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WOKINGHAM UNITED CHARITIES

APPLICATION FOR A FLAT AT WESTENDE ALMSHOUSES

Full name of applicant		
Address		
Postcode	Telephone no(s)	Nationality

How long have you lived at this address?years	How long have you lived in Wokingham ¹ ? years
If you do not live in Wokingham, what is your connection with the town?			
For how long have you had a connection with Wokingham?		 years

Marital status	<input type="checkbox"/> Single	<input type="checkbox"/> Married/in civil partnership	<input type="checkbox"/> Widowed	<input type="checkbox"/> Divorced
Is this a joint application for yourself and a spouse/ partner?	<input type="checkbox"/> Yes		<input type="checkbox"/> No	
If yes, full name of spouse/ partner				
Do you have a car?	<input type="checkbox"/> Yes		<input type="checkbox"/> No	
If yes, do you have a blue badge?	<input type="checkbox"/> Yes		<input type="checkbox"/> No	
There are limited parking spaces at Westende and it is unlikely a parking space will be available; however in some circumstances the Trustees may consider approving a grant for a season ticket in the adjacent council owned car park in Easthampstead Road.				

¹ The areas of benefit are the Parishes of Wokingham, Wokingham Without, St Nicholas Hurst, Ruscombe and Finchampstead.

Please complete the next section for both yourself and your partner, if you are making a joint application

		Self	Spouse or partner
Date of birth			
If you come to live in Westende we will need to know your National Insurance number (s). We may use these to seek a credit reference.	NI number		

If currently employed, please give details of current employer. We may ask them for a reference

Name of employer		
Address and postcode of employer		

Please give details of next of kin. In the case of a joint application, give an appropriate name(s) for both of you

Full name	
Address	
Postcode	e-mail
Telephone no(s)	
Relationship to applicant	
Are they able to help in cases of illness or emergency? <input type="checkbox"/> Yes <input type="checkbox"/> No	
<i>We reserve the right to contact your next of kin in at any time in connection with this application or subsequent residency.</i>	

Name of doctor

Address

Please state below your total monthly income, and where it comes from, in £ per month

	Self	Spouse or partner
State pension		
Housing benefit		
Other state benefits		
Other pensions		
Other income – please state all sources and the amount of each		
TOTAL, £ per month		

Do you or your spouse/ partner own, part own or have an interest in your present accommodation?

Yes No

If yes, what is the estimated value of the property/ your interest in the property?	£
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How much money do you still need to repay on any mortgage associated with this property? (If there is no mortgage please write NONE)	£
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What are your intentions regarding the property if you are offered a flat at Westende?	
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Do you have other savings and capital valued at over £25,000? Yes No

If yes, approximately how much are they worth?	£
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Please note you may be asked to provide proof of your financial position, evidence of benefit or income and may be asked to provide recent bank statements. We reserve the right to run a credit check. Please sign here to give your permission for this

Self Spouse/ Partner

Westende flats are offered to people in need. Please answer these questions to show how you meet our requirements. Continue on a separate sheet if necessary. More information will be helpful in making the case for your application.

Why do you want to leave your current property?	
Why do you want to come and live at Westende?	

Please give the name and address of two referees whom we may contact. (Not a member of your family)

Full name		Full name	
Address		Address	
Postcode		Postcode	
Tel		Tel	
How does this person know you?		How does this person know you?	
Have they given permission for us to contact them?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Have they given permission for us to contact them?	<input type="checkbox"/> Yes <input type="checkbox"/> No

It is a condition of accepting a flat at Westende that you can look after yourself and live independently.

Are there any health or social factors that you would wish the trustees to take into consideration when assessing your application, or any specific medical reasons you wish to have considered?	
Please confirm that the trustees may consult your GP (in confidence) in connection with your application.	<input type="checkbox"/> Yes <input type="checkbox"/> No

At interview we will ask for a copy of your passport or other document to prove your entitlement to live in the UK. Please bring such documents with you.

I certify that the above details are correct to the best of my knowledge and belief and that this application is submitted in good faith. I confirm that I able to look after myself and live independently, with the help of family and social services, if necessary. I accept that if I am appointed as a resident I shall occupy the flat as a beneficiary of the Charity. Any monthly sum I pay will be a maintenance contribution and not rent.	
I agree that the foregoing statements are true, and understand that if I am found to have made a false declaration I may have to leave Westende Almshouses.	
Applicant's signature	Date

In the case of a joint application, the same declaration must also be signed by your spouse/ partner

I certify that the above details are correct to the best of my knowledge and belief and that this application is submitted in good faith. I confirm that I able to look after myself and live independently, with the help of family and social services, if necessary. I accept that if I am appointed as a resident, I shall occupy the flat as a beneficiary of the Charity. Any monthly sum I pay will be a maintenance contribution and not rent.	
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Signature of spouse/ partner	Date

Please return the completed form, to:

Chief Administrator, Mrs T Hedgecox. Westende, London Road, Wokingham, Berks. RG40 1YA.
Telephone: 07598583513 Email: chiefadmin@wokinghamunitedcharities.org.uk

You may accompany this form with additional information from yourself, a member of the family or a friend to support your application.

If you subsequently wish to withdraw your application or your circumstances change after you have completed this form please notify the clerk.

Data Protection Statement The information given on this form is for the sole use of Wokingham United Charities in connection with your application to live at Westende and will not be used for any other purpose nor passed to any other person or organisation. The personal data supplied on this form, and other information relating to your appointment as a resident, or your care management, will be held on file. It is part of the Trustees' responsibility to ensure that applicants for places at Westende meet the requirements of the charity. Trustees therefore need to investigate the circumstances of applicants. 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.