 Westminster Amalgamated

Charity

***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: \_\_\_ / \_\_\_ / \_\_\_\_\_\_\_ |