**INDIVIDUALS**

**Grant or Loan Application Form**

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

***Please provide us with the information we need to make a decision in accordance with this Scheme.***

***The following paragraphs start at number 34 because they are direct quotes from the Charity’s Scheme. They set out the trustees’ powers to make grants or loans.***

1. Grants or loans may be of money, or by providing or paying for items, services or facilities. Grants or loans may be made to individuals. Organisations or institutions are eligible only for grants.
2. **Grants or loans to individuals** may be made provided that they satisfy both the geographical and purpose criteria set out in clauses 36 to 38 below.
3. The geographical criterion is satisfied if the person to whom the grant or loan is proposed to be made:
	1. lives in Stapleford either permanently or temporarily,
	2. lives immediately outside Stapleford,
	3. has a present connection or association with Stapleford, whether by reason of work, schooling or otherwise, or
	4. has a past connection or association with Stapleford, whether by reason of work, schooling or otherwise, and the Trustees are satisfied that they ought for sufficient reason to be treated as if they were living in Stapleford.
4. The purpose criterion is satisfied if the proposed grant or loan is for:
	1. the relief of need, hardship or distress,
	2. the prevention of need, hardship or distress, or
	3. educational purposes or purposes ancillary to education and the grant or loan is intended to assist in the relief or prevention of need, hardship or distress.
5. In assessing need:
	1. in the case of grants or loans related to the needs of a child, the grant or loan shall be made to the child’s parent(s) or carer(s), and the means of the child’s parents or carers shall be taken into account, and
	2. in the case of grants or loans related to the needs of an adult, only the means of the adult themselves shall be taken into account.
6. …
7. …
8. The Trustees may undertake, subject to the availability of funds and the competing demands on the Charity, to pay a recurring grant to either an individual or an organisation or institution, save that it may undertake to do so for a maximum period of three years. Any such undertaking must be subject to the availability of funds, the competing demands on the Charity and to review by the Trustees for the time being. To avoid any doubt, such grants may subsequently be renewed once or more than once.
9. The Trustees shall not apply any part of the income of the Charity directly in relief of rates, taxes or other public funds but may apply income in supplementing relief or assistance provided out of public funds.

|  |  |  |
| --- | --- | --- |
| **YOUR DETAILS** | Title |  |
| First name |  |
| Last name |  |
| Date of birth  |  |
| Address |  |
| Postcode |  |
| Email |  |
| Home phone |  |
| Mobile |  |

|  |  |  |
| --- | --- | --- |
| **WHO ARE YOU MAKING THIS APPLICATION FOR?** | **Myself** |  |
|  | **A child or children** | Name of child:  |
| Date of birth:  |
|  |  | Name of child:  |
|  |  | Date of birth:  |
|  |  | Name of child:  |
|  |  | Date of birth:  |
|  |  | *Please add further rows as necessary* |

|  |  |  |
| --- | --- | --- |
| **IF YOU / THE CHILD ARE NOT RESIDENT IN STAPLEFORD OR IMMEDIATELY OUTSIDE** | What is your / the child’s connection or association with Stapleford?  |  |
| When was that connection or association?  |  |
| If the connection or association was in the past, tell us why you think the trustees should treat you as if you are living in Stapleford |  |

|  |  |
| --- | --- |
| **ARE YOU APPLYING FOR A GRANT OR A LOAN?** | Grant / Loan / Not sure [Please delete as necessary] |
|  | If you are applying for a loan, how long do you think you will need it for, and why? |  |

|  |  |
| --- | --- |
| **WHAT IS THE MONEY NEEDED 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(or, in the case of a child, the PARENTS’ OR CARERS’ 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? |  |
| Is your spouse or partner’s income part of your means, or are you excluded from access to that money? |  |

|  |  |  |
| --- | --- | --- |
| **OTHER SOURCES OF HELP** | 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 consent to the Stapleford Feoffee Charity holding the above information in order to decide how to deal with my 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 confirm that all the information I have provided is true to the best of my knowledge and belief, and confirm that I understand that the Stapleford Feoffee Charity will rely on the accuracy of this information in deciding how to respond to my application.

Signed:

Print your name:

Date: