

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

Lawn Cutting Service Application Form
SERVICES 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.

	APPLICANT	PARTNER
Surname:		
First Name:		
Address:		
Telephone No:		
Date of Birth:		
Marital status: (please indicate as applicable)	Married / Single / Divorced / Separated	
Present state of health (please give details of any medical conditions)		
Please give a brief description of your family circumstances:		
State fully why your family cannot help you carry out the gardening:		

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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
Private Pensions		Per month	Vehicle expenses		Per month
Earnings: Self: Other(s) living with you:		Per month	Cost of Care		Per month
Interest on savings		Per month	Other expenditure (please give details)		Per month
Shared Occupants Contribution towards household expenses		Per month			
Other income		Per month			
			Please give itemised details of any current debts (if insufficient space please continue overleaf)		
Savings: £					
Totals:					

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

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The information given is correct to the best of my/our knowledge. (delete as applicable)

Signature of Applicant:

Signature of Partner:

Date:

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.

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