

Jesus Hospital Charity
Registered Charity No 1075889

APPLICATION FOR A GRANT

Please ensure that you answer every section even if it is to confirm "NOT APPLICABLE"

"It is a Charity Commission requirement to investigate the personal circumstances of applicants for grants. The personal data supplied on this form, and other information relating to a grant or pension, will be held on file. Some details may be checked with relevant organisations, but none will be disclosed for any inappropriate purpose. You may have access to your personal information on request".

Please also note that the Officers of the Charity are required to investigate each and ask questions which will enable the Trustees to make an application informed decision.

A visit is also usually undertaken as part of this process.

You will be notified of the outcome but please note, the Charity are not obliged to give any reasons behind these decisions.

Last Name:	Mr/Mrs/Ms/Miss
First Name:	Date of Birth:
Daytime Tel No:	Email:
Address:	
Postcode:	

How long have you lived at this address:	Years	Months
If less than 5 years, previous address:		

Please provide details of all others living in your home:

Full Name:	Date of Birth	Relationship with you e.g. partner/son/daughter
1.		
2.		
3.		
4.		
5.		

Do you live in a house/flat/room?	Do you own your home?
If not who is your landlord?	
What is your present occupation?	If none, please state previous occupation
Name & Address of last employer?	Dates:
Do you or anyone else in your household suffer from any illness of infirmity? Yes / No	
If yes please give details:	
Name/s:	State illness/Disability

PLEASE GIVE DETAILS OF YOUR HOUSEHOLD INCOME, EXPENSES & SAVINGS
Proof of income and expenses maybe required

<u>INCOME</u>	<u>SELF</u>	<u>Monthly</u>	<u>PARTNER/ OTHER HOUSEHOLD MEMBER</u>	<u>Weekly/ Monthly</u>
Employment				
JSA/Income Support				
Tax Credits				
Child Benefit				
Child Maintenance Support				
Retirement/ Widows Pension				
Occupational Pension				
Disability Living Allowance/ PIP				
Incapacity Benefit				
Mobility Allowance				
Carers Allowance				
Attendance Allowance				
Housing Benefit				
Council Tax Benefit				
Regular Help (e.g. family)				
Other income (e.g.Charity)				

<u>EXPENSES</u>	<u>SELF</u>	<u>Weekly/ Monthly</u>	<u>PARTNER OTHER HOUSEHOLD MEMBER</u>	<u>Weekly/ Monthly</u>
Rent/Mortgage				
Council Tax				
Gas				
Electricity				
Other Fuel				
Petrol				
Water				
Telephone				
Food				
Travel (specify)				
Other essential expenditure (e.g. insurance – specify)				
<i>Proof of income and expenses maybe required</i>				

Please give full details of all bank/building society accounts and balances (copies of the last 3 months statements will be required):

Please give full details of any savings and property owned (copies of statements will be required)

Please give details of any housing arrears and other debts including credit card balances and catalogue debts (*copies of statements may be required*):

<p>Please give details of amounts contributed to the upkeep of the household by anyone living with you:</p>
<p>Please state specific purpose for which grant is required and any other information which will help the Trustees when considering your application:</p>
<p>Total Cost of item/s required (<i>documentary evidence may be required</i>):</p>
<p>Please provide a full breakdown of above item/s, including name of proposed supplier:</p>
<p>How much will you be contributing towards this e.g. contributions from other charities, organisations, parents, family etc.</p>
<p>Have you applied to other organisations/charities for financial assistance with any of the above items? YES/NO (please delete as necessary)</p> <p>If YES, please give details including sources and amounts of any grants (including those pending):</p> <p style="text-align: center;"><i>Please note that the Jesus Hospital Charity may need to contact one or more of the above to discuss your application.</i></p>
<p>Please give details of any grants applied for or received from this Charity or any other charitable organisation in the past three years (date, name of charity, amount):</p>
<p>I hereby confirm that the above information is true and agree to the Jesus Hospital Charity sharing this information with other local charities.</p> <p>Please ensure you have answered every section, even if it is to confirm “Not Applicable.”</p> <p>Signed: _____ Dated _____</p>

Return the completed form to:
 Jesus Hospital Charity, Ravenscroft Lodge, 37 Union Street, Barnet, Herts, EN5 4HY
Please contact 020 8440 4374 with any queries when completing this form.