

# **GREVILLE ALMSHOUSE CHARITY**

**Reg No: 215079**

Tel: 01304 614320  
greville@btinternet.com

3 Gore Terrace,  
Gore Road,  
Eastry, Sandwich  
Kent, CT13 OLS

## **APPLICATION FOR A VACANY AT THE GREVILLE HOMES, MILL LANE, EASTRY.**

The Charity provides housing for persons in need over 50 years of age who are residents of the Parish of Eastry (or, former long-term residents).

Applicants are advised that failure to disclose any relevant information may prejudice their application. Misleading or inaccurate information may lead to your appointment being set aside at some time in the future and you having to leave the almshouse.

Full name of applicant..... Full name of spouse/partner .....

Address of applicant.....

.....

Previous address if above was for less than 5 years .....

.....

Occupation (applicant)..... Occupation (spouse/partner).....

Single/Married/Widowed/Divorced (delete as applicable)

Dates (in years) of residency in Eastry (for example 1959 to 2001) .....

Applicant.....Spouse/partner.....

Date of birth of applicant..... Date of birth of spouse/partner.....

Place of birth:..... Place of birth.....

Applicant NI No: ..... Spouse NI No: .....

<b>Financial Information:</b>	<b>Applicant</b>	<b>Spouse/partner</b>
Amount of capital	£.....	£.....
Amount of savings	£.....	£.....
Investment income	£..... per week	£.....per week
State pension	£..... per week	£.....per week
Occupational pension	£.....per week	£.....per week
Social security benefits	£.....per week	£.....per week
Salary or wages	£.....per week	£.....per week
Any other income	£.....per week	£.....per week
Total weekly income	£ _____	£ _____

**Details of your present accommodation:**

House/ Flat/ Bungalow/ Lodgings (delete as applicable)

Do you own the accommodation ?.....      Number of rooms you occupy.....

Do you share the kitchen ?..... bathroom ?.....other accommodation ?.....

Rent..£.....

Council Tax.£.....

Names and addresses of next of kin:

.....

.....

.....

.....

Would they assist in case of illness ?.....

Please give any special circumstances or reasons for making this application:

**It is essential that residents are able to care for themselves, since the Almshouses are not warden assisted.**

Please confirm you are able to look after yourself noting any disability or illness which you feel we should take into consideration.

.....  
.....

Name and address for a reference if required (other than family):

.....  
.....

I agree that if I am appointed to an almshouse, I shall occupy it as a beneficiary of the Charity as a licensee of the Trustees and not as a tenant. Any weekly sum I pay will be regarded as a maintenance contribution and not as rent.

I declare that the foregoing statements are true.

Applicant's signature.....

Spouse/Partner signature.....

Please return the completed application form to the Clerk to the Trustees: by 15<sup>th</sup> Feb 2018

Mrs. S Wells  
3 Gore Terrace  
Gore Rd  
Eastry, Sandwich  
KENT CT13 0LS  
grevillehomes@yahoo.com

**Canvassing of the Trustees or the Officers of the Charity is strictly forbidden.**

**Failure to comply with this requirement will preclude an applicant from selection.**

**Data Protection Statement: - It is Part of the Trustees responsibility to ensure that applicants for almshouses are suitable qualified under the terms of the charity's governing instrument. 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. Unsuccessful applicant's data will be destroyed once an appointment has been made.**