



Worcester Municipal Charities (CIO) Application for Sheltered Housing

Nash's & Wyatt's Court, New Street, Worcester WR1 2AG
Berkeley's Court, The Foregate, Worcester WR1 3QG

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PERSONAL DETAILS

Full Name/s of applicant/s

Name _____ Date of Birth _____ Nat Ins No _____

Name _____ Date of Birth _____ Nat Ins No _____

Present Address _____

Postcode _____

Telephone Number _____ How long have you lived at your present address? _____

Previous Address _____

Postcode _____ How long have you lived at your previous address? _____

If you live in Worcester please say how long _____ yrs. Start date _____

If you have lived in Worcester please say how long _____ yrs. Start date _____ End date _____

Are you retired? Mark with an **X** Yes _____ No _____ Occupation _____

Why do you want to live in this Sheltered Housing accommodation?

Where did you hear about this Sheltered Housing flat? _____

Would your Doctor support your application? Mark with an **X** Yes _____ No _____

Your Doctor's Name _____ Telephone _____

Address _____

Do you need ground floor accommodation? Mark with an **X** Yes _____ No _____

Have you ever been convicted of a criminal offence? Mark with an **X** Yes _____ No _____

If yes offence date _____ offence description _____

Have you ever been evicted? Mark with an **X** Yes _____ No _____

Your current landlord details

Name _____ Address _____

Postcode _____ Tel No _____



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YOUR PRESENT ACCOMMODATION

Are you? Please mark with an **X**

Owner/Occupier Private Tenant In Co-ownership Service Tenant Council Tenant

Lodger Housing Association Tenant Other please specify _____

Type of accommodation you occupy _____

If flat which floor? Mark an **X** Ground Floor 1st Floor or above Is there a lift? Yes No

Amenities available. Please mark with an **X**

WC (inside) Yes No Do you share? Yes No

Fixed bath or shower Yes No Do you share? Yes No

Hot water Yes No Do you share? Yes No

Have you any children? Mark with an **X** Yes No

If yes please give their names and present addresses

Mark with an **X** to indicate if any of your children are able to support and help you should your application for accommodation be successful

Name _____ Yes No

Address _____ Tel _____

Name _____ Yes No

Address _____ Tel _____

Name _____ Yes No

Address _____ Tel _____

Please state briefly any other matters you wish to be taken into consideration in support of your application



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CONFIDENTIAL FINANCIAL INFORMATION

It is essential that we have this information before your application is considered

What is your current income per week from the following sources?

Details	Amount £	Amount £
State Pension _____	_____	
Other Pension/s _____	_____	
Income Support _____	_____	
Disability Benefit/s _____	_____	
Housing Benefit _____	_____	Current Rent _____
Other State Benefit/s _____	_____	
Other Source/s, please give details below _____	_____	
Total weekly income		_____

Do you have any rent arrears? Mark with an **X** Yes _____ No _____ If yes how much? _____

Have you any savings or other assets? If so, please give details

Details	Amount £
Property _____	_____
Stocks and Shares _____	_____
Bank _____	_____
Building Society _____	_____

Declaration by the applicant(s)

I consent to the Charity making enquiries about this application with any statutory and/or voluntary agencies concerned and my present landlord

Signed/Name (Applicant) _____ Date _____

Signed/Name (Applicant) _____ Date _____

When completed this form should be returned to:
**Worcester Municipal Charities (CIO), Kateryn Heywood House
Berkeley Court, The Foregate, Worcester WR1 3QG**

or save and attach to email

admin@wmcharities.org.uk

For office use only

Date received _____