



The Finchley Charities

41A Wilmot Close, East Finchley, London N2 8HP

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e-mail: info@thefinchleycharities.org

Website: thefinchleycharities.org

Clerk: Peter Dufton FCA
Manager: Mrs Jean Field
Welfare: Ms Amanda Peters

DATA PROTECTION ACT 1998

The Finchley Charities comply with the Data Protection Act 1998 and will only use any of your personal data for its own administration and management purposes. By signing this form you are giving your consent to any such processes.

APPLICATION FORM FOR ACCOMMODATION

Name (in full) Mr/Mrs/Ms/Miss

Second Applicant (if applicable) Mr/Mrs/Ms/Miss

Single Married Widowed Divorced (Please circle)

Address (in full)

Postcode Email

Type of accommodation House Flat Bungalow Bedsit (Please circle)

Number of years at above address

Is your property Owned Rented Sublet (Please circle)

Tel No. Home.....Work..... Mobile

Present occupation (if any)

National Insurance No

Date of Birth: Applicant 1..... Applicant 2.....

(N.B: It is important that the office be notified immediately of any change of your address).

Address of residence in Finchley (if no longer within the borough).....

Please give approximate dates of occupation

Name and address of landlord (A reference will be required)

.....
.....

Rent paid £..... per week/month

Financial Information (if necessary please submit an additional sheet)

Are you in employment? YES NO Full time Part time Voluntary (Please circle)

Capital: £..... Savings £..... Bonds/policies £..... Shares £.....

Are you in receipt of any of the following:

	Amount	Per week/month
JSA/ Income Support		
Tax Credits		
Retirement/ Widows pension		
Occupational pension		
Disability Living Allowance		
Incapacity Benefit		
Mobility Allowance		
Carers Allowance		
Attendance Allowance		
Housing Benefit		
Council Tax Benefit		
Pension credit		
Private Pension		
Any other income		

Do you have any children? YES NO (Please circle) How many?

Please list children's details below, starting with next of kin. (Please use a separate sheet if necessary)

Name

Address

Tel no: Home Work Mobile

Name

Address

Tel no: Home Work Mobile

Is applicant/ spouse registered or registerable disabled? YES NO (Please circle)

Please list disabilities below:

Disability	Medication	How does this affect you day to day

Name & address of doctor:

Name Tel No.....

Address

Signature of Applicant/s

Date of Application

Recommendations are required from two/ three responsible people – *see below*

We the undersigned having read the above application & hereby certify that we believe the facts stated therein to be true and that the applicant/ applicants is/are fit and proper person/persons for admission and complies with the criteria for eligibility of residence document.

Name	Signatures	Address	Contact Telephone No.

When completed please return to the Welfare & Sheltered Housing Manager,

41a Wilmot Close, East Finchley, London N2 8HP

Registered Charity No. 206621