

THE CHURCH OF ENGLAND PENSIONS BOARD
29 Great Smith Street, London, SW1P 3PS
Registered Charity No. 236627

APPLICATION TO SUPPORTED HOUSING

1. Title of Applicant:

Full name:

Marital status: married / single / widowed *(delete as appropriate)*

Title of Applicant's Spouse/Civil Partner.....

Full name of applicant's Spouse/Civil Partner

Gender: (self..... (Spouse/Civil Partner)

Date of birth: (self)..... (Spouse/Civil Partner)

Full address:

.....

.....

Telephone number:

Mobile number:.....

E-mail address.....

2 If you are a widow(er), please give spouse's or civil partner's full name, date of birth and last office:

.....

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3 Next of Kin/Representative (with whom alternative contact can be made):

Name: (Relationship)

Address:

.....

Telephone Number: Mobile Number

E-mail address

PLEASE ENSURE THAT YOU HAVE READ THE ALLOCATIONS POLICY BEFORE COMPLETING THIS SECTION.

4 Would you please indicate below if you wish your name(s) to be added to the active waiting list or the reserve list:

Active Waiting List () Reserve List () (please tick appropriate box)

5 Please tick the Supported Housing complex in which you are interested. **Applicants are asked to select no more than two Schemes. (Please indicate order of preference with a 1 or 2)**

- | | | | |
|-----------------------|-----|------------------------|-----|
| Dulverton Hall | () | Ramsay Hall | () |
| Stuart Court | () | Fosbrooke House | () |
| Gracey Court | () | Capel Court | () |
| Manorstead | () | | |

6 How did you hear about us?

Church of England Website () **Seminar** () **DVD** ()

Word of Mouth () **Hospital** ()

Place of Worship () **Social Services/Local Authority** ()

Other (Please Specify)

7 **Please give reason why you are applying for Supported Housing Accommodation.**

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I confirm that I have read and understood the Board's General Conditions as stated in the enclosed information leaflet, and I agree to abide by them. I confirm that my relatives, next of kin and executors of my will, have been notified accordingly.

Signature of Applicant.....

Signature of Applicant's spouse
(if applicable)

Date