



# 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 \_\_\_\_\_ Nat Ins No \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address \_\_\_\_\_ Postcode \_\_\_\_\_

Mark with an **X** Flat \_\_\_\_\_ House \_\_\_\_\_ Tel \_\_\_\_\_ email \_\_\_\_\_

### About the Support Worker

**The entire form to be completed by the Support Worker**

Name \_\_\_\_\_ Organisation \_\_\_\_\_

Address \_\_\_\_\_ Postcode \_\_\_\_\_

Tel No \_\_\_\_\_ email \_\_\_\_\_

### About the Application

### Items requested

Mark with an **X** Gas cooker \_\_\_\_\_ Electric cooker \_\_\_\_\_ Fridge \_\_\_\_\_ Freezer \_\_\_\_\_ Fridge/Freezer \_\_\_\_\_

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/adult care  | _____                                 |
| 6 _____ | Student Finance for education.....   | _____                                 |

**Has the applicant received help from this Charity before?** Mark with an **X** Yes \_\_\_\_\_ No \_\_\_\_\_ If yes 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 that I hold his/her signed consent to the Charity, in order for the Charity to: **a)** 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 below; **b)** make enquiries about this application with any statutory and/or voluntary agencies concerned, sharing the information with them and corresponding about the matter. This includes the Applicant's consent to the Charity asking Citizens Advice Worcester to contact the Applicant and/or Support Worker to discuss the form and make enquiries on behalf of the Charity. [www.wmcharities.org.uk/pdfs/dataprotectionpolicy.pdf](http://www.wmcharities.org.uk/pdfs/dataprotectionpolicy.pdf)

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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# Monthly Income & Expenditure

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

## Monthly Income

**Total earned wages** of client and/partner/family per month £ \_\_\_\_\_

**Universal Credit** excluding housing per month £ \_\_\_\_\_

**Housing** UC Element/Benefit per month £ \_\_\_\_\_

**Job Seekers Allowance** per month £ \_\_\_\_\_

**Tax Credits**  
Child, Working, Families, other per month £ \_\_\_\_\_

**Employment Support Allowance** per month £ \_\_\_\_\_

**Income Support** per month £ \_\_\_\_\_

**DLA/PIP** Care per month £ \_\_\_\_\_

**DLA/PIP** Mobility per month £ \_\_\_\_\_

**Attendance Allowance** per month £ \_\_\_\_\_

**State Retirement Pension** per month £ \_\_\_\_\_

**Pension Credit** per month £ \_\_\_\_\_

**Occupational/Private Pension** per month £ \_\_\_\_\_

**Maintenance** per month £ \_\_\_\_\_

**Other** \_\_\_\_\_ per month £ \_\_\_\_\_

**Children** enter Child Benefit for each child per month

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

Total Child Benefit per month £ \_\_\_\_\_

**Total Income** per month £ \_\_\_\_\_

## Monthly Expenditure

\*Must be completed

**Total Rent** per month £ \_\_\_\_\_\*

**Mortgage** per month £ \_\_\_\_\_

**Council Tax due** per month £ \_\_\_\_\_

**Water rates** per month £ \_\_\_\_\_

**Gas** per month £ \_\_\_\_\_

**Electricity** per month £ \_\_\_\_\_

**Food & Household** expenditure per month £ \_\_\_\_\_

**Telephone** per month £ \_\_\_\_\_

**TV, TV licence & Sky** per month £ \_\_\_\_\_

**Clothes** per month £ \_\_\_\_\_

**Travel expenses** per month £ \_\_\_\_\_

**Care Costs** per month £ \_\_\_\_\_

**Other** \_\_\_\_\_ per month £ \_\_\_\_\_

**Other** \_\_\_\_\_ per month £ \_\_\_\_\_

**Other** \_\_\_\_\_ per month £ \_\_\_\_\_

**Insurance** per month £ \_\_\_\_\_

**Hire Purchase** per month £ \_\_\_\_\_

**Clubs** per month £ \_\_\_\_\_

**Current loans/borrowings**

\_\_\_\_\_ per month £ \_\_\_\_\_

\_\_\_\_\_ per month £ \_\_\_\_\_

\_\_\_\_\_ per month £ \_\_\_\_\_

\_\_\_\_\_ per month £ \_\_\_\_\_

\_\_\_\_\_ per month £ \_\_\_\_\_

**Total Expenditure** per month £ \_\_\_\_\_

## 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 month £ \_\_\_\_\_ Total contributions per month £ \_\_\_\_\_

## 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

| Dates | Address | Landlord |
|-------|---------|----------|
| _____ | _____   | _____    |
| _____ | _____   | _____    |
| _____ | _____   | _____    |

**Is the applicant moving?** Moving in date \_\_\_\_\_ Landlord \_\_\_\_\_

Mark with an **X** Yes \_\_\_\_\_ No \_\_\_\_\_

New address \_\_\_\_\_

Postcode \_\_\_\_\_

**What are the immediate circumstances that have led to this request and why are the items needed?**  
*Space for 400 words or less, if you would like to supply more information please use a separate sheet or put it in an email.*

### 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 amount directly to administer the grant. This cannot be the applicant.