APPLICATION FOR FINANCIAL ASSISTANCE

GRANTS FOR INDIVIDUALS IN NEED

Purpose for which grant is sought :	**Financial assistance sought from this application :** **£** _____

Name and Address of Applicant : **Age :**

Marital Status : ***(Please tick)***

single ____ married ____ divorced ____ separated ____ widowed ____ sharing ____

Occupation :

Details of Family - *Wife/Husband/Partner & Children* :

Name :	Age :	Occupation/School :

INCOME (Weekly)	**£**	**p**	**EXPENDITURE (Weekly)**	**£**	**p**
Mother/Wife's Wage			Rent		
Father/Husband's Wage			Mortgage		
Partner's Wage			Council Tax		
Income Support			Water Rates		
Sickness/Invalidity Benefit			Electricity		
Child Benefit			Gas		
Family Credit			Insurance		
Retirement Pension			Fares/Travel		
Occupational Pension			Petrol/Car Expenses		
Disability Living Allowance			Loans		
Housing Benefit			Maintenance		
Maintenance Payments : to Children			Fines/Court Orders		
to Self			HP Commitments		
Other Income (specify)			Household Expenses (Food)		
			Clothing		
			TV License		
			Telephone		
			Mobile Phone		
			Child-minding Fees		
			Other Expenditure (specify)		
TOTAL WEEKLY INCOME :			**TOTAL WEEKLY EXPENDITURE :**		

Total Savings :

For Official Use Only :

Date Received : Approved by: Amount : Cheque No :

PTO

What Debts/Arrears Exist? : *(Rent/Fuel/Loans/HP)*

Details :	**£**

Has Applicant Previously Received Financial Assistance from this Charity?

No ___ Yes ___ Amount : _____

Date : _____

Statutory & Welfare Agencies & other Trusts approached: **Outcome : £**

REASONS FOR & BACKGROUND TO THIS APPLICATION :

(Please continue on a separate sheet and attach if necessary)

How Long has the applicant been known to the Agency/Organisation? :

PLEASE INSERT NAME OF AGENCY CHEQUE IS PAYABLE TO:
NB: This cannot be made payable to the client

Name & Address of
Agency/Organisation making Application :

Telephone No :

Name of Caseworker :

Position of Caseworker :

I confirm that the information above is correct and that I will use the grant solely for the purpose stated.

Signature of Applicant :

I confirm that following independent enquiry, the information above is correct to the best of my knowledge, that I support the application and will ensure that the grant is used for the purpose stated.

Signature of Case Worker : **DATE :**

This form was updated by Greggs Trust, Fernwood House, Clayton Road, Jesmond, Newcastle, NE2 1TL (30/06/04)