



Registered Address: The Lodge, St Thomas's Almshouses, Gravesend, Kent DA11 7LA
Tel : 07745 524164 Email: enquiries@pinnocks.org Website: www.pinnocks.org
Company number: 12829512

The Pinnock's Charities provide housing for people in need who have usually lived in the area of the Borough of Gravesham for at least 10 years. The accommodation is for those aged 60+ who can live independently, and it is not supported living or a care or nursing home setting.

The criteria used to establish need is in most cases if the applicant is in receipt of, or eligible for Housing Benefit, or partial Housing Benefit, and the applicant is on Gravesham Council's housing register.

APPLICATION FORM FOR ST THOMAS'S ALMSHOUSES GRAVESEND

Section 1 – About You.

Are you currently in receipt of, or eligible for Housing-related Benefit (or partial housing-related benefit), through the local authority? Yes / No

If YES, please complete the rest of the information on this application form, and return to the address above.

If you are unsure whether you are eligible, please contact your local authority or look online to establish this. We will ask for evidence of this as part of the application process.

Applicant 1: Full Name.....Mr/Mrs/Miss/Ms.....

Applicant 2: Full name (if applicable and if this is a joint application)

..... Mr/Mrs/Miss/Ms.....

Your Current Address

.....

.....

Post Code.....

Length of time at this address.....Council Tax Band.....

If less than 10 years at this address please state other addresses for that period (continue on the last page if needed):

.....
.....

Home Telephone No.

Applicant 1: Mobile No.

Applicant 2: Mobile No.....

Applicant 1: Email address

Applicant 2: Email address

App 1: Date of Birth.....Age.....Marital Status.....

App 2: Date of BirthAge.....Marital Status.....

App 1: National Insurance No.

Occupation.....

App 2: National Insurance No.....

Occupation.....

Section 2 – About your Family

Next of kin.....

Relationship.....

Address.....

.....

.....Post

Code.....

Telephone No.Mobile No.

Would they assist in case of illness

Section 3 – About your present home

Type of accommodation (e.g. 3 bedroom house, 2 room flat):

.....

Do you, or your partner, own it? Yes/No

If “yes” what is its present estimated value? £.....

If you do not own the property where you currently live, who does own this property?:

.....

Is that person related to you in any way? If **YES** what is the relationship?

.....

If rented please give the name and address of the Landlord:

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.....

Current rent £.....per week/month

Do you receive Housing Benefit Yes/No

Do you receive help under the Council Tax Reduction support scheme Yes/No

Why do you wish to leave your present accommodation?

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.....

.....

What are your intentions regarding your current property if you are appointed to an almshouse?

.....

.....

If you own it is there a mortgage outstanding on the property and, if so, how much is outstanding? If there is no mortgage, please write NONE.

.....

If you or your partner own property other than the one in which you live, please give details below. This should include property owned abroad as well as in the UK:

Address.....

.....

.....Post

Code.....

Section 4 – Your Income

To enable the Trustees to assess your application, please provide the following information. This should include details of all sources of income and state how regularly you receive them, e.g. weekly, monthly or annually:

	Amount	Frequency
<p>Pensions</p> <ol style="list-style-type: none">1. State Retirement Pension2. Pension paid by a past employer3. Private Pension4. Widow's pension5. Any other pension		
<p>Social Security Benefits</p> <ol style="list-style-type: none">1. Pension Credit2. Housing Benefit3. Attendance Allowance4. Any other benefits		
<p>Other Income</p> <ol style="list-style-type: none">1. Annuities2. Bank Deposit Account(s)3. Building Society Account(s)4. Investments5. Renting property or land that you own6. Grants from a Charity7. Financial assistance from a relative/friend8. From a trust fund9. Any other income – please give details <p>(continue on the last page if more space needed)</p>		

Section 5 – Your Capital

- | | |
|----------------------------------|-----------------|
| 1. Bank Accounts | Current Balance |
| | |
| 2. Building Society Accounts | Current Balance |
| | |
| 3. Shares | Current Value |
| | |
| 4. National Savings Certificates | |
| | |
| 5. Unit Trusts/Investment Bonds | |
| | |
| 6. Premium Bonds | |
| | |

Section 6 – About your Health and Social Factors

Are you able and willing to look after yourself and your accommodation?.....

Please give details of any significant illnesses, injuries or operations during the last five years

.....

Are there any health or social factors that you would wish the Trustees to take into consideration when assessing your application?

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.....
.....

Are you receiving continuing treatment for any of the above?

.....
.....

Name and address of your G.P.....

..... Post Code.....

Where possible, please ask your GP to confirm that in his/her opinion you (both of you if a joint application) are able to look after yourself, noting any disability which may require special attention. We may request a report from the GP, and you are asked to sign to agree to us doing this, at the end of the form.

GP's Name.....

Signature.....

Do you have a conviction which is not spent under the Rehabilitation of Offenders Act 1974?
Yes/No

If YES, please provide details:

.....
.....

Section 7 – References

Please give the names and addresses of two responsible people (not relatives) who know you well and whom the charity may approach for a reference.

1. 2.
.....
.....
.....

Post Code..... Post Code.....

Section 8 – Declaration

- I/We have read the charity’s Conditions of Entry and believe that I/We am/are eligible to apply to live in one of the charity’s almshouses.
- I/We declare that the information given in this application is correct and complete to the best of my/our knowledge and belief.
- I/we accept that if I/We am/are appointed as a resident I/We shall be a beneficiary of the charity and not a tenant. Any weekly sum I/We pay will be a maintenance contribution and not a rent.
- I/We confirm that I am/we are able to look after myself/ourselves, with the assistance of family and social services if necessary.

App 1: Signature.....

App 2: Signature.....

PLEASE PRINT NAME/S IN CAPITAL LETTERS

App 1: Name.....

App 2: Name

Date.....

Data Protection Statement: it is part of the trustees’ responsibilities to ensure that applicants for almshouses are suitably qualified under the terms of the charity’s governing document. Trustees, therefore, need to investigate the personal circumstances of applicants. The personal data supplied on this form and other information relating to an almshouse appointment or your care management will be held on file. Some details may be checked with relevant organisations, including your GP, but none will be disclosed for any inappropriate purpose. You may have access to your personal information on request.

PLEASE SIGN TO ACCEPT THAT your personal details may be held and used as described in the paragraph above.

Signed - Applicant 1:

Signed - Applicant 2:.....

Please return your completed application to: The Clerk, The Lodge, St Thomas’s Almshouses, Gravesend, Kent DA11 7LA

SPARE SPACE IF NEEDED: