

C J GALLARD'S ALMSHOUSES' CHARITABLE TRUST

To consider an application for a flat, the Trustees require information to enable them to judge each case on its merits and to ensure applicants meet the criteria laid down for the operation of the Charity. If an applicant is considered suitable but there are no vacancies, their name will be placed on a list of applicants. However, there is no guarantee that a flat will be offered. If a flat is vacant at the time a decision is made it may be offered immediately.

Applicants should be at least 55 years of age, normally with residence in the Borough of Tunbridge Wells and limited financial means but able and willing to live independently in a sheltered housing complex. Priority is given to applicants from Southborough.

All sections of this application must be completed fully, incorporating as much detail as possible. Documentary proof will be required, and references taken up if an applicant is considered by the Trustees to be a potential candidate. Additional information in support of the application should be noted on a separate sheet and attached.

Applicants must note that pets are not normally acceptable so if you have a pet this should be raised at an early stage.

1. Personal Information

*(*Please ring the appropriate word)*

Surname: Forename(s):

Address: Post Code:

Telephone Nos: (Home) (Work) (Mobile)

Years at the above address: (If less than 5 years, please list previous addresses on a separate page)

National Insurance No: Date of Birth: Place of Birth:

Marital Status: (*Married, Divorced, Separated, Single, Partnership)

2. Present Accommodation Information

What is your present home? *House/Bungalow/Flat/Lodgings/Hostel/Other (provide details)

Do you own the accommodation? *Yes/No. If "Yes", do you intend to sell it? *Yes/No. Market value £.....

How many rooms do you have? Do you share - the kitchen? *Yes/No - the bathroom? *Yes/No

How much *mortgage/rent do you pay for your present accommodation? £ per *week/month

How much Council Tax do you pay? £ per annum

List other regular payments such as water, electricity, gas, telephone, TV licence, HP agreements:

3. Financial Information

Income - Salary/Wages: £ per *week/month from
(name of organisation(s))

State Pension: £ per *week/4 weeks

Other Pension(s): £ per *week/month from
(name of organisation(s))

Social Security Benefit(s): £ per *week/month for

Income from savings/investments: £ per *week/month/year
(name of organisation(s))

Other (inc Tax Credits): £ per *week/month/year from
(name of organisation(s))

Savings/ - £ Property, Investments and/or other assets owned:
Investments In your own name or jointly with others:

Do you pay tax to HM Revenue and Customs? *Yes/No

Do you pay National Insurance? *Yes/No

4. Health and Independence

The Trustees will need to be assured that your state of health is suitable for you to live an independent life, so they will require information from your doctor who should be authorised by you, in writing, to respond to an enquiry.

Are you able to climb stairs so that you could live in a first floor flat with no lift access? *Yes/No

Doctor's Name: Surgery Telephone No:

Address: Post Code:

Next of Kin: Name: (*Mr/Mrs/Miss/Ms) Relationship:

Address: Post Code:

Telephone Nos: (Home) (Work) (Mobile)

In the event of an emergency, contact would need be made with your next of kin, a local member of your family and/or a friend who would be prepared to assist you (the Call System Staff are limited to making initial telephone calls to emergency services or your contact(s) after establishing the nature and extent of a problem).

First Emergency Contact: Name: (*Mr/Mrs/Miss/Ms) Relationship:

Address: Post Code:

Telephone Nos: (Home) (Work) (Mobile)

Other Emergency Contact: Name: (*Mr/Mrs/Miss/Ms) Relationship:

Address: Post Code:

Telephone Nos: (Home) (Work) (Mobile)

5. Referees

References will be invited from at least a further 2 people, not family, who have known you for at least 5 years. Please provide contact details and advise them they may be approached.

Name: (*Mr/Mrs/Miss/Ms) Relationship:

(ie Friend, workmate, social worker)

Address: Post Code:

Telephone Nos: (Home) (Work) (Mobile)

Name: (*Mr/Mrs/Miss/Ms) Relationship:

(ie Friend, workmate, social worker)

Address: Post Code:

Telephone Nos: (Home) (Work) (Mobile)

6. Statement

My reasons for wishing to move into an Almshouse flat (sheltered accommodation) are:

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I understand and accept that if I am appointed as a beneficiary resident, I shall not be a tenant. Any weekly amount that I pay will be a maintenance contribution and not a rent payment, and it will be paid weekly in advance by banker's standing order. I agree to abide by the guidelines contained in the Residents' Handbook and to meet the obligations of the licence to occupy a flat.

The above information is complete and true to the best of my knowledge.

Applicant's Signature: Date:

Please return the fully completed application form to the Clerk to the Trustees: 27 Gallard's Close, London Road, Southborough, Tunbridge Wells, Kent, TN4 0NB.

Data Protection Statement: CJ Gallard's Almshouses collects personal information from you when you apply for residency in one of our flats. We will use this information to provide the services requested, investigate the personal circumstance of applicants and to maintain records. C J Gallard's Almshouses will not share your information for marketing purposes. For more information explaining how we use your information please see our privacy notice available on our website or by request.