## PRIVATE AND CONFIDENTIAL (Feb16)

**SALISBURY CITY ALMSHOUSE AND WELFARE CHARITIES**

**APPLICATION FOR A WELFARE GRANT**

## *The Guidance Notes must be read prior to completing this form. Please use BLOCK CAPITALS*

# For Office Use Only

Date Received

Previous Correspondence? YES/NO

Grants Card? YES/NO

Grants Committee Recommendation:

Grant Approved

Date Paid

## PART 1 - APPLICATION

Full name of Applicant ………………………………………........ Date of Birth …..../…..../….…

Spouse/Partner ………………………………………………....... Date of Birth …..../…..../….…

Applicant’s address ………………………………………………….………………………………..…

……………………………………………………………………............ Post Code .........…………..

Telephone .......................................... Mobile ...........................................

Children/Dependents:

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Forename and Surname | Gender | Date of Birth |  | Forename and Surname | Gender | Date of Birth |
| ………………………………... | ………... | ….../….../…… |  | ………………………………… | ………... | ….../….../…… |
| ………………………………... | ………... | ….../….../…… |  | ………………………………… | ………... | ….../….../…… |
| ………………………………... | ………... | ….../….../…… |  | ………………………………… | ………... | ….../….../…… |

Grant is required for ……………………………………………………………………………………………………………………

Total cost £ ………………….. Applicant’s contribution (if any) £ ………………….. Amount Requested £ ………………...

Signature(s) of applicant(s) ………………………………………………………………………… NI No. ……………….…..…....

…..……………………………………………………………………. NI No. ..……………………….

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## PART 2 - SPONSOR’S JUSTIFICATION AND RECOMMENDATION (see guidance notes)

Include relevant background history and state the reasons why the assistance or particular item is needed and how the quality of the applicant’s life would be significantly improved if it were to be provided.

Sponsor’s recommendations for grant £ ………….….… and/or loan £ …….…….….. Date ……..…..…………….

Signature of Sponsor ….……………..……………..…………… Print Name ……….…….……………..…………….………..

Signature of Manager ………………..…………………………… Print Name ………………..……………………….………….

Organisation Name and Full Address …………………………………………..........................................................................

…………………………………………………………………………………………… Telephone No. ………….…..………….

To whom grant cheque payable: …………………………………………………………………………………..………………..

Details of other grants/assistance applied for or granted:

## PART 3 - INCOME AND EXPENDITURE, SAVINGS & OUTSTANDING DEBTS/ARREARS/FINES

**HOUSEHOLD INCOME** (per week, including that of spouse/partner)

Wages/Salary £ **.** per week

State Retirement Pension £ **.** per week

Pension from previous employment £ **.** per week

Benefits: Universal Credit £ **.** per week

Job Seekers Allowance (JSA) £ **.** per week

Do You Receive Housing Benefit?

FULL

PART

NONE

(Delete as required)

Employment Support Allowance (ESA) £ **.** per week

Income Support £ **.** per week

Working Tax Credits £ **.** per week

Child Tax Credits £ **.** per week

Child Benefit £ **.** per week

Disability Living Allowance/PIP Payments £ **.** per week

Attendance Allowance £ **.** per week

Carer’s Allowance £ **.** per week

Incapacity Benefit £ **.** per week

Child Maintenance Payments £ **.** per week

Please give details of any other income and/or benefits received:

1. £ **.** per week

2. £ **.** per week

3. £ **.** per week

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**Total Weekly Income:** £ **.** per week

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Total Amount in Savings (Building Societies, Bank, Post Office etc) £ .

**HOUSEHOLD EXPENDITURE** (per week)

Rent / Mortgage (delete as appropriate) ……………………………………................................ £ **.** per week

Council Tax ……………………………………………………………………................................. £ **.** per week

Water Rates …………………………………………………………….................................……… £ **.** per week

Energy costs (Gas, Electricity, Oil, Coal etc) ……………………….......................................…. £ **.** per week

Food and Household Expenses (incl pet costs) …………………………................................... £ **.** per week

Travel Costs: Car (include insurance, maintenance and fuel) …......................................…… £ **.** per week

Public Transport: To work/shopping/other ………………................................... £ **.** per week

To school ……………………….........................................….. £ **.** per week

TV: Does this include Sky/satellite? YES/NO………………………..................................………. £ **.** per week

Mobile Phones …………………………………………………….................................…………….. £ **.** per week

Home Phone: Does this include Broadband? YES/NO ………................………………………… £ **.** per week

Insurances: {Household ………………………………………………….................................... £ **.** per week

{Life …………………………………………………………..................................... £ **.** per week

Hire Purchase (give details) ………………………………………………….................................... £ **.** per week

Mail Order/Catalogues/Clubs (give details) ………………………………………………… £ **.** per week

Other Expenditure - give details: …………………………………………………............ £ **.** per week

………………………………………………………………………. **Total Weekly Expenditure** **£ . per week Details of Debts/Arrears/Fines:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Original Debt £ | Owed To | Reason money borrowed | Balance  £ | Weekly Payment £ |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

Please Return to: Salisbury City Almshouse and Welfare Charities, Trinity Hospital, Trinity Street, Salisbury SP1 2BD