

# Application Form for an Individual Grant



## About you

Title

First name(s)

Surname

Your date of birth  /  /

Where the application is made on behalf of a person under the age of 16 years. Please give the full name(s) of the parent or legal guardian

Name of parent or legal guardian

Address

Postcode

Home phone number

Mobile phone number

What type of housing do you occupy? (Please circle the appropriate description)

Owner occupied

Privately rented

Council rented

Housing Association rented

Other (please state)

Dependants Name Age Relationship (to you)

Does anyone else live with you e.g. husband, wife, children (If YES, please state their details )

Name	Age	Relationship (to you)
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

## Item(s) Required

Please let us know how you intend to use the grant and how it will benefit you. Remember to include costs/quotes. (The more information you can give the better) You may prefer to provide a separate sheet to allow more detail to be given.

Item(s) Required	How will this help you?	Cost/Quote
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

# Medical Reason for Application

**Grants can only be made because of an illness or disability,** please let us know the nature of the illness and enclose a medical certificate or document of similar evidence confirming the illness or disability.

**Applications cannot be accepted without this evidence.**

The medical evidence should be dated within the last 6 months and must be from a professional who has close contact with the applicant. This can be a doctors certificate or note, or an assessment letter from an Occupational Therapist or other, or some other similar documentation. If you are unsure whether your evidence is acceptable or if you are having difficulty obtaining documentation please contact the Clerk for advice.

**Please state the nature of illness/disability below:**

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# Income and Expenditure

**Please list ALL weekly income here, including all benefits/allowances/pensions/full or part time work.**

Income	You	Your Partner	Other members of the household

**Please give details of all essential WEEKLY amounts that you actually pay AFTER any benefits you receive are deducted.**

	Paid per week
Rent or Mortgage	
Council Tax	
Water Rates	
Gas & Electric	
Telephone	
Mobile Telephone	
Loan Repayments	
Regular Credit Card Repayments	
Food	
Other: Please specify below	

# Other Applications

Are you applying to anyone else for the same, or other, item for funding?

Applying to anyone else? (Please circle one)	Yes	No
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If YES, please state the nature of your application, when you can expect an outcome and to whom you applied. If an application has been declined please state any known reason for this rejection.

## Supporting Organisation

Give details of the person who is supporting the applicant in their request for a grant.

Name of organisation:	
Address:	
Telephone Number:	
Email Address:	
Contact Name and Position:	

A letter of support from the named contact above must be included with this application which outlines the reason for the application and the benefit the requested item will give.

## Procedure for Payment of Grant

If your application is successful the grant will be paid by means of:

- a crossed cheque made out to your supporting organisation
- a crossed cheque made out to the supplier
- a direct payment to the supplier

Please ensure that the quote which you have provided for the item you have requested is for the EXACT amount required to purchase the item.

## Further Information

Please feel free to attach an additional sheet to add anything which you may wish the Trustees to take into consideration when making their decision.

# Declaration

Please read the following declaration carefully and sign below to show your consent

- I understand that by signing this form I give my approval for the Trust to contact me and/or anyone named in my supporting documents (or named in 'Supporting Organisation' section above) about the information I have given. I also agree to a visit being made to me in my home if the Trust's Visitor is directed by the Trustees to do so (the Trust will always give prior notification in writing before a visit is made).
- I accept that if my application is successful and a grant is approved I must provide the Trust with a receipt/proof of purchase for the item I have requested in the 'Item(s) Required' section.
- I confirm that the information provided in this application is correct and I am resident in Hull and in the UK for tax purposes.

Signature

Date

(Where the applicant is under the age of 16 the form should be signed by the parent or legal guardian)

Please note the information given on this form will be stored on a computer database for a period of 7 years from the date of the last application we have received from you. Your information will only be used by the Hull Aid in Sickness Trust for the purpose of this and any future applications and will not be disclosed to any other party.

## Finally...

Please return your application by post to the following address, include the following:

1. Your completed application form - ensure the declaration has been read, signed and dated to show acceptance;
2. Your medical evidence as requested in 'Medical Reason for Application' section;
3. Your letter of support as requested in 'Supporting Organisation' section.

Rachael Fischer  
Clerk to the Trustees  
Hull Aid in Sickness Trust  
C/O Hull CVS  
The Strand  
75 Beverley Road  
Hull  
HU3 1XL

You can also contact the Clerk - Telephone 01482 595564; Mobile 07415 105494;  
email [info@hullaidinsickness.co.uk](mailto:info@hullaidinsickness.co.uk)