



THE PRINTING CHARITY

Caring for people since 1827

THE PRINTING CHARITY

First Floor, Underwood House
235, Three Bridges Road
Crawley, West Sussex RH10 1LS

Grants Officer: Henry Smith

Tel: 01293 649368 (direct line)

Email: henry@theprintingcharity.org.uk

The Grants Officer, Henry, welcomes any enquiries and questions. Please contact him.

APPLICANT'S NAME (IN FULL)	Title
<input type="text"/>	<input type="text"/>

**IF YOU ARE COMPLETING THIS FORM ON BEHALF OF THE APPLICANT,
PLEASE ENTER YOUR DETAILS BELOW**

See
Note 1

Surname	First Name	Title
<input type="text"/>	<input type="text"/>	<input type="text"/>

Name of organisation (if applicable)

Address

Town

County

Postcode

Tel. No

Is all information to be sent to the Contact ? (please tick) YES NO

Relationship to applicant

Email

Signed (Contact)

Date

d	d	m	m	y	y
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

See Note 2

Applicant's Personal Information

Address

Town

County

Postcode D.O.B

Tel. No

Email

Married Divorced Separated Widowed Single

Living with Partner

Please describe any health problems or disabilities the applicant has

Health / Disabilities:

See Note 3

Spouse/Partner's Personal Information

Surname First Name Title

Address

Town

County

Postcode D.O.B

Tel. No

Email

Please describe any health problems or disabilities

Health / Disabilities:

Details of Grant Request

See
Note 4

Which type of Grant/s are you applying for?

Regular Financial Assistance

Nursing Home Top-Up

Miscellaneous Grant

Respite/Convalescence

If for a miscellaneous grant, describe the purpose of the grant:

What is the total cost of your need? £

What amount are you seeking? £

Has the applicant applied to the Social Fund for assistance (Y/N).....

Please list any other Charities, Trusts and/or Local Authorities the applicant has already applied to/or intends to apply to, concerning this grant request and give the results if known:

If the applicant has applied to this organisation on previous occasion/s for other grant/s, please indicate the purpose/s and approximate date/s of those applications:

Has the applicant recently been advised about their Government and Local Authority Benefit entitlements? If so, please give details:

Applicant's employment history

See
Note 5

Give details of the applicant's current or previous printing/allied trades employment even if now retired

Employer	Job Description	How long (years)	Name of any Union, professional body etc. belonged to (optional)

Spouse/Partner's employment history

See
Note 6

Give details of current or previous printing/allied trades employment even if now retired or deceased

Employer	Job Description	How long (years)	Name of any Union, professional body etc. belonged to (optional)

Parent's employment history

See
Note 7

Give details of the parents' current or previous printing/allied trades employment even if now retired or deceased

Employer	Job Description	How long (years)	Name of any Union, professional body etc. belonged to (optional)

See
Note 8

Details of children living at home

Give particulars of sons and daughters who live in the applicant's household:

Full Name D.O.B.

Full Name D.O.B.

Full Name D.O.B.

Full Name D.O.B.

Those in Further/Higher Education (Please tick the relevant boxes for Full Time or Part Time)

Full Name D.O.B.

College/University or other Please tick appropriately
Full Time Part Time

Full Name D.O.B.

College/University or other Please tick appropriately
Full Time Part Time

See
Note 9

Family health issues

Give details of any illness or disability of children listed above:

Full Name Illness or disability

(additional information)

Full Name Illness or disability

(additional information)

See
Note 10

Details of people living the applicant's home

Give particulars of all people who live in the applicant's home, other than those listed on the previous page:

Full Name	D.O.B
<input type="text"/>	<input type="text"/> d d m m y y
Relationship to applicant	Employed/Unemployed/School or other
<input type="text"/>	<input type="text"/>
Weekly income	Weekly payment to household
<input type="text"/>	<input type="text"/>

Full Name	D.O.B
<input type="text"/>	<input type="text"/> d d m m y y
Relationship to applicant	Employed/Unemployed/School or other
<input type="text"/>	<input type="text"/>
Weekly income	Weekly payment to household
<input type="text"/>	<input type="text"/>

Full Name	D.O.B
<input type="text"/>	<input type="text"/> d d m m y y
Relationship to applicant	Employed/Unemployed/School or other
<input type="text"/>	<input type="text"/>
Weekly income	Weekly payment to household
<input type="text"/>	<input type="text"/>

See
Note 11

Household health issues

Give details of any illness or disability of household member/s listed above:

Full Name	Illness or disability
<input type="text"/>	<input type="text"/>
(additional information)	
<input type="text"/>	
<input type="text"/>	

Full Name	Illness or disability
<input type="text"/>	<input type="text"/>
(additional information)	
<input type="text"/>	
<input type="text"/>	

See
Note 12

Details of Income

Indicate the net **WEEKLY** income after tax, etc.

	Applicant £	Spouse/Partner £
Net Wage/Salary	<input type="text"/>	<input type="text"/>
Retirement/Widows Pension	<input type="text"/>	<input type="text"/>
Occupational/Private Pension	<input type="text"/>	<input type="text"/>
Other Pensions	<input type="text"/>	<input type="text"/>
Child Benefit	<input type="text"/>	<input type="text"/>
Income Support	<input type="text"/>	<input type="text"/>
Pension Credit	<input type="text"/>	<input type="text"/>
Job Seekers Allowance	<input type="text"/>	<input type="text"/>
Incapacity Benefit	<input type="text"/>	<input type="text"/>
Employment Support Allowance	<input type="text"/>	<input type="text"/>
Severe Disablement Allowance	<input type="text"/>	<input type="text"/>
Invalid Care Allowance	<input type="text"/>	<input type="text"/>
Attendance Allowance	<input type="text"/>	<input type="text"/>
Disability Living Allowance - Mobility	<input type="text"/>	<input type="text"/>
Disability Living Allowance - Care	<input type="text"/>	<input type="text"/>
Investment Income	<input type="text"/>	<input type="text"/>
Charitable Income	<input type="text"/>	<input type="text"/>
Any other Income - Please specify	<input type="text"/>	<input type="text"/>

Does your State Retirement Pension/Pension Credit include an allowance because you are considered to be 'severely disabled'.

If so, how much is the allowance per week?

£	£
<input type="text"/>	<input type="text"/>

See
Note 13

Tax Credits

Indicate if the applicant or the applicant's spouse/partner are in receipt of any Tax Credits - give **WEEKLY** amounts if possible

	Applicant £	Spouse/Partner £
Working Families Tax Credit	<input type="text"/>	<input type="text"/>
Disabled Persons Tax Credit	<input type="text"/>	<input type="text"/>
Child Tax Credit	<input type="text"/>	<input type="text"/>
Totals:	<input type="text"/>	<input type="text"/>

See
Note 14

Details of Savings

Indicate the total current amount

Please do not leave any boxes blank, where the applicant has no savings please enter "zero"

	Applicant £	Spouse/Partner £
Bank Accounts	<input type="text"/>	<input type="text"/>
Building Societies	<input type="text"/>	<input type="text"/>
Post Office Accounts	<input type="text"/>	<input type="text"/>
Premium Bonds	<input type="text"/>	<input type="text"/>
Saving Certificates	<input type="text"/>	<input type="text"/>
Stocks and Shares	<input type="text"/>	<input type="text"/>
Investments; Peps, Isas, Tesses etc.	<input type="text"/>	<input type="text"/>
Other savings	<input type="text"/>	<input type="text"/>
Total: £	<input type="text"/>	Total: £ <input type="text"/>

See
Note 15

Details of Housing

Date of taking up residence:

(please tick)

		d	d	m	m	y	y
Owned - no mortgage	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Owned - with mortgage	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Rented - Housing Association	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Rented - Council	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Rented - Private	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Sheltered Accommodation	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Residential Home	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Nursing Home	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

See
Note 16

Owned Homes only

Weekly

How much weekly Support for Mortgage Interest does the applicant receive? **If the applicant does not receive Support for Mortgage Interest, please enter "zero"**

£

How much weekly mortgage does the applicant pay? **If the applicant does not pay mortgage, please enter "zero"**

See
Note 17

Rented Homes Only

Please do not leave any boxes blank, where the applicant does not pay or receive any of these payments, please enter "zero"

Weekly
£

How much is the Total Rent paid?

How much Housing Benefit (if any) does the applicant receive?

Does that rent include water rates? YES NO

Does that rent include heating costs? YES NO

If so, how much is the average heating cost?

See
Note 18

Council Tax

Please do not leave any boxes blank, where the applicant does not pay or receive any of these payments, please enter "zero"

Weekly
£

How much is the Total Council Tax paid?

How much Council Tax Benefit (if any) does the applicant receive?

See
Note 19

Other weekly expenditure

Please list any costs/expenses considered to be significantly above average and the reasons why:

Weekly
£

See
Note 20

Family Financial Support

Can any of the applicant's parents/children be reasonably expected to contribute financially to the grant request/s?

YES NO

If so, have they been asked? YES NO

See
Note 21

Supporting Statement (optional):

Please include details of family caring responsibilities, voluntary work, civic service, trade union service and any other work or activity, paid or voluntary, that you feel should support this application:

Declaration and Bye-Law 60:

The Printing Charity (also known as the Printers' Charitable Corporation) will use the information you have provided and other information you may provide in the future to ascertain your eligibility for assistance. We will not disclose this information to any other person or organisation except in connection with this purpose.

The information may include "sensitive data" under the Data Protection Act 1998.

Please sign below to indicate your consent to us using this data in this way

If it is proved that any benefit received by you was paid through misrepresentation or non-disclosure of financial circumstances at the time that the application was made, or during the time when benefit was in issue, The Printing Charity may take necessary steps to recover from the beneficiary or his estate any benefit improperly paid or obtained or the value thereof.

I have read Bye-law 60 (above) and I declare all my information to be true

See
Note 22

Signed (applicant)

Signed (spouse/partner)
(where applicable)

Dated

d	d	m	m	y	y

Signed (witness)

Occupation

Dated

d	d	m	m	y	y

The Grants Officer, Henry, welcomes any enquiries and questions. Please contact him.

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See Note 23

Benefit Payment by BACS

NAME OF BENEFICIARY _____

ADDRESS _____

_____ TEL NO _____

Signature of Beneficiary _____

DATE _____

Please give details of the account to which benefit will be credited

NAME OF BANK/BUILDING SOCIETY _____

BRANCH _____

PAYEE NAME _____

ACCOUNT NUMBER (8 digits)

SORT CODE (6 digits) - -

ROLL NUMBER (Building Societies only) _____

Signature of Beneficiary _____ DATE _____

If payment is to be made to a third party please complete authority below

NAME OF THIRD PARTY _____

ADDRESS _____

_____ TEL NO _____

Signature of Third Party _____ DATE _____