



If this form is not being completed by the applicant please supply the following information about the individual or organisation who is completing it

See Note 1 **Details of Contact**

Surname First Name Title

Name of Organisation (if applicable)

Address

Town

County

Postcode

Telephone Number

Is all information to be sent to Contact?

Relationship to applicant

Signed
(Contact)

Date

See Note 2

Applicants Personal Information

Family Name	<input type="text"/>	First Name	<input type="text"/>
Date of Birth	<input type="text"/>	Title	<input type="text"/>
Home Address	<input type="text"/>	Place of Birth	<input type="text"/>
	<input type="text"/>	Age (years)	<input type="text"/>
Town	<input type="text"/>	Marital Status	<input type="text"/>
County	<input type="text"/>	Tel Number	<input type="text"/>
Postcode	<input type="text"/>	Religion	<input type="text"/>
National Insurance Number	<input type="text"/>		

Please describe any health problems or disabilities the applicant has

Health/
Disabilities:

Partners Personal Information

Family Name	<input type="text"/>	First Name	<input type="text"/>
Date of Birth	<input type="text"/>	Title	<input type="text"/>
Home Address	<input type="text"/>	Place of Birth	<input type="text"/>
	<input type="text"/>	Age (years)	<input type="text"/>
Town	<input type="text"/>	Marital Status	<input type="text"/>
County	<input type="text"/>	Tel Number	<input type="text"/>
Postcode	<input type="text"/>	Religion	<input type="text"/>
National Insurance Number	<input type="text"/>		

Please describe any health problems or disabilities the applicant has

Health/
Disabilities:

See Note 4

Details of Grant

Describe the main purpose of the grant

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What is the total cost of the grant ? £

Is on-going support needed (Y/N) ?

Has the applicant applied to this Organisation before on this grant (Y/N) ?

If so, please give the date

Has the applicant applied to the Social Fund for assistance (Y/N) ?

Please list any other Charities, Trusts and/or Local Authorities the applicant has already applied to for assistance on this grant and give the results of that application

Organisation	Date	Result
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

If the applicant has applied to this organisation on previous occasions for other grants, please indicate the purpose and dates of those applications

Purpose	Date	Result
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

See Note 5 **Applicant's employment history**

Give complete details of the applicants current or previous employment

Employer	Location	Your Job	Dates worked	
			From	To

See Note 6 **Partner's employment history**

Give complete details of the applicants current or previous employment

Employer	Location	Your Job	Dates worked	
			From	To

See Note 7 **Parent's employment history**

Give complete details of the applicants current or previous employment

Employer	Location	Your Job	Dates worked	
			From	To

See Note 8 **Applicant's educational background**

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See Note 9 **Membership of societies etc**

(both previous and current)

Applicant

Partner

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See Note 10 **Details of children living at home**

Give particulars of sons and daughters (including adults) who live at the applicants home

Name	Sex	Age (DOB)	Relationship to applicant	Employment or School	Weekly Income if Employed	Weekly Payment to Household

Total weekly income/contribution £ £

See Note 11 **Details of children not living at home**

Give particulars of sons and daughters (including adults) who do not live at the applicants home

Name	Sex	Age (DOB)	Relationship to applicant	Employment or School	Weekly Income if Employed	Weekly Payment to Household

Total weekly income/contribution £ £

See Note 12 **Details of people living at home**

Give particulars of any other people (children or adults) living in the applicants household and not isted above

Name	Sex	Age (DOB)	Relationship to applicant	Employment or School	Weekly Income if Employed	Weekly Payment to Household

Total weekly income/contribution £ £

See Note 13 **Family Health Issues**

Give details of any illness or disability in the family members listed overleaf

Name	

See Note 14 **Details of Income**

Indicate the net weekly income after tax etc

	Applicant	Partner
Net Earnings	<input type="text"/>	<input type="text"/>
Retirement/Widows Pension	<input type="text"/>	<input type="text"/>
Occupational/Private Pension	<input type="text"/>	<input type="text"/>
Other Pensions	<input type="text"/>	<input type="text"/>
Child Benefit	<input type="text"/>	<input type="text"/>
Income Support	<input type="text"/>	<input type="text"/>
Job Seekers Allowance	<input type="text"/>	<input type="text"/>
Incapacity Benefit	<input type="text"/>	<input type="text"/>
Severe Disablement Allowance	<input type="text"/>	<input type="text"/>
Invalid Care Allowance	<input type="text"/>	<input type="text"/>
Attendance Allowance	<input type="text"/>	<input type="text"/>
Disability Living Allowance - Mobility	<input type="text"/>	<input type="text"/>
Disability Living Allowance - Care	<input type="text"/>	<input type="text"/>
Charitable Income	<input type="text"/>	<input type="text"/>
Any other income (please specify)	<input type="text"/>	<input type="text"/>
Total	<input type="text"/>	<input type="text"/>

See Note 15 **Tax Credits**

Indicate if the applicants or the applicant's partner are in receipt of any Tax Credits

	Applicant	Partner
Working Families Tax Credit	<input type="text"/>	<input type="text"/>
Disabled Persons Tax Credit	<input type="text"/>	<input type="text"/>

See Note 16 **Details of Savings**

Indicate the total current amount

	Applicant	Partner
Bank Accounts		
Building Societies		
Post Office Accounts		
Premium Bonds		
Saving Certificates		
Stocks and Shares		
Investments, Peps, Isas, Tassas etc		
Other Savings		
Total		

See Note 17 **Details of Housing**

What type of homes does the applicant live in ?

House/Bungalow	
Flat	
Other	

Is that home

Owned - no mortgage	
Owned - with mortgage	
Rented - Housing Assoc	
Rented - Council	
Rented - Private	
Sheltered Accommodation	
Residential Home	Date moved in
Nursing Home	

See Note 18 **Council Tax**

Weekly £

How much weekly Council Tax does the applicant pay (over and above any Council Tax benefit received) ?

How much weekly Council Tax benefit (if any) does the applicant receive ?

See Note 19 **Water Rates**

How much is the weekly water rates cost?

See Note 20 **Rented Homes Only**

How much weekly rent does the applicant pay
(over and above any Housing Benefit received) ?

How much weekly Housing Benefit does
the applicant receive

Does that rent include water rates ?

Does that rent include heating costs ?

If so, how much is weekly heating cost?

See Note 21 **Owned Homes only**

How much weekly mortgage does the applicant pay
(over and above any Income Support received) ?

How much weekly Income Support does the
applicant receive (if any) ?

See Note 22 **Other Weekly Expenditure**

Gas	<input type="text"/>
Electricity	<input type="text"/>
Telephone	<input type="text"/>
Hire Purchase/credit	<input type="text"/>
Insurance	<input type="text"/>
Housekeeping	<input type="text"/>
Other (please specify below)	<input type="text"/>

Other Expenditure