

John Martin's Charity
 16 Queens Road
 Evesham WR11 4JN
 Telephone – 01386 765440
www.johnmartins.org.uk
enquiries@johnmartins.org.uk

CONFIDENTIAL

APPLICATION FOR RELIEF IN NEED

Registered Charity No - 527473

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			
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			
Names previously known by			
Partner's date of birth		National Insurance Number	

Children, dependents or other occupants:

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

For office use - Date Issued:

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, Community Care Grant, or other charities such as at Severn Trent Trust Fund, SAFFA 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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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 consent to the Charity confirming such information as may be necessary with appropriate organisations including statutory bodies, medical advisors and schools etc. to enable this application to be considered. I/We also consent to John Martin's Charity processing this information in accordance with the Data Protection Act 1998.

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

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

Signed:

Dated:

All grants are awarded at Trustees' discretion.