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:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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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.**