



APPLICATION FORM FOR INDIVIDUAL

THIS FORM MUST BE DOWNLOADED FROM THE WEBSITE TO ENSURE THE LATEST VERSION IS USED
DO NOT USE A PHOTOCOPY OF A BLANK FORM AS IT MAY NOT BE UP TO DATE

PLEASE COMPLETE BY EITHER TYPING OR WRITING IN BLOCK CAPITALS

ABOUT YOU

Family Name: _____ First Name: _____ Title: _____

Date of Birth: ____ / ____ / ____ (dd / mm / yyyy) Phone: _____

Address: _____

Post code: _____

Is your home: Owned by the Council / privately rented / owned by you / sheltered housing / residential home

Do you live in Westminster now? Yes No If no, please say when you lived in the area.

From: ____ / ____ / ____ to ____ / ____ / ____ Address: _____
(dd / mm / yyyy)

YOUR HEALTH

Do you have any serious health conditions: Yes No

If yes, please state what: _____

YOUR OCCUPATION

Are you: Unemployed / Employed* / In training / In voluntary work

*What do you do and what are your weekly hours: _____

Is your partner: Unemployed / Employed* / In training / In voluntary work

*What do they do and what are their weekly hours: _____



INCOME & EXPENDITURE

Please list your **monthly** income and expenditure. Complete all sections that apply to you and your partner/ members of your household (if applicable).

Monthly Income	You £	Your Partner £	Monthly Expenditure	£
Wages (after tax)			Rent/mortgage	
State Retirement Pension			Council Tax	
Pension Credit			Water	
Universal Credit			Gas	
Personal Independence Payment			Electricity	
Jobseeker's Allowance			Phone/emergency call system	
Employment & Support Allowance			TV package i.e. Sky, BT/ Broadband	
Income Support			Home care/help	
Carers/Attendance Allowance			Food, household items	
Working Tax Credit			Insurances	
Child Tax Credit			Credit cards	
Child Benefit			Store cards	
Employment/ Private Pension			Loans	
Maintenance payments			Other/debt repayments	
Housing Benefit				
Total:			Total:	

Please list monthly income from any other members of your household: £ _____

Please list any savings: Bank name: _____ Amount: £ _____



ABOUT THE GRANT

What do you need the grant for? If you are requesting white goods or large furniture items, please place your priority item first. We will only be able to fund **one large item**.

If you require flooring, you must attach **two separate quotes** for the total amount to this application.

Item 1:	
Item 2:	
Item 3:	

Have you applied for a Local Support Payment: Yes No

If yes, what have you requested and when do you expect to hear?

Have you received a Local Support Payment: Yes No

If yes, what were you given? _____

Have you applied to any other charities for assistance with the items requested above? Yes No

If yes, who have you applied to and for how much?

_____ £ _____

Are there any other charities from which you are in receipt of regular grants **not** related to the request above?

Yes No If yes, please state below:

Charity _____ Grant amount £ _____ How often _____

CONSENT

Please sign and date below once you have completed this form. By signing, you are declaring that all the information provided is accurate and that you are happy for this Charity to hold your details on file.

Signed: _____ Date: ____ / ____ / ____

