

TILEHURST POOR'S LANDS CHARITY – GRANT APPLICATION

Address: The Clerk to the Trustees, Tilehurst Poor's Lands Charity, P.O. Box 2802, Reading RG30 4GE

Website: www.tilehurstPLC.org.uk

Advice on grant applications:

- A supporting letter from a caring agency, describing the applicant's personal circumstances, would be appreciated and may help the application.
- Copies of quotations/bills will be needed before the Trustees make a decision.
- The Trustees prefer to pay grants directly to suppliers of goods and services. Please indicate to whom any payment cheque should be made payable.
- Copies of this form and further guidance on the charity's grant-making may be obtained from the charity on request or may be downloaded from the website. Referring agencies may photocopy this form. Please destroy superseded versions.

Advice on completing and submitting the form:

- Please answer all sections as fully as possible. If a question is not applicable, do not leave the answer blank but write 'N/A' or 'None'.
- If more space is needed, please continue on a separate piece of paper.
- Please post the completed form to the above address, together with copies of any relevant quotations/bills and any additional information and supporting documents.

FOR OFFICE USE ONLY	
Name	
Date rcvd	
Req £	
Grant	
Chq no Date	
Payable	

SECTION 1 – THE APPLICANT

Family Name : Forename : *Mr / Mrs / Ms / Miss*

Address :

Post Code : Tel. No. : Age :

Marital or Cohabiting Status :

Are you employed? : **Yes / No** Current or Former Occupation :

SECTION 2 – OTHER PEOPLE LIVING IN THE HOUSEHOLD

Name of person	Age (if under 18)	Relationship to the applicant	If financially dependent on the applicant, please state why. If not, please state type & amount of income.
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.....
.....

SECTION 3 – ITEM(S) FOR WHICH A GRANT IS REQUESTED

Description of item(s)	Grant Requested	Supplier (or Creditor owed)
.....	£
.....	£
.....	£
.....	£
.....	£

SECTION 4 – APPLICATIONS TO OTHER AGENCIES OR CHARITIES

Agency or Charity	Amount	Grant or Loan?	Status: Requested / Being considered / Approved / Paid
.....	£
.....	£

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SECTION 5 – SAVINGS AND DEBTS

<p>ANY SAVINGS & INVESTMENTS</p> <p>..... £</p> <p>..... £</p> <p>..... £</p> <p style="text-align: right;">TOTAL SAVINGS £</p>	<p>ANY DEBTS & ARREARS (please state full amounts owed)</p> <p>..... £</p> <p>..... £</p> <p>..... £</p> <p>(include Loans, Hire Purchase, Clothing Clubs, Catalogues etc) TOTAL DEBTS £</p>
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SECTION 6 – INCOME AND OUTGOINGS (please state WEEKLY figures)

<p>WEEKLY INCOME</p> <p>Earnings £</p> <p>Pension – Occupational / Firm's / Personal £</p> <p>Pension – State Retirement Pension £</p> <p>Children's Allowances £</p> <p>Other Welfare / National Insurance Benefits (please list) :-</p> <p>..... £</p> <p>..... £</p> <p>..... £</p> <p>Lodgers' / Tenants' Payments £</p> <p>Any Other Income (please list) :-</p> <p>..... £</p> <p>..... £</p> <p style="text-align: right;">TOTAL WEEKLY INCOME £</p> <p>For a Single-Parent/Guardian family with dependent children, can financial help be obtained from the other parent? Yes / No <u>If not, please explain why not:</u></p>	<p>WEEKLY OUTGOINGS</p> <p>Housing (please indicate Rent / Mortgage) £</p> <p>Council Tax £</p> <p>Water Charges £</p> <p>Gas, Electricity & other Fuel £</p> <p>Food £</p> <p>Insurances £</p> <p>Television Costs (Licence & Rental) £</p> <p>Telephone (Charges & Calls) £</p> <p>Travel Costs (Fares, Petrol) £</p> <p>Car Costs (Tax, Insurance, Servicing) £</p> <p>Hire Purchase Payments £</p> <p>Clothing Club / Catalogue Payments £</p> <p>Any Other Expenses (please list) :-</p> <p>..... £</p> <p>..... £</p> <p>..... £</p> <p style="text-align: right;">TOTAL WEEKLY OUTGOINGS £</p>
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SECTION 7 – DECLARATION BY THE APPLICANT

I **declare** that the information given on this form is complete and accurate to the best of my knowledge. I **agree** that the information given on this form and in any supporting documents may be shared in confidence with other local charities.

Signature : Date :

SECTION 8 – STATEMENT BY THE REFERRING AGENCY OR PERSON

I **support** this application on the basis of the applicant's real need, hardship or distress.

Signature : Date :

Name : Position :

Agency : Contact Tel. No. :

Postal Address : Postcode :

Email Address : Supporting letter attached? : **Yes / No**