

THE HENRY PINNOCK AND VICTORIA & ALBERT MEMORIAL CHARITY
19 Old Road West, Gravesend, Kent DA11 0LH
01474 353719. Email: clerk@pinnocks.org.uk
www.pinnocks.org.uk
Registered Charity No. 210365

The Henry Pinnock and Victoria & Albert Memorial Charity provides housing for people in need over 60 years of age who have lived in the area of the Borough of Gravesend or the ecclesiastical parishes of All Saints Perry Street or St Marks Rosherville for at least 10 years.

APPLICATION FORM FOR ST THOMAS'S ALMSHOUSES GRAVESEND

Section 1 – About You.

Full Name.....Mr/Mrs/Miss/Ms.....
Full Name of Partner.....Mr/Mrs/Miss/Ms.....
Address.....
.....
.....Post Code.....
Telephone No.Mobile No.
Length of time at this address.....Council Tax Band.....
If less than 10 years at this address please state other addresses for that period:
.....
.....
Date of Birth.....Age.....Marital Status.....
Date of Birth (2).....Age.....Marital Status.....
National Insurance No. Occupation.....
National Insurance No. (2).....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:

.....
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?

.....
.....
.....
.....
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>		
1. State Retirement Pension		
2. Pension paid by a past employer		
3. Private Pension		
4. Widow’s pension		
5. Any other pension		
<p>Social Security Benefits</p>		
1. Pension Credit		
2. Attendance Allowance		
3. Any other benefits		
<p>Other Income</p>		
1. Annuities		
2. Bank Deposit Account(s)		
3. Building Society Account(s)		
4. Investments		
5. Renting property or land that you own		
6. Grants from a Charity		
7. Financial assistance from a relative/friend		
8. From a trust fund		
9. Any other income – please give details		

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?

.....
.....
.....

Are you receiving continuing treatment for any of the above?

.....
.....

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

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

Please ask your doctor to confirm that in his/her opinion you are able to look after yourself, noting any disability which may require special attention.

Doctor'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.

Signature.....Signature.....

Name.....Name.....

PLEASE PRINT NAME IN CAPITAL LETTERS

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 but none will be disclosed for any inappropriate purpose. You may have access to your personal information on request.

Please return your completed application to: The Clerk to Pinnocks Charity, 19 Old Road West, Gravesend, Kent DA11 0LH