

Helping more people, helping people more...



APPLICATION FOR ASSISTANCE

About the Charity

Beeston Consolidated Charity (Registered Charity No. 1164090) exists for those people in Beeston who can be helped by the provision of financial and/or other resources. This can be in the form of small grants to individuals, families or organisations to help to purchase items, services or facilities. We are governed by certain restrictions – for example, we are not allowed to provide finance to pay Council Tax, rates or other taxes or public funds.

Advice on applications

Applicants must live within Beeston (or its immediate vicinity) and have a particular need or reason for wanting assistance. If you meet these criteria, please complete the rest of this form – the more information you can give us, the easier it will be to deal with your application. Please be assured that all information you give will be treated in the strictest confidence. We cannot promise to help everyone who applies to us, but all requests will be looked upon as sympathetically as possible. Please note that, if your application is successful, we cannot guarantee to be able to repeat or renew the grant on any future occasion.

Please be aware that applications will be assessed on the basis of the information you provide. You must provide us with accurate, complete and true information at all times.

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 sheet of paper

Please post the completed form to the address below, together with copies of any relevant additional information or supporting documents. This **must** include detailed quotes from appropriate suppliers, contractors, etc for any goods or services that you are seeking to obtain to justify the amount of grant you are requesting from our Charity. Without this information, it may not be possible for us to consider your application or our decision may be delayed. We may also require proof of identification.

When completed this application form should be returned to:

**BEESTON CONSOLIDATED CHARITY
P O BOX 10425
NOTTINGHAM
NG9 9GN**

We will process your application and advise you of our decision as soon as possible after we receive it.

We treat all information on or with this form as confidential unless you say otherwise or it is publically available anyway.

If you would like any help in completing this form, please telephone **07854 310 327**.

If your application is successful, please note that we pay grants by cheque, so we will need to know to whom this should be payable (see Section 5). This is particularly important in the case of joint applications.

SECTION 1 - APPLICANTS' DETAILS

If you are making a joint application with a spouse or partner, please provide these details for each applicant, stating your relationship with one another. Both applicants must read the declaration and sign the form in the spaces provided on page 7.

APPLICANT 1

About Yourself (Please complete in BLOCK CAPITALS)

Surname **Mr/Mrs/Miss/Ms/Mx/Other**

First Names

Address
.....
.....

Postcode **NG9**

Telephone **Daytime**

Evenings.....

Email address

Date of Birth

APPLICANT 2

About Yourself (Please complete in BLOCK CAPITALS)

Surname..... **Mr/Mrs/Miss/Ms/Mx/Other**

First Names

Address
.....
.....

Postcode **NG9**

Telephone **Daytime**

Evenings.....

Email address

Date of Birth

Current Relationship Status:

Single/Married/Separated/Divorced/Widowed/Partner

Reason for your application

What circumstances have led to your current situation?

What items, services or facilities do you need to obtain?
(These must be specific items, etc rather than vague ideas)

How will these help to improve your circumstances?

How much will this cost?

(Please include with your application detailed quotes from suppliers or contractors for any items or services you are seeking to obtain.)

SECTION 2 - LIVING CIRCUMSTANCES

In your current accommodation are you:

(Please tick) Owner..... Tenant..... Lodger..... Shared Ownership.....

Sharing with friends/family..... Other (please state)

Do you own or rent any other property? Yes/No (if "Yes", please provide further details.....

Other people living in the household

Name	Age (if under 18)	Relationship to Applicant	Are they financially dependent on you? Yes or No. If No, what is their source of income e.g. working/on benefit?
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.....

SECTION 3 - FINANCIAL INFORMATION

Please note that we may ask for documentary evidence to support your application and we may undertake credit reference checks on individuals to verify information given.

SAVINGS AND DEBTS

ANY SAVING AND INVESTMENTS

..... £.....
 £.....
 £.....
 £.....
 £.....

ANY DEBTS AND ARREARS

(include loans, hire purchase, clothing clubs, catalogues, credit cards, etc)

..... £.....
 £.....
 £.....
 £.....
 £.....

Comments

INCOME AND OUTGOINGS (please give MONTHLY figures)

MONTHLY INCOME	MONTHLY OUTGOINGS
Earnings from employment £.....	Housing (please indicate rent/mortgage) £.....
Pension - State £.....	Council Tax £.....
- Other £.....	Water Charges £.....
	Energy costs £.....
	Food & essential household items £.....
Benefits (please list)	Insurances £.....
..... £.....	Telephone (charges & calls) £.....
..... £.....	Broadband £.....
..... £.....	Television Licence £.....
..... £.....	TV subscription package £.....
..... £.....	Travel costs (fares, petrol) £.....
Any other income (please list) (eg from lodgers/tenants)	Car costs (tax, insurance, servicing, MOT) £.....
..... £.....	Pay-in-three payments £.....
..... £.....	Credit card repayments £.....
..... £.....	
TOTAL MONTHLY INCOME £.....	Clothing club/catalogue payments £.....
For a single parent or guardian family, can support be obtained from other family members (eg for dependent children)?	Any other expenses (please list) eg pet costs, etc
Yes/No £.....
If not, please explain why not. £.....
Please confirm you are in receipt of all benefits you are entitled to	
Yes/No	TOTAL MONTHLY OUTGOINGS
If not, please explain why not.	£.....
If more space is required, please continue on a separate sheet of paper	

SECTION 4 – APPLICATIONS TO OTHER AGENCIES OR CHARITIES

Receiving grants from other charities does not necessarily mean that we will be unable to assist you, but it is vital that we are kept informed of other funds you receive as it may affect the level of support that each charity is able to offer.

Agency or charity	Amount	Grant or loan?	Status: Requested/Being Considered/Approved/Paid
.....
.....
.....

SECTION 5 – CHEQUE PAYMENT DETAILS

Our Charity pays grants by cheque - please provide details of to whom the cheque should be payable (ie your name(s) as shown on your bank account, if you have one).

Name of payee(s).....

SECTION 6 - DECLARATION BY THE APPLICANT(S)

I declare that the information given on or with this form is complete and accurate to the best of my knowledge.

I understand that this form and maybe the supporting documents contain personal data and you will be holding and using them to deal with my application and that they may be shared with other local charities and such like where you consider that they may be able to provide me with relevant support. You will be processing that data in accordance with your Privacy Notice on your website (www.beestonconsolidatedcharity.org.uk) and if I need a copy I will ask you for one.

I realise that any information that I have provided which relates to someone's health is especially sensitive and I understand that, by submitting that information, I am confirming that I am allowed to provide it and that it will be held and used in the same way as the other personal data I provide. I give consent for that special data to be processed by you until I notify you otherwise. I realise that it may not be possible for you to immediately delete that data on request as there may be legal or technical reasons that delay that or otherwise override my request.

<u>Applicant 1</u>	
Signed	Date

<u>Applicant 2</u>	
Signed	Date

SECTION 7 - STATEMENT BY REFERRING AGENCIES (if appropriate)

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

Name..... Position.....

Agency & address Telephone.....

..... Email.....

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Postcode..... Supporting letter attached: Yes/No

Signature..... Date.....

FOR OFFICE USE ONLY

Date rec'd..... Amount paid £.....

Amount requested £..... Date paid

Approved/Declined..... Chq No.

Applicant advised Yes/No