

PLYMOUTH CHARITY TRUST DONATION APPLICATION FORM

APPLICANT (Name).....

Address.....

.....

.....

.....

Tel No.....

Date of Birth..... Age.....

.....Single Married Divorced Partnered Separated Widow/er

FAMILY DETAILS

	Age	Occupation /former occupation /School
Name.....
Husband/Wife.....
Partner.....
Children.....
.....
.....
Others (specify).....

INCOME (Weekly)

	£	p
Husbands wage	.....	.....
Wife's Wage	.....	.....
Partner's Wage	.....	.....
Income Support	.....	.....
Incapacity Benefit	.....	.....
Severe disability benefit	.....	.....
Child benefit	.....	.....
Family credit	.....	.....
Attendance allowance	.....	.....
Disability living allowance-care	.....	.....
Invalid care allowance	.....	.....
.....
Unemployment benefit	.....	.....
Housing Benefit	.....	.....
.....
Maintenance payments	.....	.....
Retirement pension	.....	.....
Occupational pension	.....	.....
Other income (specify).....	.....	.....
.....
.....
TOTAL WEEKLY INCOME	£	p

EXPENDITURE (Weekly)

	£	p
Rent/Mortgage	.....	.....
Council Tax	.....	.....
Water Rates	.....	.....
Electricity	.....	.....
Gas	.....	.....
Coal/paraffin	.....	.....
Insurance	.....	.....
Fares/travel	.....	.....
Car expenses	.....	.....
Household expenses (food, laundry etc)	.....	.....
Clothing	.....	.....
Maintenance	.....	.....
Childminding fees	.....	.....
HP commitments	.....	.....
Telephone	.....	.....
TV Rental	.....	.....
TV Licence	.....	.....
Other expenditure (specify).....	.....	.....
.....
.....
TOTAL WEEKLY EXPENDITURE	£	p

PURPOSE FOR WHICH GRANT IS SOUGHT.....

TOTAL COST OF ITEM £.....

APPLICANTS CONTRIBUTION £.....
(if any)

Has the applicant applied to or received help from any other source YES/NO
(if yes, please give details)

STATUTORY HELP **Amount**
Amount

Social Service.....
LA Housing Dept.....
Local Health Authority.....
DSS.....

Other:.....

OTHER CHARITABLE TRUSTS

Please List

.....
.....
.....

continue on a separate sheet if necessary

TOTAL RECEIVED £.....
To Date

TOTAL STILL REQUIRED £.....

Has applicant ever received previous financial help from this Trust YES/NO if YES when?.....

REASON FOR THE APPLICATION

SUPPORTING COMMENT FROM HEADTEACHER:-

Signature:.....

Date:.....