



# Worcester Municipal Charities (CIO) Application for Sheltered Housing

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

## 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 _____	_____	
<b>Total weekly income</b> _____		

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 \_\_\_\_\_