

The Hampstead Wells and Campden Trust

Application for Trust Pension

(To be completed by the referring agency)

1(a) **Name(s)** of prospective pensioners(s) _____

1(b) **Designation** (Mr Mrs Miss Ms Other) _____

2. Does the applicant live alone? _____ If not, with whom? _____

3. **Dates(s) of birth** _____

4. **Address** _____

Telephone Number	Postcode
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5. **Next of Kin** _____

G.P. _____

Telephone Number _____

6. **Length of residence** in Hampstead or details of other close connection with Hampstead.

7. **Occupation.** Give brief details of work history including year of retirement. _____

8.

REGULAR WEEKLY INCOME			
Source	Amount	Source	Amount
Retirement pension		D.L.A. Mobility component	
Pension Credit		Industrial Injuries benefit	
Employment (describe in 13)		Invalidity benefit	
Mobility allowance		Other (describe in 13)	
Attendance allowance		Occupational pension	
D.L.A. Care component		TOTAL	

.9A **HOUSING COSTS**

A) Rented. Is the property Council, Housing Association or Private? _____

Basic Rent _____

Housing Benefit _____

OTHER ITEMS PAID WITH RENT			
Warden Services		Other (specify)	
Shed		Rent arrears	
Insurance		Water rates	
Heating and or hot water		Total 'rent' paid	

9B HOUSING COSTS –OWNER OCCUPIERS

Mortgage/ Loan repayments _____ Ground rent _____

Water Rates _____ Service Charges _____

10. OTHER FIXED CHARGES AND PAYMENTS

Council Tax _____ Other (Please specify) _____

11. SAVINGS (please give details)

12. Does the prospective pensioner know this application has been made?

13. Please give details of exceptional needs that would justify the award of a Trust Pension. You may continue on a separate sheet or alternatively attach a separate statement.

Name and Designation (in block capitals)

Organisation
Address:
Telephone:
Fax: Email:
Date:

**Please return or fax to the Director and Clerk to the Trustees, The Hampstead Wells and Campden Trust,
62 Rosslyn Hill. London NW3 1ND,**

Tel 020 7435 1570, Fax 020 7435 1571, E mail grant@hwct.co.uk

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