give itemised details of any current debts (if insufficient space please continue overleaf)		
Savings: £					
Totals:					
<p>Have you, during the last seven years, made any gift to a relative of capital property or money) valued at more than £10,000. If YES, please give following details:</p> <p style="text-align: right;">Date(s) of gift(s) Recipient of gift(s) Amount (or nature) of gift(s)</p>			YES/NO		

Are there any health or social factors that you would wish the Trustees to take into consideration when assessing your application? Also, please state if there are specific medical reasons you wish to have considered. The Trustees may wish to consult your GP (in confidence) in connection with your application in which case your permission will be sought.

The Charities governing instrument states that residents should be of good character and so we need to ask if you have any criminal convictions. A conviction will not automatically exclude you from being considered as an applicant but the Trustees need to be fully aware of your circumstances. Do you have any criminal convictions

YES / NO

NAME AND ADDRESS OF TWO REFEREES: (these should not be relatives and their consent should be obtained)

I certify that the information given is correct to the best of my knowledge and belief and that this application for Almshouse accommodation is submitted in good faith.

Signature of Applicant:

Signature of Joint Applicant

Date:

The Trustees reserve the right to visit you at home prior to making an award.

THIS APPLICATION MAY TAKE AT LEAST TWO MONTHS TO PROCESS

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FOR OFFICE USE ONLY	
Referred by:	
Net disposable income	£
Date of first application	
Priority Band	
Interviewed by:	
Awarded:	
Date advised:	
Other action, if any:	