**Grant Application Form (Individuals)**

**If you need help to fill in this form, please ask.**

***Some information for you about the charity***

*Who can the charity make grants to?*

1. *Those who are resident in Stapleford or are located there for the time being, and*
2. *Those who live immediately outside Stapleford if there are reasons to treat them as resident.*

*What can the charity make grants for?*

1. *For items, services or facilities, which …*
2. *Relieve need, hardship or distress.*

*The charity can pay you directly, or may pay for an item, or pay an organisation providing a service you need.*

*In relieving need the charity can provide help to supplement state benefits but will normally need to know that you have obtained the state benefits to which you are entitled.*

|  |  |  |
| --- | --- | --- |
| **YOUR DETAILS** | Title |  |
|  | First name |  |
|  | Last name |  |
|  | Date of birth  |  |
|  | Address |  |
|  | Postcode |  |
|  | Email |  |
|  | Home phone |  |
|  | Mobile |  |
| **WHAT YOU ARE APPLYING FOR** | What do you need a grant for? *The more detail you can give us the better.* |  |
| How much will it cost? *Give a rough figure if you don’t know exactly.*  |  |
| **YOUR MONEY** | Are you a student? |  |
| Do you have a job? |  |
| How much money do you earn each week or month? |  |
| Do you have a spouse or partner living with you?  |  |
| Do they have a job? |  |
| How much money does your spouse or partner earn each week or month? |  |
| Do you or your spouse/partner receive benefits in addition to your earnings?  |  |
| Which benefits do you each receive? |  |
| How much do you receive in benefits together with your spouse/partner? |  |
| How much money do you have in savings together with your spouse/partner? |  |
| **YOUR GRANT** | Have you or your spouse/partner applied for help from any charities apart from us?  |  |
| Have you or your spouse/partner applied for any help from Social Services?  |  |
| Have you or your spouse/partner applied for money from any other sources? |  |
| **ANY OTHER INFORMATION** | Please tell us anything else about your financial or other circumstances that you think might help us make a decision. |  |

**Confidentiality**

The information you have provided will be given to the trustees of the Stapleford Feoffee Charity in order for them to decide how to deal with your application, but to no-one else unless the Charity is required to do so by law.

All applicants are required to sign the following consent and declaration.

**Your consent and declaration**

I/we consent to the Stapleford Feoffee Charity holding the above information in order to decide how to deal with my/our application, and to it continuing to hold this information as part of its records for as long as it is required to do so by its obligations under applicable law.

I/we confirm that all the information I/we have provided is true to the best of my/our knowledge and belief, and confirm that I/we understand that the Stapleford Feoffee Charity will rely on the accuracy of this information in deciding how to respond to my/our application.

Signed:

Name:

Date:

Signed:

Name:

Date: