



Sheltered Housing in Southampton City Centre



Postern Court & Biddlesgate Court

Rented accommodation for adults aged 65 or over (or for people with physical disabilities aged 60 or over).

Postern and Biddlesgate Courts consist of 60 flats on two floors

- Situated in the City Centre of Southampton
- Grounds maintained to our high standard

- Assured tenancies
- Sheltered Housing Officer on duty mornings Monday to Friday
- “Warden call” linked to Invicta central control centre

Where are Postern and Biddlesgate Courts?

Postern and Biddlesgate Courts are next door to each other and are situated in the city centre of Southampton and are, therefore convenient for the shops and bus, rail and ferry service.

What does the Rent and Service Charge include?

The total rent and service charge for each flat includes the cost of the common areas of the scheme such as gardening, estate cleaning etc., together with a small proportion of the Sheltered Housing Officer’s time. Besides the rent, you pay your own flat’s electricity and phone bills to whichever utility company you choose.

What does the Support service and charge include?

A Sheltered Housing Officer is on duty from 8am to 2.00 pm 5 days a week. When the Sheltered Housing Officer is not on duty the “warden call” system within each flat and the common areas of the building, links to a control centre. The control centre provides telephone advice and assistance in an emergency. The cost of the control centre and most of the Sheltered Housing Officer’s costs are met by a support charge which you pay in addition to your rent and service charge.



Who is Western Challenge?

Western Challenge is one of largest housing associations in the southwest. Our Mission is that in partnership with our tenants, residents and communities, we will provide homes that people want to live in. Our values are that we want to be an organisation that

- Provides services that people want to use
- Is Committed to equality
- With which partners want to work

Interested in living at Postern and Biddlesgate Court?

You can either contact Western Challenge Housing Association directly for an application form, by telephoning **0800 783 7837**

Or ask Southampton City Council Housing Department to nominate you to Postern and Biddlesgate Courts by telephoning **02380 223 855**

If you want to know more about Postern and Biddlesgate Courts, and/or want to have a look round, you can call the Sheltered Housing Officer on **0800 783 7837**

<input type="checkbox"/> Shqip	ALBANIAN	فارسی	<input type="checkbox"/> FARSI	کوردی	<input type="checkbox"/> KURDISH	<input type="checkbox"/> СРПСКИ	SERBIAN
Në qoftë se dëshironi që ky dokument të përkthehet, ju lutemi vini një shënim në katorrin e mësipërm dhe pastaj na dorëzoni këtë formë.			اگر مایل هستید که این مطلب ترجمه شود، لطفاً در مقابل باکس علامت بزنید و براینمان برگردانید.		ئەگەر حەزەنە دەکەیت ئەم بەلگەنامەیت بۆ تەرجومە بکەیت، تکایە ئیشارەتەکە لەتار نوێ بۆ نیشانییە سەرەوەدا دا بنێ و ئەم فۆرمە شمان بۆ بنێرەو.	Молимо вас означите горе ако хоћете превод овог документа и вратите нам формулар.	
<input type="checkbox"/> አማርኛ	AMHARIC	Français	<input type="checkbox"/> FRENCH	中文 (简体字)	MANDARIN	<input type="checkbox"/> Soomaali	SOMALI
ይህ ሰነድ አብይና ራዕሳዊ ምልክቶች ከረገዱ በኋላ፡ አብዮታችሁ ከእኔ በተጨማሪው ጥያቄ ላይ ምልክት አድርጉና። ር.ዱ.ሙ.ን መልሳችሁ ሳይሄዱ።		Si vous souhaitez une traduction de ce document, veuillez cocher la case ci-dessus et nous retourner ce formulaire.		如果你希望我们把本文件翻译成上述文字，请在方框中打勾并将本表格寄回给我们。		Haddii aad jeceshahay in dokumentigaan lagu turjimo fadlan calaamad saar sanduuqa kor ku xusan kadiibna foomkaan inoo soo celi.	
<input type="checkbox"/> عربي	ARABIC	Deutsch	GERMAN	Polski	POLISH	<input type="checkbox"/> Español	SPANISH
إذا أردت هذه الوثيقة بلغة أخرى فالرجاء وضع إشارة داخل المربع أعلاه وإعادة هذه الاستمارة إلينا.		Wenn Sie von diesem Dokument eine Übersetzung benötigen, aktivieren Sie bitte oben das Kästchen und senden Sie dieses Formular an uns zurück.		Jezeli chcesz przetłumaczyć ten dokument, zaznacz opcje powyżej i zwróć do nas ten formularz.		Si desea la traducción de este documento seleccione esta casilla y rellene el formulario.	
<input type="checkbox"/> বাংলা	BENGALI	Ελληνικά	GREEK	Português	PORTUGUESE	<input type="checkbox"/> தமிழ்	TAMIL
যদি আপনি এই ডকুমেন্ট অনুবাদ আকাঙ্ক্ষা করে চান, তাহলে দয়া করে উপরেয় বাক্সে টিক দিন এবং এই ফর্মটি আমাদের নিকট ফেরত পাঠান।		Εάν θέλετε μετάφραση αυτού του εγγράφου, βάλτε √ στο παραπάνω τετράγωνο & επιστρέψτε αυτό το έντυπο σε εμάς.		Se desejar uma tradução deste documento, queira assinalar o caixilho mais acima e devolver-nos este impresso.		இந்த ஆவணத்தை மொழியாக்கம் செய்து பெற விரும்பினால் தயவுசெய்து மேலே உள்ள கட்டத்தில் குறியிட்டு இந்தப் படிவத்தைத் திருப்பி அனுப்பவும்.	
<input type="checkbox"/> 中文 (繁體字)	CANTONESE	ગુજરાતી	GUJARATI	ਪੰਜਾਬੀ	PUNJABI	<input type="checkbox"/> Türkçe	TURKISH
如果你希望我們把本文件翻譯成上述文字，請在方框中打勾，然後將本表格寄回給我們。		જો તમને આ દસ્તાવેજનો તરજૂમો(ટ્રાન્સલેશન) જોઈતો હોય તો, કૃપા કરી ઉપર બોક્સમાં નિશાની કરી અને આ ફોર્મ અમને રવાના કરો.		ਜੇ ਤੁਸੀਂ ਇਸ ਦਸਤਾਵੇਜ਼ ਦਾ ਤਰਜੁਮਾ ਪੰਜਾਬੀ ਵਿਚ ਕਰਵਾਉਣਾ ਚਾਹੁੰਦੇ ਹੋ, ਤਾਂ ਕਿਰਪਾ ਵਰਕੇ ਉੱਪਰ ਵਾਲੇ ਭੱਬੇ ਵਿਚ ਸਹੀ ਦਾ ਨਿਸ਼ਾਨ ਲਾ ਕੇ ਇਹ ਫਾਰਮ ਸਾਨੂੰ ਵਾਪਸ ਭੇਜ ਦਿਓ।		Bu belgenin Türkçe'ye çevrilmesini istiyorsanız, lütfen yukarıdaki kutuyu işaretledikten sonra bu formu bize gönderin.	
<input type="checkbox"/> Hrvatski	CROATIAN	हिन्दी	HINDI	Română	ROMANIAN	<input type="checkbox"/> اردو	URDU
Molimo vas označite gore ako hoćete prijevod ovog dokumenta i vratite nam formular.		इस दस्तावेज़ का अनुवाद यदि आपको चाहिए तो ऊपर बने खाने में टिक का निशान लगा कर कृपया यह फॉर्म वापिस हमें भेजें।		Dacă doriți traducerea acestui document, vă rugăm să bifați căsuța de mai sus și să ne returnați acest formular.		اس دستاویز کا ترجمہ اگر آپ کو درکار ہو تو اوپر دیے خانے میں ٹک کا نشان لگا کر برائے مہربانی فارم واپس ہمیں بھیجیں	
<input type="checkbox"/> Čeština	CZECH	Italiano	ITALIAN	Русский	RUSSIAN	<input type="checkbox"/> Tiếng Việt	VIETNAMESE
Pokud budete potřebovat překlad tohoto dokumentu, zaškrtněte, prosím, toto políčko a formulář nám odešlete zpět.		Se desiderate la traduzione di questo documento, barrate la casella e inviateci questo modulo.		Если вы хотите получить перевод этого документа, поставьте выше галочку и верните нам формуляр.		Nếu bạn muốn tài liệu này được chuyển dịch sang tiếng Việt, xin đánh dấu vào ô trên và chuyển bản khai này cho chúng tôi	