

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 LIVED IN NEWCASTLE FOR AT LEAST THE LAST 12 MONTHS.
If this information is not provided the Trustees WILL NOT consider the Application

HOW LONG HAS THE APPLICANT LIVED IN NEWCASTLE? **Years** **Months**

PURPOSE OF GRANT :	AMOUNT REQUESTED £
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NAME OF APPLICANT: ADDRESS
AGE:

DETAILS OF FAMILY :	Name	Age	Occupation/School
Husband/ Wife/Partner:			
Children:			

Status: Single Married Civil Partnership Co-Habiting Separated Widowed

Occupation of Applicant:

Monthly Income (unless stated otherwise)	£	p	Monthly Expenditure (unless stated otherwise)	£	p
Applicant's Earnings			Rent or Mortgage *		
Other Household Earnings			Council Tax *		
Income Support			Water Rates *		
Employment Support Allowance (ESA)			Electricity *		
Child Benefit			Fuel		
Child Tax Credit / Tax Credit			Insurance		
State Pension			Fares/Travel		
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 Expenditure (Specify)		
Maintenance Payments To self: To children:					
Total Monthly Income			Total Monthly Expenditure		
			TOTAL SURPLUS/DEFICIT		

PLEASE ENSURE THAT ALL HOUSEHOLD INCOME & EXPENDITURE IS INCLUDED IN THIS SECTION

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

