Fakenham Charities

**APPLICATION FOR RELIEF IN NEED**

When completed this form should be sent in a sealed envelope marked “Confidential” and addressed to The Clerk of the Trustees, 12 Poppyfields, Fakenham, NR21 8PZ.

It can also be scanned and emailed to clerkoftrusteesfakenham@gmail.com

***ALL AREAS OF THE FORM MUST BE FILLED IN BEFORE THE APPLICATION CAN BE CONSIDERED.***

**Section 1 Particulars of Applicant**

|  |  |
| --- | --- |
| Full name of Applicant |  |
| Address |  |
| Postcode |  |
| Telephone Number |  | Email: |
| Date of Birth |  |
| Type of Accommodation | House/furnished |
| Conditions of Tenure | Rented/freehold |

**Section 2 Particulars of All Persons over 18 Living at the Above Address**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Name | **Date of Birth** | **Relationship to Applicant** | **Type of Employment** | **Earnings** | **Payments to Household** |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

**Section 3 Particulars of All Persons under 18 Living at the Above Address**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Name** | **Date of Birth** | **Relationship to Applicant** | **School or****College** | **Year** |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

**Section 4. Expenditure of Applicant/Partner/Other**

**PLEASE Give all figures in weekly amounts.**

|  |  |  |
| --- | --- | --- |
|  | **EXPENSES/PER WEEK** | **ARREARS/PER WEEK** |
| Rent less Housing Allowance |  |  |
| Mortgage |  |  |
| Council Tax |  |  |
| Water Charges |  |  |
| Food |  |  |
| Light and Heat |  |  |
| Transport Costs |  |  |
| Telephone |  |  |
| Other Expenses (give details)Use an additional sheet if necessary |  |  |
|  |  |  |
| **TOTAL PER WEEK** |  |  |

**Section 5. Disclosure of Income. Give all figures in weekly amounts.**

|  |  |  |
| --- | --- | --- |
| **Income Weekly** | **Applicant** | **Partner/Other** |
| Wages/Salary |  |  |
| Job Seeks Allowance |  |  |
| Income Support/Pension |  |  |
| Tax Credit |  |  |
| Retirement/Works Pension |  |  |
| Child Benefit |  |  |
| Incapacity Benefit |  |  |
| Maintenance/Child Support |  |  |
| Non-dependants Contributions |  |  |
| Other not mentioned above |  |  |
| **TOTAL PER WEEK** |  |  |

**Section 6 Savings**

Please state what savings you have and their value today e.g. balances in bank and Building Society Accounts, National Savings Certificates, Premium Bonds, Unit Trusts etc. (**A copy of your last 3 months bank statements is to be attached to this form before we can consider your application**).

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**Section 7. Assistance Requested**

How much are you asking for, and why? Please be specific of your needs.

Has an approach been made, or will an approach be made to any other fund in respect of this problem? If YES state which fund(s)

……………………………………………………………………………………………………….…............

Is Applicant in full receipt of Statements Benefits? Yes/No

Has application been made to D.S.S./Social Services? Yes/No

Result ………………………………………………………………………………………….………............

Have all relevant rebates/allowances been claimed? Yes/No

Result …………………………………………..………………………………………………………...........

Have you applied to Fakenham Charities previously: Yes/No

If yes, please provide details e.g. how much and date

Amount ………………………… Year ………………………………

**Section 8. Certificate**

I certify that to the best of my knowledge and belief the information supplied above is correct and I understand that any incorrect statement may be regarded as an endeavour to obtain help under false pretences. I agree that the D.W.P., Social Services, my Family Doctor, or any other Agency may be consulted in confidence on matters relevant to this application.

Signature of Applicant ……………………………………………..Date ………………………………..

**Please return completed form together with a copy of 3 months bank statements and any correspondence showing benefits received (from Department of Works and Pensions or Job Centre Plus). These will be returned if required. If you wish to add anything to the above please continue on a separate sheet.**

**The Charities for Relief in Need are:**

**Fakenham Relief in Need**

**Goggs Relief in Need**