



# 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](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**

**Go to  
next page**



# 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 £ \_\_\_\_\_

\_\_\_\_\_ per month £ \_\_\_\_\_

\_\_\_\_\_ per month £ \_\_\_\_\_

\_\_\_\_\_ per month £ \_\_\_\_\_

\_\_\_\_\_ 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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Go to  
next page

**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
<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>

**Is the applicant moving?**

Moving in date

Landlord

Mark with an **X** Yes 

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 No 

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New address 

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Postcode 

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**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](mailto: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**