



Name of Applicant: Date of Birth: / /
DD / MM / YYYY

Address of Applicant:

Please state if the home is owned or rented: Owned Rented

Contact Tel No:

Sum Requested: £

Purpose for which required:

Payable to (include quotes & name of supplier of goods):
 Carpet quotes must be room by room

Family Details (To include all living at the above address)

Name	Age	In Education/Employed/Unemployed (specify)

Financial Circumstances (We need to know the income of the full household, including any partner. Please state weekly income from all sources):

Earned Income	£ <input type="text"/>	Incapacity Bene it	£ <input type="text"/>
Working Tax Credit	£ <input type="text"/>	DLA/PIP	£ <input type="text"/>
Pension (Including Pension Credit)	£ <input type="text"/>	Carers Allowance Attendance Allowance	£ <input type="text"/>
Widows Benefit	£ <input type="text"/>	Child Bene it	£ <input type="text"/>
Maternity Pay	£ <input type="text"/>	Universal Credit (if applicable)	£ <input type="text"/>
Job Seekers Allowance	£ <input type="text"/>	ESA	£ <input type="text"/>
Income Support (Including disability premiums)	£ <input type="text"/>	Partner's Income	£ <input type="text"/>
Child Tax Credit	£ <input type="text"/>	Council Tax Reduction	£ <input type="text"/>
Industrial Injuries Disablement Benefit	£ <input type="text"/>	Rent (Payable or paid by benefits)	£ <input type="text"/>
Maintenance Payments	£ <input type="text"/>		
Housing Benefit	£ <input type="text"/>		



Signature of Applicant:

Date:

/ /
DD MM YYYY

Statement Supporting Application

Please provide a full statement giving the reasons for the request, amplifying the application and providing information not given elsewhere on the form that you feel supports this case. **If writing by hand please print clearly in block capitals.** Applications must have a covering letter/paragraph from endorser explaining family circumstances.

Email address of endorser

Other Organisations approached for funds for this purpose and the sums pledged or received.

Name of Charity/Organisation	Amount Requested	Amount Received

Endorsed by:
(Signature)

Status:
(Social Worker/GP/
Health Visitor etc)

If writing by hand, please print clearly in block capitals.

Name:

Address:

Tel No:

For Office Use Only

Date considered by Trustees

/ /
DD MM YYYY

Approved / Rejected

Sum Agreed:

£

Cheque No.

Despatched

/ /
DD MM YYYY

Cheque Signatories: