

PRIVATE AND CONFIDENTIAL

HAMPTON PAROCHIAL CHARITY

1A Jubilee House, Ashley Road, Hampton TW12 2HX

Relief In Need Grants

Application for Assistance

Date of application: _____

(Mr/Mrs/Miss/Ms) Name: _____ Date of Birth: _____

Address: _____

Telephone: _____

Marital Status (Married / Single / Widowed / Separated / Divorced / With Partner): _____

Postcode _____

Previous address (if less than 3 years): _____

No. of Adults in Household: _____ No. of Children in Household: _____ Age/s of children: _____

Length of time resident in Hampton/Hampton Hill area: _____

Year and month of any previous application: _____

Weekly Household Income: *(Give details of weekly income of ALL members of household. Please send photocopy of your wage slip or letter of award for: tax credits/benefits/pensions (please phone if in doubt))*

Earnings: _____ Child Benefit: _____

Working Tax Credit: _____ Child Tax Credit: _____

Income Support: _____ State Pension: _____

Incapacity Benefit: _____ Pension Credit: _____

Job Seekers Allowance: _____ Private Pension: _____

Carer's Allowance: _____ Disability Allowance: _____

Income from other family members: _____ Attendance Allowance: _____

Maintenance: _____ Student Grant: _____ Other: _____

Rent payable *after* Housing Benefit: _____

Amount of savings (in Bank, Post Office, Building Society etc): _____

Has an application been made to any other Charity? (YES / NO): _____

If YES, please give charity name: _____

and amount granted. Charity: _____ Amount: _____

Purpose for which grant is required:

Amount required £ _____

(Estimates on supplier's headed notepaper must accompany applications)

Signature of Applicant: _____ Date: _____

HAMPTON PAROCHIAL CHARITY
Guidance for Individual Grants Applications

All sections of the form must be completed before a grant can be considered. GRANTS CANNOT BE PAID UNTIL WE HAVE ALL THE CORRECT DETAILS; MISSING OR INCORRECT DETAILS CAN LEAD TO A LONG DELAY IN PAYMENT OF GRANTS. If you have any queries or problems in completing this form, please telephone our office between 9am and 5pm, Monday to Friday, or visit our office and we will be pleased to assist you.

Grants can only be considered from residents in the Hampton/Hampton Hill area.

- 1. It is necessary to give the accurate total income for EVERYONE living at this address, whether working, on benefits, or receiving a pension.**
- 2. For applications for medical or household equipment, please enclose a supporting letter from your social worker, health visitor, or care manager.**
- 3. Please note that we are not an emergency aid charity. The Trustees meet in March, June, September and December to consider applications received.**
- 4. Your local Citizens Advice Bureau may be able to help you with other problems, e.g. benefits, employment issues, debts, consumer problems, etc.**

PLEASE NOTE:

All questions must be answered fully. Failure to do this will result in the application being returned to you and will not be considered by the Trustees.