



Individual application for a grant

Please read Grant making Policies and Practices before completion

About the Applicant

Is the applicant moving soon? _____ Tell us the new address on **Page 3**

Name _____ Date of Birth _____

Address _____ Nat Ins No _____

Postcode _____ Tel _____ email _____

About the Support Worker

The entire form to be completed by the Support Worker

Name _____ Organisation _____

Address _____ Postcode _____

Tel No _____ email address _____

About the Application

Items requested

Mark with an **X** Gas cooker _____ Electric cooker _____ Fridge _____ Fridge/Freezer _____ F/F DWAS upgrade _____

Washing Machine _____ Carpets _____ Which rooms? enough for 2 _____

All the above are obtained from approved contractors so quotations are not needed

Other _____ Amount £ _____

Support workers must follow the advice on this page ([link](#)) and record the details below.

Which relevant or statutory authorities have been applied to?

Date	Name	Outcome or reason for no application?
1 _____	Family/Friends.....	_____
2 _____	DWAS for white goods.....	_____
3 _____	DWP for a Budgeting Loan.....	_____
4 _____	Health Authority for disability aids	_____
5 _____	County Council for child care.....	_____
6 _____	Student Finance for education.....	_____

Has the applicant received help from this Charity before?

Mark with an **X** Yes _____ No _____ If yes please give details

Date _____ Purpose of grant _____

1 _____

2 _____

Declaration by the Support Worker

I confirm that the Applicant agrees that all the information provided is correct and I hold his/her signed consent to the Charity in order for the Charity to:

- Hold and use the information I have provided on this form, (including any "Special Category Data"), as explained in the Data Protection Policy on the Charity's website www.wmcharities.org.uk/pdfs/dataprotectionpolicy.pdf
- Make enquiries about this application with any statutory and/or voluntary agencies concerned, sharing the information with them and corresponding about the matter.

Mark with an **X** Yes _____ No _____ Date _____

Before filling in, 'Save as' the blank pdf form with Adobe Reader onto the computer, then fill in the 3 page form and save. Attach the completed form to an email and send it to us.

Handwritten application forms are no longer acceptable

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Weekly Income & Expenditure

Please enter weekly amounts: multiply monthly figures by 12 and divide by 52

Weekly Income

Weekly Expenditure

Total earned wages of client and/partner/family per week £ _____

Tax Credits Child, Working, Families, other per week £ _____

Housing Benefit per week £ _____

Council Tax Benefit per week £ _____

Job Seekers Allowance per week £ _____

Employment Support Allowance per week £ _____

Universal Credit/Income Support per week £ _____

DLA/PIP Care per week £ _____

DLA/PIP Mobility per week £ _____

Attendance Allowance per week £ _____

Other _____ per week £ _____

State Retirement Pension per week £ _____

Pension Credit per week £ _____

Occupational/Private Pension per week £ _____

Maintenance per week £ _____

Children enter Child Benefit for each child per week

Name	Age	Amount
1 _____	_____	£ _____
2 _____	_____	£ _____
3 _____	_____	£ _____
4 _____	_____	£ _____
5 _____	_____	£ _____

Total Child Benefit per week £ _____

Total Income per week £ _____

Total Rent due per week £ _____

Mortgage per week £ _____

Total Council Tax due per week £ _____

Water rates per week £ _____

Gas per week £ _____

Electricity per week £ _____

Food & Household expenditure per week £ _____

Telephone per week £ _____

TV, TV licence & Sky per week £ _____

Clothes per week £ _____

Travel expenses per week £ _____

Care Costs per week £ _____

Other _____ per week £ _____

Other _____ per week £ _____

Other _____ per week £ _____

Insurance per week £ _____

Hire Purchase per week £ _____

Clubs per week £ _____

Current loans/borrowings

_____ per week £ _____

_____ per week £ _____

_____ per week £ _____

_____ per week £ _____

_____ per week £ _____

Total Expenditure per week £ _____

Other income and assets

Names of other adults living in the applicant's home.
Show total income and contributions below if not included above.

Name/s _____

_____ Total income per week £ _____ Total contributions per week £ _____

Details of any savings

Does the Applicant own his/her own home or any other property? Mark with an **X** Yes _____ No _____

If yes please give details _____

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Further information you think the Trustees should have when considering this application

Please complete this page with background information or, if you prefer, write a separate explanatory covering letter - but you **must** do one or the other for the application to be considered.

Where has the applicant lived for the last 12 months in date order please

Is the applicant moving?

Mark with an **X** Yes _____ No _____ When? _____

New address _____

What are the immediate circumstances that have led to this request? 200 words or less

Why are the items requested needed? 200 words or less

Should the Trustees decide to assist the applicant, they will require

1. Written confirmation of costs, except for white goods and carpets.

It will be necessary to provide a written quotation from the supplier, in the case of other financial help, confirmation of the amount involved, from the person/organisation who will receive the money.

2. The name of the payee, should the Trustees decide that your organisation should receive the cheque and administer the grant. This cannot be the applicant.
