

Charity Link Grant application form



Finding funding for people in need since 1876

20a Millstone Lane, Leicester LE1 5JN
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w: www.charity-link.org
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Client reference
(for office use only)

If you are working with individuals or families who are experiencing hardship then please complete the following grant application form. Please note: This form is NOT to be completed by the applicant unless specifically requested by Charity Link. Once completed please return to 20a Millstone Lane, Leicester LE1 5JN.

Answer all questions. If a question does not apply please say so. Incomplete answers will delay application.

1. Details of referring agency

Title _____ Name of person referring _____ Position _____

Name of referring agency _____

Address _____

_____ Postcode _____

Telephone _____ Fax _____ Email _____

How long has this applicant been known to you or your organisation? Years _____ Months _____

Have you visited the home? Yes No

What support are you giving the family? _____

If we were to make a home visit are there any special considerations we need to be aware of?

Has the applicant applied to any other charities or trusts for the items they are requesting?

Yes No If yes, give details _____

Signed by person completing the form _____

Date

1.1 To be signed by the applicant in all applications

Data Protection Act. By submitting this application form and signing this declaration both the applicant and the referrer agree to the information on the form (and any attachments) being stored in Charity Link's manual filing systems and computer systems for the sole purpose of grant processing, analysis, monitoring and accounting. The applicant also agrees to the information on the form, its attachments, and any reports derived from these being divulged to any charity to which Charity Link may apply on the applicant's behalf for the sole purpose of securing financial assistance with the case. All the information will be treated in the strictest confidence and not divulged to another third party, except for quality audit purposes, without the agreement of those concerned.

Applicant's signature _____ Date _____

**IT MAY TAKE BETWEEN 6 and 8 WEEKS TO PROCESS YOUR APPLICATION DUE TO THE
TIME TAKEN BY MANY CHARITIES TO MAKE A DECISION.**

2. Details of applicant

Charities have very rigid rules and will only assist individuals who fall into particular groups the charity has been set up to help. These groups include those of a particular disability, religion, age, occupation, place of birth or residency status. If this information is not provided the applicant will be excluded from a range of funding options from which they might otherwise have received help.

Title: Mr Ms Mrs Miss Other Family name _____
Forename(s) _____ Gender _____ NI No.

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Date of birth _____ Age _____ Place of birth _____

Address _____
_____ Postcode _____

Telephone _____ Length of time at present address? _____ Years _____ Months

Type of accommodation

Council tenant Owner occupier Private tenant Housing Association
Nursing home Hostel Supported housing Other

Council area (name of borough council or unitary authority) _____

Previous address (if less than 10 years) _____

Marital status: Married Civil partnership Single
Separated/Divorced Widowed Cohabiting

Date of marriage _____ Maiden name _____

Residency status: British Citizen Full refugee status Indefinite leave to remain
Exceptional leave to remain Asylum seeker Other (please specify) _____

Does the applicant have an illness or disability? Yes No If yes, please give details below:

How does this impact on their daily living? _____

G.P. or consultant name and address _____

_____ Telephone _____

2.1 Details of applicant's partner

Title: Mr Ms Mrs Miss Other Family name _____
Forename(s) _____ Gender _____ NI No.

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Date of birth _____ Age _____ Place of birth _____

Does the partner have an illness or disability? Yes No If yes, please give details below:

How does this impact on their daily living? _____

3. Monitoring information

In order to effectively monitor the help we give please provide the following information in respect of the applicant (Applic.) and applicant's partner (Part.).

White	Applic.	Part.
British: English		
British: Scottish		
British: Welsh		
British: Other		
Irish		
European		
Other		

Dual heritage	Applic.	Part.
White/Black Caribbean		
White/Black African		
White/Asian		
Other		

Asian or Asian British	Applic.	Part.
Indian		
Pakistani		
Bangladeshi		
Other		

Chinese	Applic.	Part.
Chinese		
Other		

Black or Black British	Applic.	Part.
Caribbean		
African		
Somalian		
Other		

Other ethnic origin	Applic.	Part.
Gypsy/Romany/Traveller		
Other ethnic group		

Not stated	Applic.	Part.
Prefer not to say		

Sexual orientation	Applic.	Part.
Lesbian/Gay		
Heterosexual		

	Applic.	Part.
Bisexual		
Prefer not to say		

Religious belief	Applic.	Part.
Christianity		
Islam		
Hinduism		
Sikhism		

	Applic.	Part.
Buddhism		
Judaism		
Jainism		
Other		

	Applic.	Part.
Atheism		
Prefer not to say		

3.1 Details of children or other adults

Give details of any children or other adults living in the household, together with information on illness, disability and employment status as appropriate, including financial contribution to the household.

Family Name	Forenames	Date of birth	Ethnic origin (See 3. above)	Relationship to Applicant	School/College/ Employment	Payment to household
						£
						£
						£
						£
						£
						£

If any of these children or other adults have an illness or disability, please give details below and explain how this impacts on their daily living? _____

4. Applicant's work history

Many charities have funds to help people that have worked in a particular industry or company. The more details you can provide about any work history the greater chance we have of helping with the items requested.

Is the applicant employed? Yes No If yes, please tick Full time Part time

Please provide ALL current and previous work history. (It does not matter how long ago this was)

Company name and address	Type of business	Job title/occupation	Approximate dates worked from: to:

Has the applicant been in the Armed Forces? Yes No If available please provide details below:

Name enlisted with	Regiment/ship/branch	Enlistment date	Discharge date	Service number	Rank

4.1 Partner's work history

Is the partner employed? Yes No If yes, please tick Full time Part time

Please provide ALL current and previous work history.

Company name and address	Type of business	Job title/occupation	Approximate dates worked from: to:

Has the partner been in the Armed Forces? Yes No If available please provide details below:

Name enlisted with	Regiment/ship/branch	Enlistment date	Discharge date	Service number	Rank

5. Financial details

5.1 Details of household income and expenditure

We need to know the income and expenditure of the full household including any partner or other household members. Please include details of any outstanding loans or credit card and other debts in section 5.4.

Weekly income		Weekly expenditure		Arrears
Earned income	£ _____	Rent/Mortgage	£ _____	£ _____
Working Tax Credit	£ _____	Council tax	£ _____	£ _____
Child Tax Credit	£ _____	Water rates	£ _____	£ _____
Income Support	£ _____	Gas	£ _____	£ _____
JSA income based	£ _____	Electricity	£ _____	£ _____
JSA contribution based	£ _____	Telephone	£ _____	£ _____
Child Benefit	£ _____	TV Licence	£ _____	£ _____
Maintenance/CSA payments	£ _____	TV rental	£ _____	£ _____
Incapacity Benefit	£ _____	Repairs & Maintenance	£ _____	£ _____
ESA income based	£ _____	Car/Travel expenses	£ _____	£ _____
ESA contribution based	£ _____	Home help/gardening/cleaning	£ _____	£ _____
DLA Care	£ _____	Child care costs	£ _____	£ _____
DLA Mobility	£ _____	Housekeeping (food etc.)	£ _____	£ _____
PIP Care	£ _____	Insurance	£ _____	£ _____
PIP Mobility	£ _____	Clothing	£ _____	£ _____
Attendance Allowance	£ _____	Other (please specify)	£ _____	£ _____
Carers Allowance	£ _____	_____	£ _____	£ _____
State Retirement Pension	£ _____	_____	£ _____	£ _____
Occupational pension	£ _____	_____	£ _____	£ _____
Pension Credits	£ _____	_____	£ _____	£ _____
Widows Pension/Benefit	£ _____	_____	£ _____	£ _____
Council Tax Support	£ _____	_____	£ _____	£ _____
Housing Benefit	£ _____	_____	£ _____	£ _____
Other benefit/income (specify)	£ _____	_____	£ _____	£ _____
_____	£ _____	_____	£ _____	£ _____
Weekly Total	£ _____	Weekly Total	£ _____	£ _____

5.2 Are there any direct deductions from benefit e.g. Social Fund Loan or arrears?

Yes No If yes, please give details _____

5.3 Does the applicant /partner have any savings? If so, how much? £ _____

5.4 Debts and loans (excluding mortgage payments) please list all below:

Bank/loan company/catalogue club	Weekly Payment	Amount to clear	What the loan was used for
	£	£	
	£	£	
	£	£	
	£	£	
	£	£	

Client number:



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Measuring our impact

We need to collect information about the difference that we can make to you and people's lives. This helps us to improve our services, and to explain to our funders the benefits of what we do.

We would therefore be extremely grateful if you could complete this form to tell us a little bit about how you are feeling at the moment. Please include the form with your Charity Link application form. Any information you give will be treated in the strictest confidence.

Please tick which most applies to you:

	1 Very low	2 Low	3 OK	4 high	5 Very high
My level of self-esteem is:					
The quality of my daily life is:					
My confidence for the future is:					
My control over my life is:					
My levels of stress and anxiety are:					
My feelings about being able to keep my current home are:					
My feelings of being able to make my home liveable are:					
Please also answer the following only if they apply to you:					
If you have children:					
My confidence in my child's future:					
If you have a disability or illness:					
My ability to be independent and live the life I choose:					

Thank you for your time, please return along with your application form.