

HIGHWORTH UNITED CHARITIES
RELIEF OF NEED FUND – Registered Charity No. 200777

The Fund makes grants for items or services that assist HIGHWORTH AND SOUTH MARSTON residents who are in genuine need. The money available is limited and therefore, assistance given cannot be repeated later.

APPLICATION

This form may be completed by either the applicant or by a supporter.
PLEASE COMPLETE THE INFORMATION ON BOTH SIDES OF THIS FORM

DETAILS OF APPLICANT

Mr/Mrs/Ms/Miss/Other.....

Surname..... Forenames..... Age.....

APPLICANT’S SPOUSE/PARTNER (IF ANY)

Mr/Mrs/Ms/Miss/Other.....

Surname..... Forenames..... Age.....

Number of dependents.....

Full address.....

..... Postcode.....

Email address.....

Please explain why the assistance is needed. **PLEASE PROVIDE WRITTEN PROOF.** You may continue on a separate sheet if necessary.

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How much money is needed £.....

WEEKLY HOUSEHOLD INCOME – please give details for self and spouse/partner, enclosing copies of evidence, relevant letters or other information. Missing information and evidence will cause a delay in your application being considered.

Weekly income	<u>Applicant £</u>	<u>Spouse/partner £</u>	Evidence enclosed (please tick)
Weekly Earnings			<input type="checkbox"/>
Weekly Benefits			<input type="checkbox"/>
Weekly credits			<input type="checkbox"/>
Weekly pension			<input type="checkbox"/>
Child and other Weekly allowances			<input type="checkbox"/>
Other weekly income – please specify			<input type="checkbox"/>

WEEKLY HOUSEHOLD PAYMENTS, including arrears please enclose proof such as letters, bills and arrears statements. Missing information and evidence will cause a delay in your application being considered.

Weekly household expenditure	<u>Amount £</u>	Evidence enclosed (please tick)
Weekly Rent/mortgage		<input type="checkbox"/>
Weekly council tax		<input type="checkbox"/>
Weekly electricity		<input type="checkbox"/>
Weekly gas		<input type="checkbox"/>
Weekly water		<input type="checkbox"/>
Weekly household food bill		<input type="checkbox"/>
Weekly phone bill		<input type="checkbox"/>
Other weekly expenditure – please provide details		<input type="checkbox"/>

DECLARATION

I declare that the figures stated for income and payments are a true record.

Signature of applicant..... Date.....

Supporter (if any) Name & address

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Supporter (if any) Signature..... Date.....

Thank you. This form should now be returned in a sealed envelope clearly marked HIGHWORTH UNITED CHARITIES to the Highworth Council office, South Marston Parish Clerk or emailed to HighworthUnitedCharities@gmail.com