

John Martin's Charity 16 Queen's Road Evesham WR11 4JN Telephone – 01386 765440 www.johnmartins.org.uk enquiries@johnmartins.org.uk	CONFIDENTIAL APPLICATION FORM GENERAL ASSISTANCE Registered Charity No - 527473
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Please complete all sections, enter "n/a" as appropriate. Supporting documents must be provided.

Applicant's Personal Details:

Name in full Mr/Mrs/Miss/Ms/Other			
Names previously known by			
Address			
Post Code			
Telephone		Mobile Telephone	
Applicant's date of birth		National Insurance Number	
Length of residence in Evesham			

Spouse/Partner's Details:

Name in full Mr/Mrs/Miss/Ms/Other			
Names previously known by			
Partner's date of birth		National Insurance Number	

Children, dependents or other occupants at the property

Name	Date of Birth	Relationship to applicant	Name of School/College/ employer etc.

For office use -	Date Issued:
	Consent Form required Y / N

Financial Details:					
<i>Recent supporting documents must be provided to evidence the following information:</i>					
Income		Specify Frequency	Date last paid	Date next due	For office use: Evidenced
Wages	£				
Wages - partner	£				
Working Tax Credit	£				
Universal Credit /JSA	£				
Income Support	£				
ESA / Sickness / Incapacity	£				
Child Benefit	£				
Child Tax Credit	£				
Maintenance	£				
Maternity benefit	£				
Pension Credit	£				
State Pension	£				
Private Pension	£				
Pension - partner	£				
Attendance Allowance	£				
DLA – Care	£				
DLA – Mobility	£				
Invalid Care Allowance	£				
Other:	£				
Housing Costs					
Rent/Mortgage paid by applicant/s	£				
Housing benefit received	£		Paid to Landlord / Applicant		
Total rent /Total mortgage	£				
Rent/Mortgage arrears	£				
Council Tax paid by applicant/s	£				
Council Tax support received	£				
Total Council tax	£				
Council Tax arrears	£				
Council Tax Band					

Benefit Deductions				
Amount of deduction	£	£	£	£
Reasons i.e. social loan, fines etc...				
Amount outstanding				
Final repayment date				
Capital				
Bank	£			
Building Society	£			
Shares/ISA	£			
National Savings/Bonds	£			
Other	£			

Property Details:	
Owner / Tenant	Private landlord or Name of Housing Association:

Employment History: Please provide details as there are other charities related to employment who may be able to offer further help		
Employer	Job Description	Dates of Employment
When did you last receive payment of your salary?		
Are any further payments due; how much and when?		

Other sources of assistance: i.e. Budgeting Loan, Crisis Loan, grants from other charities such at Severn Trent Trust Fund, SSAFA etc..
Have you applied to any other organisations or charities for assistance? Please provide details:
What help have you been given and under what terms was this offered?

Details of debts: Such as arrears on utility bills, credit cards, bank overdrafts, Provident etc. Any CCJs, Pay Plan arrangements? Please include the amount owed and weekly repayments.		
Who do you owe the debt to?	Amount	Repayment terms
Which agencies, such as the CAB or Pay Plan, have you approached for assistance?		

Personal Circumstances: Please give the reason why you are seeking assistance together with any other information you think may be relevant.

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What are you applying for?

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Please note: where the Charity provides a grant to purchase an item, the make, type and supplier will be at the discretion of the Trustees and your contact details will be passed to the supplier.

Are you a UK Resident for tax purposes? <i>If no, please provide tax reference & country</i>	YES	NO
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By completing this Form, I/we acknowledge that John Martin's Charity may store and use this information in accordance with the Charity's Privacy Notice in order to consider providing me/us with grant assistance. The Privacy Notice is freely available from the Charity's office and website.

Other than where detailed in the Privacy Notice, if this information needs to be shared with third parties, John Martin's Charity will request my/our consent.

Note - False declarations will be deemed fraudulent, the application will be rejected and further applications will not be considered.

I/We declare that the information given by me/us on this Form is correct and completed to the best of my/our knowledge.

I/WE HAVE READ THE ABOVE DECLARATION AND REQUEST ASSISTANCE FROM THE CHARITY

Signed: Signed.....

Dated: Dated

All grants are awarded at Trustees' discretion.