

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”.

Name(s) (in full)Date of birth.....

Marital Status Telephone No.

Address

How long have you lived at this address?

If for less than 3 years please provide all previous addresses (with dates) at which you have lived within the last 3 years

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Do any other adults share your accommodation?

If yes, who are they and what is your relationship?

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How many children in the household? Dates of birth
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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 or anyone in your household suffer from any illness or infirmity? (Please give details)

If anyone does, name & address of doctor

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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**

<u>Income</u>	Self	Partner
Employment
JSA/Income Support
Tax credits
Child Benefit
Child Maintenance/Support
Retirement/Widows Pension
Occupational Pension
Disability Living Allowance
Incapacity Benefit
Mobility Allowance
Carers Allowance
Attendance Allowance
Housing Benefit
Council Tax benefit
Regular help (from family etc)
Other Income - if any

<u>Expenses</u>	Self	Partner
Rent/Mortgage
Council Tax
Gas
Electricity
Other fuel
Petrol
Water
Telephone
Food
Travel (specify)

Other essential expenditure i.e. house/contents insurance etc. Please specify

Proof of income and expenses maybe required

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

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

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Please give details of any housing arrears and other debts including credit card balances
and catalogue debts.....

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

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Please give details of your request and any other information which will help the Trustees
when considering your application

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.....(if necessary please continue on a separate sheet)

Please give details of any grants applied for or received from this charity or any other charitable organisation in the past two years

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I hereby confirm that the above information is true and agree to the sharing this information with other local charities.

Signed

Date

Return the completed form to:

Fred Park
Clerk to the Trustees
Eleanor Palmer trust
106B Wood Street
Barnet
Herts
EN5 4BY