

WEST HACKNEY PAROCHIAL CHARITY
Registered Charity Number 208941



Completed application forms to be sent to:

West Hackney Parochial Charity
6 Trull Farm Buildings
Tetbury
Gloucestershire
GL8 8SQ
01285 841900
Email: info@westhackneycharity.org.uk

INDIVIDUAL APPLICATION FORM

Please Print In Black Ink

Name and details of person who this application is for:

Surname	Mr/Mrs/Miss/Ms
First Names	
Address	
Telephone (including area code)	
Email	
Date of Birth:	
Name of Partner:	
Partner's Date of Birth:	
How long have you lived in the West Hackney Parish?	Years: Months:

Please supply us with 2 recent utility bills and, if possible a recent bank statement as proof of address.

Please tell us about any children or other people living with you, and how much they contribute to your weekly housekeeping.

Date of Birth	Relationship	Employed? Yes/No	Name	Weekly contribution to housekeeping
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				£
				£
				£
				£
				£

Please provide details of how much money you have coming in each week.

	Self	Partner
Take home pay from full or part time work.	£	£
Retirement Pension	£	£
Income Support/JSA/Pension Credit	£	£
Occupational Pension	£	£
Incapacity Benefit	£	£
Working Tax Credit	£	£
Carer's Allowance	£	£
Children's Tax Credit	£	£
Child Benefit	£	£
Maintenance and Child Support	£	£
Attendance Allowance	£	£
Disability Living Allowance: Care and Mobility	£	£
Any other income (Please State)	£	£

Housing Costs

Is your home:

Owned? Yes/No Do you have a mortgage? Yes/No

Rented? Yes/No How much rent do you pay each week? £

Sheltered Housing? Yes/No

Hot water/heating charges each week: £

Do you receive:

Housing Benefit? Yes/No How much do you receive each week? £

Council Tax Benefit? Yes/No How much do you receive each week? £

Savings and Debt

Do you have any savings? Yes/No Total Amount: £

Do you have any debts? Yes/No Total Amount: £

Health

Do you or a member of your family have any disability or ongoing health problems? Yes/No
If yes please give details.

Have you applied to the Social Fund for a grant?

Please give details.

Have you applied to other charities of trusts for help?

Please give details

Please describe in detail what you are asking for and why.

Amount requested: £

If you are asking for a grant for goods or services you should supply a written quotation.

To whom should the cheque be made payable?

CHEQUES WILL ONLY BE MADE PAYABLE TO SUPPLIERS OR REFERRAL AGENCIES

Statement

I certify that the information that I have given in this application is complete and correct to the best of my knowledge. I understand that this information may be shared with other charities or organisations if it is thought that additional support may be available from them.

Signed _____ Date _____

Name _____

This section is for a referring agency

If you have a Social Worker or a similar person or agency filling in this form on your behalf, please ask them to complete the following:

Name:

Position:

Name and address of agency:

Telephone Number:

Email:

Have you checked your client is receiving his/her full entitlement to state benefits? Yes/No

Comments in support of the application:

Signed:

Date:

Referees

Please give the name, address, phone number and email address of two individuals who will be willing to act as referees for your project.

First Referee

Name
Address
Telephone (including area code)
Fax Number (including area code)
email

Second Referee

Name
Address
Telephone (including area code)
Fax Number (including area code)
email

How did you hear about the West Hackney Parochial Charity?
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Equal Opportunities Monitoring Form

Age Applicant _____ Partner _____

Sex (applicant) Male _____ Female _____

Number of children _____ Single Parent Yes/No

How would you describe your race or ethnicity?

White		Black or Black British	
British		Caribbean	
Irish		African	
Turkish/Turkish Cypriot		Other Black Background	
Kurdish			
Any Other White Background		Mixed Background	
Asian or Asian British		Chinese or other ethnic group	
Indian		Chinese	
Pakistani		Filipino	
Bangladeshi		Vietnamese	
Other Asian Background		Any other ethnic group	

Do you or a member of your family have a disability? Yes/No

Are you or a member of your family registered disabled? Yes/No

Please note that this information will help us ensure that we are accessible to all sections of our community.