

THE PRESTBURY UNITED CHARITIES

Registered Charity 202655

www.puc.org.uk

APPLICATION FOR RELIEF IN NEED GRANT ASSISTANCE

Qualifying criteria:

1. Applicants should normally reside in the Charity's scheme area of Prestbury, Southam and Swindon Village, Gloucestershire, or in an adjacent area.
2. Documentary proof of identity and of benefits received (if applicable) will be needed for all applications.
3. Applications should be supported by a third party, and where appropriate, may be completed by them on behalf of the applicant.
4. Please complete all the sections as fully as possible. This will ensure your application is processed more quickly.

Applicant details:

Applicant: Mr/Mrs/Miss/Ms	
First name	Surname
Previous name	Date of Birth ___/___/_____
Home address	
Postcode	
Telephone number	Home Mobile
Email address	
Occupation	
Employer's name and address	
Husband/wife/partner/parent/guardian: Mr/Mrs/Miss/Ms	
First name	Surname
Previous name	Date of birth ___/___/_____
Occupation	
Employer's name and address	

How long have you lived at your current property?

Is your home: owned by yourself / private tenancy / housing association / other

Please give details, if housing association, please give name

Details of other adults or any children who live in the household:

Surname	First name	Date of birth	Relationship to applicant	School/College attending	Employer's details

Financial Details:

Income per month		Expenditure per month	
Applicant earnings		Rent/Mortgage per month	
Partner earnings		Council Tax	
Parents (guardian) earnings		Water Rates	
Child benefit		Electricity/Gas	
Family Tax Credit		Food (approx.)	
Child Support		Insurance	
Pension		TV/Phone/Mobile per month	
student loan/grants/ rental income		Car/travel expenses Childcare costs	
Other benefits		Court orders / payments	
(give details)		Credit/loans/HP	
Other income (give details)		Other expenditure (give details)	
Total income per month		Total Expenditure per month	

Reason for application:

1. How would you like Prestbury United Charities to help you?

Please give as much detail as possible, state the item or items required, and include approximate costs if known.

2. Why are you making this request?

Please give full details of your reasons (medical condition/family needs/financial pressures etc)

Have you or anybody on your behalf, previously made an application to Prestbury United Charities? If so please provide the dates and full details.

Have you (or any other members of your immediate family) made application to any other Charities, Referral bodies, Support Organisations etc in the last 12 months, or received other grants. If so please give details and outcomes.

Please give contact information for the person who is supporting your application. The Charity trustees may wish to contact this person when assessing your request.

Name

Organisation and position held

Address

Postcode

Telephone number

Email

Signature

Date

Completed application forms with supporting documents should be sent to:

Mr B Wood

Clerk, Prestbury United Charities

2 Honeysuckle Close, Prestbury, Cheltenham, Gloucestershire GL52 5LN

email : clerk@puc.org.uk

website: www.puc.org.uk

Data Protection

Data Protection Act 1998

The information you provide on this form may be held on file or on computer or both and may be made available to Charity Trustees and members of the Charity staff at the Charity office and to the relevant referring organisations (if any) stated on the application form and will be used solely for the purposes of determining the application and for monitoring the provision of grants by the Charity or as required by law.

No information passed to us on this form will be made available to any other parties without the applicant's consent

Declaration and Signature

Any offer of grant that may be made by the charity will be conditional on receipt of your proof of identity and other documents. Your signature on this form gives permission for the Charity trustees to contact the person supporting your application.

I believe the information on this application form is true and understand that if a grant is made to me based on inaccurate information, the Charity reserves the right to pursue the recovery of the grant.

Signed (Applicant)

Date

Signed (Husband/wife/partner)

Date