

RICHARD WATTS AND THE CITY OF ROCHESTER ALMSHOUSE CHARITIES

Telephone: 01634-842194
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Administrative Offices
 Watts Almshouses
 Maidstone Road
 ROCHESTER
 Kent ME1 1SE

Grant Application Form

GRANTS ARE AVAILABLE ONLY TO RESIDENTS OF ME1 AND ME2

It is a Charity Commission requirement to investigate the personal circumstances of applicants. The personal data supplied on this form 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.

Name:					
Address:					
Telephone No:				Date of Birth:	
Marital status: (please indicate as applicable)		Married / Single / Divorced / Separated		Does anyone share your accommodation ? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Names and ages of children:					
1			4		
2			5		
3			6		
Please give a brief description of your family circumstances:					
School uniform grant: Please give name of school(s)					
Financial assistance (please state amount required and reason for application)					

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FINANCIAL DETAILS (If applicant is in full time education, please give family financial details)

Income Amount per month		£	Expenditure Amount per month		£
State Pension		Per month	Rent		Per month
Income Support		Per month	Mortgage		Per month
Attendance Allowance		Per month	Council tax		Per month
Disability Living Allowance		Per month	Water Charges		Per month
Housing Benefit		Per month	Gas		Per month
Council Tax Benefit		Per month	Electricity		Per month
Child Benefit		Per month	Other Heating		Per month
Family/Child Tax Credit		Per month	Telephone		Per month
Employment Support Allowance		Per month	TV Rental		Per month
Unemployment Benefit		Per month	TV Licence		Per month
Job Seekers Allowance		Per month	Insurances		Per month
Industrial Injury Benefit		Per month	Cost of Care		Per month
Earnings: Self: Other(s) living with you:		Per month	Vehicle expenses		Per month
Interest on savings		Per month	Other expenditure (please give details)		Per month
Private Pensions		Per month			Per month
Shared Occupants Contribution towards household expenses		Per month			Per month
Other income		Per month	Please give itemised details of any current debts (if insufficient space please continue overleaf)		
Savings: £					
Totals:					

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PLEASE ATTACH COPY OF BENEFIT DETAILS i.e. confirmation letter etc.

Please state where else you have applied for assistance and the result of the application:	
Additional information in support of application: (if insufficient space, continue on a separate sheet).	
I confirm that the information given is correct.	
Signature	Date:

THIS APPLICATION MAY TAKE AT LEAST TWO MONTHS TO PROCESS

Trustees of Richard Watts Charity reserve the right to visit applicants prior to making any grant award.

Application for Grant assistance must be supported in writing by an appropriate professional person, i.e.

General Grants = Social Worker, Health Visitor, Doctor, District Nurse

Educational Grants = Education Welfare Officer, Course Tutor, Teacher, Head Teacher

School Uniform Grants = Social Worker, Educational Welfare Officer

Medical Grants = Doctor, District Nurse or other Medical Professiona

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FOR OFFICE USE ONLY
Referred by:
Interviewed by:
Awarded:
Date advised:
Other action, if any: