

ELEANOR PALMER TRUST
Registered Charity no. 220857

APPLICATION FOR GRANT

“It is a Charity Commission requirement to investigate the personal circumstances of applicants for grants. The personal data supplied on this form, and other information relating to a grant or pension, will be held on file. Some details may be checked with relevant organisations, but none will be disclosed for any inappropriate purpose. You may have access to your personal information on request”.

(All questions MUST be answered)

Name(s) *(IN FULL including title: Mr/Mrs/Ms/Miss)*

..... Date of birth.....

Name of 2nd applicant *(if joint application)*..... Date of birth.....

Marital Status Home tel. no.

Mobile no..... email

Address

.....Post Code.....

How long have you lived at this address?

If for less than 5 years, please provide all previous addresses (with dates) at which you have lived within the last 5 years.....

.....

.....

Please provide details of all others living in your home:-

Full name:	Date of Birth	Relationship with you <i>(e.g. partner, son, daughter)</i>
1.	: :	:
2.	: :	:
3.	: :	:
4.	: :	:

Do you own the house in which you live?

If you rent, state whether house, flat or room

If you rent who is your landlord?

What is your present occupation?

If none, please give previous occupation

Dates of last employment

Name and address of last employer

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Do you and/or anyone in your household suffer from any illness or infirmity?

(Please give details).....
.....
.....
.....
.....
.....
.....

Name & address of Doctor
.....
.....

May we contact your doctor (if appropriate) Yes / No (please delete)

PLEASE GIVE DETAILS OF YOUR HOUSEHOLD INCOME, EXPENSES & SAVINGS

(State whether **weekly** or **monthly**)

Income	Self	(Weekly/Monthly)	Partner	(Weekly/Monthly)
Employment		W / M		W / M
JSA/Income Support		W / M		W / M
ESA (Employment Support Allowance)		W / M		W / M
Child or Working Tax credits		W / M		W / M
Child Benefit		W / M		W / M
Child Maintenance/Support		W / M		W / M
Retirement/Widows Pension		W / M		W / M
Occupational Pension		W / M		W / M
Disability Living Allowance		W / M		W / M
Incapacity Benefit		W / M		W / M
Mobility Allowance		W / M		W / M
Carers Allowance		W / M		W / M
Attendance Allowance		W / M		W / M
Housing Benefit/LHA		W / M		W / M
Council Tax benefit		W / M		W / M
Regular help (from family etc)		W / M		W / M
Other Income - if any		W / M		W / M

<u>Expenses</u>	Self	(Weekly/Monthly)	Partner	(Weekly/Monthly)
Rent/Mortgage		W / M		W / M
Council Tax		W / M		W / M
Water		W / M		W / M
Electricity		W / M		W / M
Gas		W / M		W / M
Other fuel (specify)		W / M		W / M
Telephone		W / M		W / M
Mobile phone		W / M		W / M
Internet		W / M		W / M
Food		W / M		W / M
Petrol		W / M		W / M
Travel (specify)		W / M		W / M
House/Car Insurance		W / M		W / M
T.V. Licence		W / M		W / M
Loans		W / M		W / M
All other essential expenditure. (e.g. childcare, car tax, credit card or catalogue payments.....)				

Proof of income and expenses maybe required (including copies of statements)

Please give full details of any bank/building society account balances.....

Please give details of any savings and property owned.....

Please give details of amounts contributed to the upkeep of the household by anyone living with you.....

Please give details of any housing arrears and other debts including credit card balances, catalogue debts or loans

