



**Grant application form**

Client Reference  
(for office use)

Answer all questions. If the question does not apply please say so. Incomplete answers will delay this application.

**1. Details of referring agency**

Title \_\_\_\_\_ Name of person referring \_\_\_\_\_ Position \_\_\_\_\_

Name of referring agency \_\_\_\_\_

Address \_\_\_\_\_

Postcode \_\_\_\_\_

Telephone \_\_\_\_\_ Fax \_\_\_\_\_ Email \_\_\_\_\_

How long has this applicant been known to your organisation? Years \_\_\_\_\_ Months \_\_\_\_\_

Have you visited the home? No  Yes

What support are you giving the family? \_\_\_\_\_

If we did a home visit are there any special considerations we need to be aware of? \_\_\_\_\_

If you are employed by Social Services, and there are children in the family, has an application been made for a Section 17 payment? No  Yes

If no, why not? \_\_\_\_\_

If yes, what was the outcome? \_\_\_\_\_

Has the applicant applied to any other charities or trusts for the items they are requesting?

No Yes

If Yes, give details \_\_\_\_\_

Signed by person completing the form \_\_\_\_\_ Date

This form is NOT to be completed by the applicant unless specifically requested by Leicester Charity Link. Once completed please return to

**Leicester Charity Link, 20a Millstone Lane, Leicester LE1 5JN.**

**1.1 To be signed by the applicant**

Data Protection Act. By submitting this application form and signing this declaration both the applicant and the referrer agree to the information on the form (and any attachments) being stored in Leicester Charity Link's manual filing system and computer systems for the sole purpose of grant processing, analysis, monitoring and accounting. The applicant also agrees to the information on the form, its attachments, and any reports derived from these being divulged to any charity to which the society may apply on the applicants behalf for the sole purpose of securing financial assistance with the case. All the information will be treated in the strictest confidence and not divulged to another third party, except for quality audit purposes, without the agreement of those concerned.

Applicants signature \_\_\_\_\_ Date \_\_\_\_\_

Please Note: It may take between 6-8 weeks to process your application due to the time taken by us to seek and approach charities and for them to make a decision.

## 2. Details of applicant

*Charities often have very rigid rules and will only assist those people the charity has been set up to help. These people can include those with a particular disability, religion, age, occupation, place of birth or residency status. If this information is not provided on this form then the applicant will be excluded from a range of funding options from which they might otherwise have received help.*

Title: Mr  Ms  Mrs  Miss  Surname \_\_\_\_\_

Forename(s) \_\_\_\_\_ Gender \_\_\_\_\_ NI No

Date of birth \_\_\_\_\_ Age \_\_\_\_\_ Place of birth \_\_\_\_\_

Ethnic Origin (please tick relevant box)

White		Dual Heritage		Asian/Asian British		Black/Black British		Others	
White British	<input type="checkbox"/>	White/Black African	<input type="checkbox"/>	Bangladeshi	<input type="checkbox"/>	Caribbean	<input type="checkbox"/>	Chinese	<input type="checkbox"/>
White Irish	<input type="checkbox"/>	White/Asian	<input type="checkbox"/>	Pakistani	<input type="checkbox"/>	African	<input type="checkbox"/>	Other Ethnic Origin (please state)	
White Other	<input type="checkbox"/>	White/Black Caribbean	<input type="checkbox"/>	Indian	<input type="checkbox"/>	Black Other	<input type="checkbox"/>		
		Dual Heritage Other	<input type="checkbox"/>	Other Asian Origin	<input type="checkbox"/>				

Address \_\_\_\_\_

Postcode \_\_\_\_\_

Telephone \_\_\_\_\_ How long at present address? \_\_\_\_\_ Years \_\_\_\_\_ Months

Type of accommodation: Council tenant  Owner occupier  Private tenant

Housing Association  Nursing Home  Hostel  Other

Council Area \_\_\_\_\_

Previous address (if less than 10 years) \_\_\_\_\_

Marital Status: Married  Single  Separated  Widowed  Divorced  Co-habiting

Date of marriage \_\_\_\_\_ Maiden name \_\_\_\_\_ Religion \_\_\_\_\_

Residency status: British Citizen  Full refugee status  Indefinite leave to remain

Exceptional leave to remain  Asylum Seeker  Other (please specify) \_\_\_\_\_

Is the applicant employed? No  Yes

If Yes, what is their current Occupation \_\_\_\_\_

### 2.1 Applicants work history

*Many charities have funds to help people that have worked in a particular industry or company. The more details you can provide about any work history the greater chance we have of helping with the items requested*

Company name & address	Type of business	Approximate dates worked	Job Title/Occupation

2. 1 Details of applicants' work history (contd)

Company name & address	Type of business	Approximate dates worked	Job Title/Occupation

Has the applicant been in the Armed Forces? Yes  No

Do they have verification of their service details? Yes  No

Name enlisted with	Regiment/ship/branch	Enlistment Date	Discharge Date	Service Number	Rank

Does the applicant have an illness or disability? No  Yes

If Yes, please give details below of their disability and how this impacts daily living \_\_\_\_\_

\_\_\_\_\_

G.P. /Consultant Name and Address \_\_\_\_\_

\_\_\_\_\_ Telephone \_\_\_\_\_

3. Details of partner

Title: Mr  Ms  Mrs  Miss  Family name \_\_\_\_\_

Forename(s) \_\_\_\_\_ Gender \_\_\_\_\_ NI No

Date of birth \_\_\_\_\_ Age \_\_\_\_\_ Place of birth \_\_\_\_\_ Religion \_\_\_\_\_

Ethnic origin (please tick relevant box)

<u>White</u>	<u>Dual Heritage</u>	<u>Asian/Asian British</u>	<u>Black/Black British</u>	<u>Others</u>
White British <input type="checkbox"/>	White/Black African <input type="checkbox"/>	Bangladeshi <input type="checkbox"/>	Caribbean <input type="checkbox"/>	Chinese <input type="checkbox"/>
White Irish <input type="checkbox"/>	White/Asian <input type="checkbox"/>	Pakistani <input type="checkbox"/>	African <input type="checkbox"/>	Other Ethnic Origin (please state) _____
White Other <input type="checkbox"/>	White/Black Caribbean <input type="checkbox"/>	Indian <input type="checkbox"/>	Black Other <input type="checkbox"/>	
	Dual Heritage Other <input type="checkbox"/>	Other Asian Origin <input type="checkbox"/>		

Does the partner have an illness or disability? No  Yes  If Yes, please give details below of

how this impacts on daily living \_\_\_\_\_

\_\_\_\_\_

Is the partner employed? No  Yes  Current Occupation \_\_\_\_\_



#### 4. Financial details

##### 4.1 Details of applicant's income and expenditure

*We need to know the income and expenditure of the full household including any partner or other household members. Please include details of any outstanding loans or credit card and other debts in Section 4.4.*

<u>Weekly Income</u>		<u>Weekly Expenditure</u>		<u>Arrears</u>
Earned Income	£ _____	Rent/Mortgage	£ _____	£ _____
Working Tax Credits	£ _____	Council tax	£ _____	£ _____
Child Tax Credit(s)	£ _____	Water rates	£ _____	£ _____
Income Support	£ _____	Gas	£ _____	£ _____
Job Seekers Allowance	£ _____	Electricity	£ _____	£ _____
Child Benefit	£ _____	Telephone	£ _____	£ _____
Maintenance	£ _____	TV license	£ _____	£ _____
Incapacity Benefit	£ _____	TV rental	£ _____	£ _____
DLA/Care	£ _____	Repairs and Maintenance	£ _____	£ _____
DLA/Mobility Allowance	£ _____	Car/Travel Expenses	£ _____	£ _____
Attendance Allowance	£ _____	Home Help/Gardening/Cleaning	£ _____	£ _____
Carers Allowance	£ _____	Childminding	£ _____	£ _____
State Retirement Pension	£ _____	Housekeeping (food etc)	£ _____	£ _____
Occupational Pension	£ _____	Insurance	£ _____	£ _____
Pension Credits	£ _____	Clothing	£ _____	£ _____
Widows Pension	£ _____	Other (please specify)		£ _____
Other family income (specify)	£ _____	_____	£ _____	£ _____
_____	£ _____	_____	£ _____	£ _____
_____	£ _____	_____	£ _____	£ _____
_____	£ _____	_____	£ _____	£ _____
_____	£ _____	_____	£ _____	£ _____
_____	£ _____	_____	£ _____	£ _____
	<b>TOTAL £ _____</b>		<b>TOTAL £ _____</b>	<b>TOTAL £ _____</b>

4.2 Are there any direct deductions from benefit e.g. social fund loan or arrears? No  Yes

If Yes, please give details \_\_\_\_\_  
 \_\_\_\_\_

4.3 Does the applicant/partner have any savings? If so, how much? \_\_\_\_\_

4.4 Debts, loans and catalogue payments (excluding mortgage payments). Please list all of these below.

Creditor/Firm	Weekly Payment	Amount to clear	What the loan was used for
	£	£	
	£	£	
	£	£	
	£	£	
	£	£	

