

THIS FORM MUST BE ACCOMPANIED BY A TENANCY AGREEMENT AND PHOTO ID

Application for Grant: To be completed by Social Worker/Case Worker etc

A.

Full name _____

Address _____

Post Code _____ Tel No: _____

Date of Birth _____ Married, Single, Widowed etc _____

Family Details: _____ Sons _____ Daughters _____ Previous surname (if applicable) _____

Persons living with applicant: Continue on separate sheet if necessary

<u>Name</u>	<u>D.O.B.</u>	<u>Relationship to Applicant</u>
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Income (all sources): £ weekly _____

Outgoings: £ weekly _____

Employment: (self and/or partner) _____

Rent: (net after Housing Benefit) _____

Unemployment Benefit: _____

OR Mortgage: _____

Retirement Pension: _____

Council Tax: (net after rebate) _____

Works/Other Pension: _____

Water Charges: _____

Income Support: Prior to any deductions _____

Gas _____

Family Credit: _____

Electricity _____

Child Benefit _____

Telephone _____

One Parent Benefit _____

Television: Rental _____

Incapacity Benefit/Pension/Allowance: _____

Licence _____

Invalid/Community Care Allowance: _____

Home Help: _____

Incapacity Benefit: _____

Social Fund loan repayments: _____

Attendance Allowance: _____

H.P. Payments: _____

Disability Living Allowance: _____

Insurance: _____

Severe Disablement Allowance: _____

Car expenses: (if applicable) _____

Other Benefit: _____

Other payments: _____

Contributions from children/others: _____

(please specify)

Total	per week	Total	per week
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Debts: e.g. Rent arrears, gas, electricity, telephone, H.P. loans etc:

Please detail: (with reasons for accrual and action taken to prevent re-occurrence)

Social Fund Loan: Please state purpose of loan together with amount owed and weekly repayment figure

Savings:

Other financial information: e.g. recent extraordinary expenses etc

B.

Circumstances affecting the health and welfare of the applicant/family which relate to your application on their behalf. An accompanying letter expanding on this information and the reasons for your application would be welcomed.

1. Housing Circumstances: Tenure:
Tick where applicable Council tenant.../Private tenant...
 Owner occupier.../Other (please specify)...

2. Medical circumstances:

3. Personal/Social/Family circumstances etc:

C.

Details and purpose of grant required:

Amount of grant requested if known: £

You **may** be asked to provide estimates. Please check on 020 8367 8941 if in doubt.

The following information should be continued on a separate sheet, if necessary. Please provide details of the outcome of any application or alternatively advise why no application has been made.

- 1. Have you applied to the DSS ? YES/NO
- 2. Have you applied to other Charities or sources of funding ? YES/NO
- 3. Have you investigated all possible sources (including Section 17 payments if applicable)
YES/NO

4. Details of any previous grants from The Old Enfield Charitable Trust:

Please confirm that you have visited this client in their home _____

The above details have all been verified on: Date _____

By: (NAME in BLOCK CAPITALS PLEASE). _____

Position: _____ Email:- _____

Case Worker Signature: _____

Contact address, telephone number and extension _____

My client agrees that this information can be shared with other relevant bodies who may be of assistance to them.

The Charity is committed to ensure that this information is secure at all times.

Please return to:

Trust Administrator, The Old Enfield Charitable Trust, The Old Vestry Office,
22 The Town, Enfield, Middlesex, EN2 6LT

Tel: 020 8367 8941 Fax: 020 8366 7708