

Donation Application Form

Please complete in capital letters and a black pen

Applicant

Personal details

Title	First name	Surname				
.....				
Date of Birth	Place of Birth	Age				
.....				
Status	Single	Married	Divorced	Partnered	Separated	Widow/er
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Address and contact details

Number	Street	Town/City	Postcode
.....
Telephone number	Mobile number	Email address	
.....	

Family details

Name	Relationship	Age	Former Occupation / School
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Donation Application Form

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Your Income

Please complete all sources of weekly income. Leave fields blank if they are not relevant to you:

Income	Amount
1. Husband's wage	£
2. Wife's wage	£
3. Partner's wage	£
4. Income support	£
5. Incapacity benefit	£
6. Severe disability benefit	£
7. Child benefit	£
8. Family credit	£
9. Attendance allowance	£
10. Disability living allowance-care	£
11. Invalid care allowance	£
12. Unemployment benefit	£
13. Housing benefit	£
14. Maintenance payments	£
15. Retirement pension	£
16. Occupational pension	£
17. TV Licence	£
18. Other income (specify)	£

Total income £

Almshouse Application Form

Please complete in capital letters and a black pen

Your expenditure

Please complete all sources of weekly expenditure. Leave fields blank if they are not relevant to you:

Expenditure	Amount
1. Rent/Mortgage	£
2. Council tax	£
3. Water rates	£
4. Electricity	£
5. Gas	£
6. Coal/paraffin	£
7. Insurance	£
8. Fares/travel	£
9. Car expenses	£
10. Household expenses (food, laundry etc)	£
11. Clothing	£
12. Maintenance	£
13. Childminding fees	£
14. HP commitments	£
15. Telephone	£
16. TV Rental	£
17. Other income (specify)	£

Total expenditure £

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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
1. Social Service	£
2. LA Housing Dept	£
3. Local Health Authority	£
4. DSS	£
5. Other	£

Other charitable trusts	Amount
1.	£
2.	£
3.	£
4.	£
5.	£

Total Receive £ Total Still Required £
 To date

Has the applicant ever received previous financial help from this Trust? Yes No
 If yes, please specified when

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Reason for the Application

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Supporting Comment from Headteacher

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Signature

.....

Name

Date

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