

**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

**Grant Application Form**

**GRANTS ARE AVAILABLE ONLY TO RESIDENTS OF ME1 AND ME2**

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.

<b>Name:</b>					
<b>Address:</b>					
<b>Telephone No:</b>				<b>Date of Birth:</b>	
<b>Marital status:</b> (please indicate as applicable)		Married / Single / Divorced / Separated		<b>Does anyone share your accommodation ?</b> Yes <input type="checkbox"/> No <input type="checkbox"/>	
<b>Names and ages of children:</b>					
1			4		
2			5		
3			6		
<b>Please give a brief description of your family circumstances:</b>					
<b>School uniform grant:</b> Please give name of school(s)					
<b>Financial assistance</b> (please state amount required and reason for application)					

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**FINANCIAL DETAILS** (If applicant is in full time education, please give family 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
Child Benefit		Per month	Telephone		Per month
Family/Child Tax Credit		Per month	TV Rental		Per month
Employment Support Allowance		Per month	TV Licence		Per month
Unemployment Benefit		Per month	Insurances		Per month
Job Seekers Allowance		Per month	Vehicle expenses		Per month
Industrial Injury Benefit		Per month	Cost of Care		Per month
Earnings: Self: Other(s) living with you:		Per month	Other expenditure (please give details)		Per month
Interest on savings		Per month	Please give itemised details of any current debts (if insufficient space please continue overleaf)		
Private Pensions		Per month			
Shared Occupants Contribution towards household expenses		Per month			
Other income		Per month			
Savings: £					
<b>Total:</b>			<b>Total:</b>		

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**PLEASE ATTACH COPY OF BENEFIT DETAILS i.e. confirmation letter etc.**

<b>Please state where else you have applied for assistance and the result of the application:</b>	
<b>Additional information in support of application:</b> (if insufficient space, continue on a separate sheet).	
<b>I confirm that the information given is correct.</b>	
<b>Signature</b>	<b>Date:</b>

**THIS APPLICATION MAY TAKE AT LEAST TWO MONTHS TO PROCESS**

Trustees of Richard Watts Charity reserve the right to visit applicants prior to making any grant award.

**Application for Grant assistance must be supported in writing by an appropriate professional person, i.e.**

- General Grants** = Social Worker, Health Visitor, Doctor, District Nurse
- Educational Grants** = Education Welfare Officer, Course Tutor, Teacher, Head Teacher
- School Uniform Grants** = Social Worker, Educational Welfare Officer
- Medical Grants** = Doctor, District Nurse or other Medical Professiona

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<b>FOR OFFICE USE ONLY</b>
<b>Referred by:</b>
<b>Interviewed by:</b>
<b>Awarded:</b>
<b>Date advised:</b>
<b>Other action, if any:</b>