## For help filling in this form, please refer to the guidance notes provided



Application for Financial Assistance – In Confidence

**All sections must be completed to prevent delay**

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| 1. **Your Details** [See Note 1]
 |
| Surname |  | First Name |  | Title |  |
| Address |  |
| Town |  | County |  | Postcode |  |
| Telephone No |  | Mobile No |  |
| Email address |  |
| National Insurance No |  | Nationality |  |
| Date of Birth | d | d |  | m | m |  | y | y | y | y |  |
| Marital Status | Single |  | Living withPartner |  | Married/Civil Partnership |  | Separated |  | Divorced |  | Widowed |  |

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| **If you are filling in this form on behalf of the applicant, please provide your details below** [See Note 1] |
| Name |  |
| Address |  |
| Telephone No |  | Mobile No |  |
| Email address |  |
| Relationship to applicant |  |
| Signed |  | Date |  |
| Who should be the main contact for this application? | Applicant |  | You, the third party contact |  | Both |  |

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| 1. **Spouse/Partner Details** [See Note 2]
 |
| Surname |  | First Name |  | Title |  |
| Address |  |
| Town |  | County |  | Postcode |  |
| Telephone No |  | Mobile No |  |
| Email address |  |
| Date of Birth | d | d |  | m | m |  | y | y | y | y |  |

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| 1. **Household Members and Dependents** [See Note 3]
 |
| Tell us who lives in your home and/or anyone that you are financially responsible for |
| Name | Relation | Date of Birth  | In Education | Employed/ Unemployed | Weekly payment to household  |
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| Do you, your spouse/partner, household members or dependents have any significant health issues or disabilities? If so, please provide details: |
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| 1. **Employment History** [See Note 4]
 |
| Give details of your current or previous employment, even if now retired |
| Employer | Job Description | Dates | Union belonged to (optional) |
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|  |  |  |  |
|  |  |  |  |
| Give details of your spouse’s/partner’s current or previous employment, even if now retired or deceased |
| Employer | Job Description | Dates | Union belonged to (optional) |
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| Give details of your parents’ current or previous employment, even if now retired or deceased |
| Employer | Job Description | Dates | Union belonged to (optional) |
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| Give details of your children’s current or previous employment |
| Employer | Job Description | Dates | Union belonged to (optional) |
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| 1. **Grant Request Details** [See Note 5]
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| Which type of grant(s) are you applying for? |

[ ]  Regular Financial Assistance [ ]  One-Off Grant

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| If applying for a one-off grant, please describe the purpose of the grant: |
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| What is the total cost of your need? | £ |
| What amount are you seeking? | £ |

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| --- | --- | --- |
| Have you applied to us before? | Yes | No |
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| How did you hear about the Printing Charity? |
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| --- | --- | --- |
| Have you applied to any other Charities, Trusts and/or your Local Authority for help? | Yes | No |
|  |  |
| If yes, please provide details below and give the results (if known): |
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| Have you checked your benefit entitlements? Agencies that can assist include: your Local Authority, DWP, Citizens Advice Bureau, Age UK and Turn2Us | Yes | No |
|  |  |
| If yes, please provide details below: |
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| 1. **Income Details** [See Note 6]

Indicate the net **WEEKLY** income after tax, etc. |
|  | You **£** | Spouse/Partner **£** |
| Wage / Salary (Net) |  |  |
| Universal Credit |  |  |
| Working Tax Credit |  |  |
| Income Support |  |  |
| Job Seekers Allowance |  |  |
| Employment and Support Allowance / Incapacity Benefit |  |  |
| Statutory Sick Pay |  |  |
| Statutory Maternity/ Paternity or Shared Parental Pay |  |  |
| Maternity Allowance |  |  |
| Other people(s) total household contributions |  |  |
| State Pension |  |  |
| Workplace / Private Pension(s) |  |  |
| Bereavement Allowances |  |  |
| Pension Credit |  |  |
| Child Tax Credit |  |  |
| Child Benefit |  |  |
| Child Maintenance received |  |  |
| Charitable Support |  |  |
| **Gross Income** |  |  |
| Personal Independence Payment / Disability Living Allowance |  |  |
| Disability Premiums/ Benefits |  |  |
| Attendance Allowances |  |  |
| Carer’s Allowance |  |  |
| Any other disability income |  |  |
| **Total Disability Income** |  |  |

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| 1. **Capital/Savings** [See Note 7]
 |
| Give the total current amountDo not leave any boxes blank, if no savings exist please enter ‘zero’ |
|  | You **£** | Spouse/Partner **£** |
| Bank Accounts |  |  |
| Building Societies |  |  |
| Post Office Accounts |  |  |
| Investments (ISAs, PEPs, TESSAs) |  |  |
| Premium Bonds |  |  |
| Stocks and Shares |  |  |
| Life Assurance |  |  |
| Value of any properties you own other than the house you live in |  |  |
| Redundancy Pay / Compensation |  |  |
| **Total:** |  |  |

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| 1. **Housing Details** [See Note 8]
 |

[ ]  Owned – no mortgage [ ]  Owned – with mortgage [ ]  Shared Ownership

|  |  |
| --- | --- |
| Property Value | £ |
| Mortgage Outstanding | £ |

|  |  |
| --- | --- |
| Property Value | £ |

|  |  |
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| Percentage owned/ Property Value |  |
| Mortgage Outstanding | £ |

[ ]  Rented – Council [ ]  Rented – Private [ ]  Rented – Housing Association

[ ]  Sheltered Accommodation [ ]  Residential Care Home [ ]  Nursing Home

|  |  |
| --- | --- |
| Date you entered the residence: |  |

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| **Amount of benefit received £** |
| Housing Benefit |  |
| Support for Mortgage Interest |  |
| Council Tax Reduction |  |

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| **Disposal of Assets**Have you disposed of any assets within the last 5 years? e.g. sold or gifted a property or shares. If so, please give details: |
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| 1. **Debts** [See Note 9]

e.g. Mortgage, Bank Loans, Credit Cards, Hire Purchase, all other Debts or Loans |
| Name of Creditor | Purpose | Monthly **£** | Balance Owed **£** |
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| What action or advice have you taken about your debts? |
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| 1. **Expenditure** [See Note 10]

Provide figures in terms of a weekly amount |
|  | You **£** | Spouse/Partner **£** | Arrears **£** |
| Rent (less Housing Benefit) |  |  |  |
| Mortgage(s) (less Support for Mortgage Interest) |  |  |  |
| Council Tax (less Council Tax Reduction) |  |  |  |
| Ground Rent / Service Charge |  |  |  |
| Buildings / Contents Insurance |  |  |  |
| Water Rates |  |  |  |
| Gas / Electricity |  |  |  |
| Other Fuels e.g. Calor gas, oil, coal |  |  |  |
| Childcare costs e.g. childminder, nursery |  |  |  |
| Child Maintenance paid |  |  |  |
| Maintenance for ex-partner/ spouse |  |  |  |
| Care costs |  |  |  |
| **Total:** |  |  |  |
| Food |  |  |  |
| Clothing |  |  |  |
| Mobile Phone |  |  |  |
| Telephone / TV costs / Broadband |  |  |  |
| Household goods e.g. furniture, appliances |  |  |  |
| Social participation |  |  |  |
| Car costs (including finance) |  |  |  |
| Public transport / Taxis |  |  |  |
| Personal goods and services e.g. toiletries, prescriptions, dentist, glasses |  |  |  |
| Life Assurance / Insurance |  |  |  |
| Any other above-average costs/expenses: |  |  |  |
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| **Total:** |  |  |  |

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| 1. **Supporting Statement** (Optional) [See Note 11]
 |
| 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 your application. |
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| 1. **Declaration and Bylaw 60** [See Note 12]
 |
| The Printing Charity (also known as the Printers’ Charitable Corporation) will store your data securely in accordance with the Data Protection Act 1998 and may 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 their estate any benefit improperly paid or obtained or the value thereof. |
| *I have read Bylaw 60 (above) and I declare all my information to be true* |

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| --- | --- |
| Signed (you) |  |
| Signed (your spouse/partner) |  |
| Date |  |

We may approach other charities/organisations on your behalf; tick this box if you do **not** wish for this to happen [ ]

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| 1. **Supporting Documents** [See Note 13]

Please enclose the following documents with your application: |
| Most recent bank and building society statements |  |
| Most recent pay slip or pension details |  |
| Most recent Council tax bill |  |
| Rental agreement showing amount paid |  |
| DWP correspondence showing benefit received |  |
| Any other documents to support your application |  |

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| **Return your completed form to:**The Printing CharityFirst Floor, Underwood House,235 Three Bridges Road,Crawley, West SussexRH10 1LSTelephone: 01293 542820Email: support@theprintingcharity.org.ukWebsite: www.theprintingcharity.org.uk |