



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 _____ Tel _____

Email _____ Mark with an **X** Flat _____ House _____ Landlord _____

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

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 £ _____ **Difference** £ _____ **Total Expenditure** 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/debt repayments

_____ per month £ _____

Other income and assets

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

Name _____ DoB _____ Monthly income £ _____ Monthly contribution £ _____

Name _____ DoB _____ Monthly income £ _____ Monthly contribution £ _____

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

If yes please give details _____

Details of savings _____ **Total Savings** £ _____

Details of debts _____ **Total Debts** £ _____

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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 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.

When the 3 page form is completed attach to an **email and send to : admin@wmcharities.org.uk** or post to WMC (CIO), Kateryn Heywood House, The Foregate, Berkeley Court, Worcester WR1 3QG

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File Save As