



GLOUCESTER CHARITIES TRUST

APPLICATION FOR A RELIEF IN NEED/SICKNESS GRANT

Please read these guidance notes before completing/sending your application

- 1 Applicants **must** ensure they meet the eligibility criteria prior to completing a form.
- 2 If the applicant is required to give their immigration status in question 2 then please produce a copy of the relevant page of the Applicant's passport or travel document, or a letter from the Home Office informing the applicant of their immigration status. People with Indefinite Leave to Remain (ILR), or Discretionary Leave (DL) or under Humanitarian Protection (HP) will be considered.
- 3 All applications must be accompanied by a signed letter from a Social Worker/Health Visitor/Support Worker outlining the circumstances of the individual / family and need for a grant. This should include full name and position of the person supporting this application, their phone number and the name and address of their organisation.
- 4 A cheque will not be made out to the applicant, so it is essential that details of the organisation to which the cheques should be payable are included. GCT has links with a number of suppliers to whom direct payment can be made.
- 5 For electronic applications, signature of applicant is not required on the form, but the person supporting the application should include a signed authorisation with the letter of support, which should also be signed. (These can be scanned and emailed.)
- 6 Applicants are required to give their express consent that the information contained within the application may be communicated to all the Trustees, the Charity Commission and similar charitable organisations. Without this express consent the application cannot be considered.

Please return form to: Trust Secretary, Gloucester Charities Trust, Century House, 100 London Road, Gloucester, GL1 3PL, or email to: kate.swanson@gloschar.org.uk



1. Personal Details of Applicant

Full name Contact Number

Status Married **Living together** Divorced Living apart
Civil Partner **Single** Widow Widower

Full address

Postcode:

Occupation Age

How long has the applicant lived in Gloucestershire?
(this information must be given - an application will not be considered without it)

2. Residency Status

Are you a UK citizen? Yes No

Or are you an EU national? Yes No

If not, what is your immigration Status? (Please see note 2)

3. Accommodation

Owner

Rented Please give details of landlord

Other (please specify)

4. Particulars of family living with applicants

Full names	Date of birth	Age	Relationship	School/work

5. Nature of assistance required. Please provide as much detail as possible including the cost of each item requested.

Details	Amount
Total:	

**Please state to whom the cheque should be made payable if the application is successful:
(NB - cheques will *not* be made out to the applicant)**

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**6. Statement of Income. Please give all figures MONTHLY.
It is essential that this section is completed fully and accurately.**

	Applicant	Partner
1) Net wages		
2) Universal Credit		
3) Income Support		
4) Job seekers allowance		
5) Incapacity Benefit/ESA		
6) Working Tax Credit		
7) Child Tax Credit		
8) Child Benefit		
9) Disability Benefit (AA/DLA/PIP)		
10) Carers Allowance		
11) Child Support		
12) Pension		
13) Other benefits (specify)		
14) Other income (specify)		
15) Contributions from other members of family		
Total:		

**7. Statement of Expenditure. Please give all figures MONTHLY.
It is essential that this section is completed fully and accurately.**

1) Mortgage/Rent (net of any housing benefit)	
2) Council Tax	
3) Insurance	
4) Water Rates	
5) Electricity	
6) Gas	
7) Telephone	
8) Clothing	
9) Household expenses (food, toiletries, etc.)	
10) Disability expenses	
11) Other expenditure (Please specify: e.g. school meals/transport/car/ TV/child care/pocket money etc.)	
Total:	

8. Statement of Assets

Amount of savings (if any)

If homeowner: Value of house Outstanding mortgage

Value of any assets, e.g. motor vehicle

9. Statement of Debts - please give details of what the debt is for, the rate of repayment, the amount outstanding, and whether payments are up to date:

	Details	Total Owed	Monthly payments
Hire Purchase			
Court Order			
Other			

10. Sickness/Disability. Please give details if the applicant or any of the applicant's family is suffering from any physical or mental disability or illness.

11. Other sources approached

a) Has the applicant had a previous grant from the Gloucester Charities Trust? When and what for?

b) Has the applicant applied for assistance from the DWP or any other charity/organisation? If so, to whom have they applied and what has the response been so far?

12. Please give any further information you consider to be relevant:

We need to be able to pass your application to the GCT Trustees in order for it to be considered. Do you consent to this? YES / NO

Sometimes other similar charitable organisations may be in a better position to assist you than we are. Do you consent to us providing information contained within your application to such organisations when we believe they may be in a position to assist you? YES / NO

Signature of Applicant

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Date

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Signature and full name/address and telephone no of person supporting this application:
