## WILLIAM MOULTON CHARITY

APPLICATION FOR FINANCIAL ASSISTANCE ALL SECTIONS OF THE FORM MUST BE COMPLETED IN BLACK INK (see attached guidance notes)

## PLEASE DO NOT CONTINUE TO COMPLETE THIS FORM IF THE APPLICANT DOES NOT MEET THE FOLLOWING REQUIREMENT

APPLICANTS MUST HAVE L					ONTHS.		
				<b>OT</b> consider the Applicatio			
HOW LONG HAS THE APPLICANT LIVED IN NEWCASTLE?				Years Months	\$		
PURPOSE OF GRANT:				AMOUNT REQUESTED £			
NAME OF APPLICANT: ADDRESS				<u>I</u>			
AGE:							
DETAILS OF FAMILY : Name Husband/ Wife/Partner:	Age	Occupation/School					
Children:							
			<u> </u>				
Status: Single□ Married□ Civil P	artnershi	p□ Co-	Habiting□	Separated  Widowed			
Occupation of Applicant:							
Monthly Income (unless stated otherwise)	£	р	Monthly Expenditure £ (unless stated otherwise)			р	
Applicant's Earnings			Rent or Mo				
Other Household Earnings			Council Tax *				
Income Support			Water Rate	es *			
Employment Support Allowance (ESA)			Electricity *	:			
Child Benefit			Fuel				
Child Tax Credit / Tax Credit			Insurance				
State Pension			Fares/Trav	el			
Occupational Pension			Loans				
Personal Independence Payment (PIP)			Fines/Court Orders				
Attendance Allowance			HP Commitments				
Jobseeker's Allowance (JSA)			Household Expenses				
Universal Credit (UC)			TV Licence/Rental				
Housing Benefit			Telephone				
Mobility Allowance			Other Expe	enditure (Specify)			
Maintenance Payments To self: To children:							
Total Monthly Income			Total Mon	thly Expenditure			
			TOTAL SU	RPLUS/DEFICIT			
PLEASE ENSURE THAT ALL HOUS	SEHOLD I	NCOME	& EXPEND	ITURE IS INCLUDED IN T	HIS SEC	TION	

\* If payments for these are paid direct please indicate if they are included in Income

WHAT DEBTS/ARREARS EXIS Details:	T? Amount £	WHICH OTHER CHARITIES HAVE BEEN APROACHED / GRANTS RECEIVED? Name Amount £					
HAS APPLICANT PREVIOUSL' AID FROM THIS CHARITY?	Y RECEIVED GRANT						
NO□, YES□ AMOUNT: £	DATE:						
REASONS FOR AND BACKGROUND TO THIS APPLICATION?							

Continue on a separate page if necessary.

## CHEQUES

(A) Carpets: Please indicate to which carpet supplier the cheque should be made payable .

Choose from one of the following:

□ Westgate Carpets

□ The Flooring Outlet Ltd

□ Carpet Discount Centre

SKN Flooring.

(B) <b>V</b>	Vhite goods	s etc. All	cheques for c	ookers, v	washing m	nachines,	white goods	furniture,	etc. will be	made
			ies Newcastle							

NAME AND ADDRESS OF AGENCY/ORGANISATION: (required to send cheque to if application is successful) NAME OF CASEWORKER: **TELEPHONE NO:** Email Address How Long has the applicant been known to the Agency/Organisation -Months Years I confirm that the information on this form is correct, it I confirm that following independent enquiry the can be shared for the purpose of considering my applicainformation on this form is correct to the best of my tion for financial assistance and that I will use the grant knowledge, I support the application and that I will ensure solely for the purpose stated. that the grant is used solely for the purpose stated. Signature of caseworker. Signature of applicant. Date: PLEASE CHECK THAT ALL SECTIONS OF THE FORM ARE COMPLETED & SIGNATURES PROVIDED