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

Home Help 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
	APPLICANT	PARTNER
Surname:		
First Name:		
Address:		
Tolonhana No.		
Telephone No:		
D (CD: 11		
Date of Birth:		
Marital status: (please	Married / Single / Divorced / Sep	arated
indicate as applicable)		
Present state of health		
(please give details of any		
medical conditions)		
modrati comunicist,		
Please give a brief		
description of your		
family circumstances:		
rannity en campanices.		
Name of Social		
Services Care Manager		
(if applicable)		
\ FF /		
Emergency Contact:		

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FINANCIAL DETAILS

Income Amount per month £		Expenditure Amount per month £		
State Pension	L	Rent		L
Income Support		Mortgage		
Attendance Allowance		Council tax		
Disability Living Allowance/PIP		Water Charges		
Housing Benefit		Gas		
Council Tax Benefit		Electricity		
Employment Support Allowance		Other Heating		
Unemployment Benefit		Telephone		
Job Seekers Allowance		TV Rental		
Industrial Injury Benefit		TV Licence		
Earnings: Self: Other(s) living with you:		Insurances		
Interest on savings		Cost of Care		
Private Pensions		Vehicle expenses		
Shared Occupants Contribution towards household expenses		Other expenditu (please give details)		
Other income		Please give item details of any cu debts (if insufficien please continue ove	rrent nt space	
Savings: £				
Totals:				
Signature:		I	Date:	

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