

# CHATHAM CHARITIES GRANT APPLICATION

www.chathamcharities.btck.co.uk

Registered Charity No. 209598

E:chathamcharities@gmail.com

Trustees may award grants at their discretion in relief of financial hardship where assistance is not available from any alternative source. THE RECOMMENDER should complete this document after verifying any necessary information with the proposed beneficiary. Both parties should sign at the foot of page 2.

**BENEFITS ARE AVAILABLE ONLY TO RESIDENTS OF CHATHAM**  
(Administrative boundary as defined during 18<sup>th</sup> – 20<sup>th</sup> Centuries)  
**ALL SECTIONS OF THE DOCUMENT MUST BE COMPLETED**

## (1) DETAILS OF RECOMMENDER

NAME \_\_\_\_\_ OCCUPATION \_\_\_\_\_ TEL \_\_\_\_\_

REPLY ADDRESS \_\_\_\_\_ EMAIL \_\_\_\_\_

\_\_\_\_\_ POST CODE \_\_\_\_\_

## (2) DETAILS OF BENEFICIARY

ADULTS (all who reside) \_\_\_\_\_ CHILDREN \_\_\_\_\_  
(Print first name and surname) (Include age and (M) (F))

\_\_\_\_\_

CURRENT ADDRESS \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_ Chatham. POST CODE \_\_\_\_\_

IS THIS A PERMANENT OR TEMPORARY ADDRESS? \_\_\_\_\_ TO WHICH LOCAL AUTHORITY IS COUNCIL TAX PAID? \_\_\_\_\_

HOW LONG AT THIS ADDRESS? \_\_\_\_\_ (If less than 1 year please state previous address below.)

\_\_\_\_\_ POST CODE \_\_\_\_\_

## (3) DETAILS OF BENEFICIARY'S FINANCES

*(Please complete all relevant details in order to assist the Trustees in assessing financial need)*

<p><b>INCOME – LIST ALL NET EARNINGS AND BENEFITS</b></p> <p style="text-align: center;"><b>WEEKLY AMOUNT</b></p> <p>EARNINGS* / JOB SEARCH*    £ _____ <i>*Delete as applicable</i></p> <p>INCOME SUPPORT            £ _____</p> <p>CHILD BENEFIT              £ _____</p> <p>CHILD TAX CREDIT         £ _____</p> <p>WORKING TAX CREDIT      £ _____ Please list other benefits such as Incapacity, Carers, DLA or any maintenance received.</p> <p>_____                      £ _____</p> <p>_____                      £ _____</p> <p>COMMENT IF APPROPRIATE ON UNEMPLOYMENT, WHEN LAST WORKED OR WHY NOT WORKING.</p> <p>_____</p> <p>_____</p>	<p><b>OTHER FINANCIAL INFORMATION</b></p> <p>AMOUNT OF SAVINGS (TOTAL BALANCE)    £ _____ *****</p> <p style="text-align: center;"><b>WEEKLY AMOUNT</b></p> <p>DWELLING IS OWNED* / RENTED*</p> <p>GROSS MORTGAGE* / RENT*    (A)    £ _____ <i>*Delete as applicable</i></p> <p>DEDUCT HOUSING BENEFIT    (B)    £ _____</p> <p>NET HOUSING COST (WEEKLY) (A – B)    £ _____</p> <p>DEBT REPAYMENTS (WEEKLY)                £ _____ *****</p> <p>TOTAL DEBT OUTSTANDING                    £ _____ PLEASE COMMENT IF DEBT REPAYMENTS ARE IN ARREARS. IF RENT ARREARS, CONFIRM LANDLORD'S NAME AND WHETHER TENANCY IS AT RISK.</p> <p>_____</p> <p>_____</p>
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#### (4) OTHER INFORMATION

##### SINGLE PARENT FAMILIES

PLEASE COMMENT ON WHETHER ANY ABSENT SPOUSE / PARTNER (CHILD'S PARENT) IS IN CONTACT OR MAKES A CONTRIBUTION TO THE FAMILY BUDGET.

##### WIDER FAMILY SUPPORT

DOES THE BENEFICIARY HAVE WIDER FAMILY MEMBERS WHO MAY ASSIST? PLEASE STATE WHETHER ANY ASSISTANCE HAS BEEN SOUGHT OR OFFERED FROM THIS SOURCE.

##### OTHER SOURCES OF ASSISTANCE

NOTE If benefits situation is such that the beneficiary is eligible to apply for monies from the **Social Fund** no Grant by the Charity can be considered until application has been made and the result is known.

HAS APPLICATION BEEN MADE TO ANY OTHER SOURCE OR TO THE SOCIAL FUND FOR A COMMUNITY CARE GRANT, BUDGETING OR CRISIS LOAN? \_\_\_\_\_

WHAT WAS THE OUTCOME? \_\_\_\_\_

#### (5) ITEM(S) REQUESTED AND SUPPLIER DETAILS

##### PLEASE NOTE THE FOLLOWING MATTERS:

- 1) MONIES MAY NOT BE PAID DIRECT TO THE BENEFICIARY.
- 2) IF ARTICLES ARE SELECTED FROM ARGOS PLEASE QUOTE **PAGE AND PRODUCT NUMBERS** FROM CURRENT CATALOGUE.

- 3) IF A CHEQUE IS REQUIRED **PLEASE PRINT PAYEE'S NAME**

- 4) IF FURNITURE OR OTHER LARGE COST ITEMS ARE SOUGHT, PLEASE HELP TO CONTAIN COSTS BY CONSIDERING SECOND HAND ITEMS.

- 5) GAS APPLIANCES MUST BE INSTALLED BY QUALIFIED FITTERS. COOKERS TO BE INSTALLED IN FLATS MUST BE FITTED WITH A FLAME FAILURE DEVICE.

\_\_\_\_\_ **TOTAL COST** £ \_\_\_\_\_

#### (6) RECOMMENDER'S SUPPORTING STATEMENT

PLEASE MENTION ANY CIRCUMSTANCES THAT MAY HELP THE TRUSTEES UNDERSTAND THE NEEDS OF THE BENEFICIARY. WHERE BENEFITS INCLUDE INCAPACITY, CARERS OR DLA IT MAY BE APPROPRIATE TO COMMENT ON THE LEVEL OF ADDITIONAL OUTGOINGS THAT ARE INCURRED IN MANAGING THE PROBLEM OF ILL HEALTH. IF THERE IS INSUFFICIENT SPACE YOU MAY WISH TO ATTACH A SEPARATE LETTER. **FOR BEDS, COOKERS, WASHING MACHINES ETC PLEASE DESCRIBE EXISTING FACILITY**

### **ALL INFORMATION IS TREATED STRICTLY IN CONFIDENCE**

**The Beneficiary and the Recommender should sign where indicated below. If, exceptionally, the document is submitted without the Beneficiary's confirmation, the Recommender should provide an explanation.**

I confirm the above details and agree that the Recommender may discuss this Application with the Charity as necessary.

I confirm the above details and undertake to ensure that receipts or evidence of expenditure will be provided to the Trustees promptly in appropriate instances.

.....  
Signed – Beneficiary

.....  
Date

.....  
Signed – Recommender

.....  
Date