

EATON SOCON CHARITIES

Application for a grant from the parish charities of Eaton Socon

Please answer all the questions as fully as possible so that the Trustees can give your application proper consideration. Please give details for you and your dependants. If you have any difficulty completing this form please contact the Clerk to the Trustees. All information will be treated in the strictest confidence.

SURNAME _____ FIRST NAME(S) _____

ADDRESS _____ POSTCODE _____

TELEPHONE _____ Single _____ Married _____ Widowed _____ (Tick)

Are there any wage earners in your household? Yes _____ No _____

Do you have any dependent relatives? Yes _____ No _____

If yes, please state their names and addresses:

WEEKLY INCOME

Earnings	£ _____ pw
State pension/credit	£ _____ pw
Private/occupational pension	£ _____ pw
Income support	£ _____ pw
Child benefit	£ _____ pw
Child tax credit	£ _____ pw
Working tax credit	£ _____ pw
IB/ESA/JSA	£ _____ pw
DLA/AA/PIP	£ _____ pw
Housing benefit	£ _____ pw
Council tax benefit	£ _____ pw
Mortgage benefit	£ _____ pw
Universal Credit	£ _____ pw
Other income	£ _____ pw

TOTAL INCOME £ _____ pw

WEEKLY EXPENSES

Rent/mortgage	£ _____ pw
Gas/electric	£ _____ pw
Oil/coal	£ _____ pw
Water	£ _____ pw
Food/toiletries etc	£ _____ pw
Telephone/s	£ _____ pw
TV/Cable etc	£ _____ pw
Council tax	£ _____ pw
Insurance – house	£ _____ pw
Insurance – car	£ _____ pw
Insurance – other	£ _____ pw
Travel – bus/car etc	£ _____ pw
Credit/loans etc	£ _____ pw
Clothing/other	£ _____ pw

TOTAL EXPENSES £ _____ pw

Signed _____

Date _____

Please return this form by 30 October to Eaton Socon Post Office or to the Nisa shop.

Queries: Mrs J. Squire – tel.01234 378894