



Individualised Support and Care

APPLICATION FOR SHELTERED ACCOMMODATION

Applications are only accepted from people over the age of 65.

All questions must be answered and, when completed, the form should be forwarded to the **Director, Balkerne Gardens Trust, Parsley House, Balkerne Gardens, Colchester, CO1 1PR. Email: admin@bgtrust.org**

Full names of applicant

Surname: Miss, Mrs, Ms, Mr:

First name(s):

Address:

.....

..... Post code:

Date of birth: Email:.....

Telephone no: Mobile No:

National Insurance number:

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NHS number:

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If applying for a double flat, please give spouse/partner's name:

Date of birth:

National Insurance number:

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NHS number:

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Please give next of kin's name, address and relationship to you

Name: Relationship:

Address:

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Post Code: Email:

Telephone No: Mobile No:

Why are you applying to move into sheltered housing?

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Why have you chosen to apply to Balcerne Gardens Trust?

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Have you visited the Trust?

Who did you speak to?

Would you consider a self-contained studio? Yes [] No []

Would you only accept a one-bedroom flat? Yes [] No []

Please provide some details about your health (and that of your spouse/partner if applicable):

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Name, address and telephone number of your GP:

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.....Tel:

Financial Information:

Are you in receipt of housing benefit? Yes [] No []

If not, do you plan to apply? Yes [] No []

Are you in receipt of other benefits or pensions? Yes [] No []

If Yes, how much do you receive weekly?
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Do you have income other than that mentioned above? Yes [] No []

If Yes, how much do you receive weekly?
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Do you own the property in which you live? Yes [] No []

Please tick one of the boxes below to help us understand at what point you would like to be offered accommodation:

Category 1 [] I would like to move in as soon as possible

Category 2 [] I would like to move in within 2-5 years

Category 3 [] I do not anticipate wishing to move in for 5-10 years

I understand that by filling in and returning this application form, I consent to my personal details being kept whilst I wish to remain on the waiting list.

Signature of Applicant(s):

Date:

For Office Use Only

Follow up comments

Date

Signature

Date Application Received Date on Waiting List
Meets Application & Admission Policy criteria YES [] NO [] Category