

Tilehurst Poor's Lands Charity – Grant Application (confidential)

Website – www.tilehurstPLC.org.uk

Postal address – **The Clerk to the Trustees,
Tilehurst Poor's Lands Charity,
P.O. Box 2802, Reading, RG30 4GE**

About applying for a grant

- Grants are normally restricted to residents of **Tilehurst, Theale, Holybrook or West Reading** (to the west of the railway line from Theale to West Reading station).
- Please include a **supporting letter from a caring agency** describing the applicant's personal circumstances.
- **Copies of quotations/bills** will be needed before the Trustees make a decision.
- Please indicate to whom any payment cheque should be made payable. The Trustees prefer to pay grants directly to suppliers of goods and services.
- Applicants & referring agencies may photocopy this form or download the latest version from our website.
- Contact the charity for further guidance on grant-making.

How to use this form

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

Data Protection and Privacy (see website for further details)

- We process personal information in order to assess need, consider applications, make grants, liaise with charities and prevent fraud.
- The lawful basis for processing is explicit consent, the conduct of a public interest task, and our legitimate interests (such as record-keeping for accountability, and third party / wider societal interests).
- Personal information may be shared in confidence as follows:
 - with the caring agency supporting the application – any data
 - with other local charities – only limited details (such as names, addresses, goods/services requested, grant sought).
- Application forms are destroyed after 5 years. Limited details may be retained longer for fraud prevention & accountability purposes.

SECTION 1 – THE APPLICANT

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

Address :

Post Code : Tel. No. : Age :

Marital / Civil Partnership 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.
.....
.....
.....
.....
.....

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 & DEBTS

SAVINGS (bank/building-soc. accounts, investments, pension funds etc)	DEBTS (all fines, loans, arrears, HP, clothing clubs, catalogues etc)	AMOUNT OWED	WEEKLY REPAYMENTS	MONTHLY REPAYMENTS
£	£	£	£	£
£	£	£	£	£
£	£	£	£	£
£	£	£	£	£
TOTAL £	TOTAL £	£	£	£

SECTION 6 – HOUSEHOLD INCOME & OUTGOINGS (give WEEKLY or MONTHLY figures)

HOUSEHOLD INCOME	WEEKLY	MONTHLY	HOUSEHOLD OUTGOINGS	WEEKLY	MONTHLY
Main Earnings	£	£	Housing (<i>Rent / Mortgage</i>)	£	£
Other Earnings	£	£	Council Tax	£	£
Pension – State Retirement	£	£	Water Charges	£	£
Pension – Other types	£	£	Gas, Electricity & other Fuel	£	£
Other State Benefits (Note 1):-			Food	£	£
£	£	£	Insurances	£	£
£	£	£	TV & Video (Licence & Rental)	£	£
£	£	£	Mobile & Phone (Charges & Calls)	£	£
£	£	£	Travel Costs (Fares, Fuel)	£	£
Other Income (Note 2):-			Car Costs (Tax, Insuring, Servicing)	£	£
£	£	£	Total Debt Repayments (Note 3)	£	£
£	£	£	Any Other Expenses (please list):-		
TOTAL INCOME	£	£		£	£
Note 1: Please specify all State Benefits received.				£	£
Note 2: Please specify all other income, including contributions from relatives, lodgers, absent parent etc.				£	£
Note 3: Under Household Outgoings, please insert the total weekly or monthly debt repayment figure from Section 5.				£	£
			TOTAL OUTGOINGS	£	£

SECTION 7 – APPLICANT'S CONSENT & DECLARATION

I consent to the charity processing the personal information supplied and sharing it in confidence with the referring agency and other local charities. **I declare** that the information given on this form is complete and accurate to the best of my knowledge.

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 enclosed? **Yes / No**