

# SMITH'S CIRENCESTER CHARITY

Registered Charity No: 232383

## THE CIRENCESTER VICAR & CHURCHWARDENS CHARITY

Registered Charity No: 205623

### Grant Application Form

The Schemes of these Charities provides that grants may be made available to Applicants who must have resided **within a five mile radius** of the Parish Church of Cirencester for, generally, not less than **three years** preceding the date of application.

| <b><u>QUESTIONS</u></b>   | <b><u>ANSWERS</u></b>  |
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| <b><i>ABOUT YOU</i></b><br><b>1.</b> FULL NAME OF APPLICANT(S)  | <b>1.</b>  |
| <b>2.</b> PRESENT ADDRESS   | <b>2.</b>  |
| <b>3.</b> TELEPHONE NUMBER  | <b>3.</b>  |
| <b>4.</b> OCCUPATION (IF APPLICABLE)  | <b>4.</b>  |
| <b>5.</b> MARITAL STATUS<br>( <i>DELETE AS APPLICABLE</i> )   | <b>5.</b> SINGLE / MARRIED / WIDOWED / DIVORCED  |
| <b>6.</b> NUMBER OF YEARS RESIDENT IN<br>CIRENCESTER (IMMEDIATELY PRIOR TO<br>COMPLETION OF THIS FORM)                              | <b>6.</b>  |
| <b>7.</b> APPLICANT(S) DATE(S) OF BIRTH AND<br>CURRENT AGE(S)   | <b>7.</b>  |
| <b>8.</b> NUMBER OF CHILDREN CURRENTLY<br>RESIDING WITH APPLICANT(S)<br><br>RESPECTIVE DATES OF BIRTH / CURRENT<br>AGES OF CHILDREN | <b>8.</b> Sons _____ Daughters _____<br><br><b>a.</b> _____<br><br><b>b.</b> _____<br><br><b>c.</b> _____<br><br><b>d.</b> _____ |

|   |  |
|---|--|
| <p><b>9.</b> FINANCIAL INFORMATION:<br/><i>CAPITAL</i> :</p> <p><b>a.</b> AMOUNT OF SAVINGS/OTHER ASSETS<br/>(INCLUDING YOUR HOME, IF YOU OWN THE<br/>PROPERTY <b>WITH AN ESTIMATE OF<br/>CURRENT MARKET VALUE</b>)</p> <p><i>INCOME</i> :</p> <p><b>b.</b> STATE PENSION</p> <p><b>c.</b> BENEFITS/UNIVERSAL CREDIT (UC)<br/>IS YOUR RENT AND/OR COUNCIL TAX PAID IN<br/>ADDITION TO YOUR BENEFITS/UC IN 9.C.<br/>ABOVE?</p> <p><b>d.</b> OCCUPATIONAL PENSION</p> <p><b>e.</b> INVESTMENT INCOME</p> <p><b>f.</b> WAGES/SALARY</p> <p><i>TOTAL MONTHLY INCOME</i></p> | <p><b>9.</b></p> <p><b>a.</b> £ _____</p> <p><b>b.</b> £ _____ per month</p> <p><b>c.</b> £ _____ per month<br/>Yes / No</p> <p><b>d.</b> £ _____ per month</p> <p><b>e.</b> £ _____ per month</p> <p><b>f.</b> £ _____ per month</p> <p>£ _____</p> |
| <p><b>10.</b></p> <p><b>a.</b> DO YOU OWN AND LIVE IN YOUR OWN HOME?</p> <p><b>b.</b> IF YES, IS THERE IS MORTGAGE<br/>OUTSTANDING ON THE PROPERTY?</p> <p><b>c.</b> IF SO, WHAT AMOUNT?</p>  | <p><b>10.</b></p> <p><b>a.</b> Yes / No</p> <p><b>b.</b> Yes / No</p> <p><b>c.</b> £ _____</p>   |
| <p><b>11.</b> IF YOU DO NOT OWN YOUR OWN HOME, AND<br/>ARE LIVING IN RENTED ACCOMMODATION,<br/>PLEASE GIVE DETAILS OF YOUR PRESENT<br/>LANDLORD</p>   | <p><b>11.</b> Private Landlord</p> <p>_____</p> <p>_____</p> <p>Local Authority</p> <p>_____</p> <p>_____</p>  |

|  |   |
|--|---|
| <p><b>12. MONTHLY OUTGOINGS</b></p> <p><b>a.</b> PLEASE GIVE DETAILS OF THE AMOUNT OF RENT AND/OR MORTGAGE PAYMENTS PAID ON YOUR CURRENT HOME</p> <p><b>b.</b> COUNCIL TAX (IF NOT INCLUDED IN UNIVERSAL CREDIT)</p> <p><b>c.</b> UTILITIES (GAS, ELECTRIC, WATER)</p> <p>TOTAL MONTHLY INCOME</p> | <p><b>12.</b></p> <p><b>a.</b> £ _____ per month</p> <p><b>b.</b> £ _____ per month</p> <p><b>c.</b> £ _____ per month</p> <p>£ _____</p> |
| <p><b>13.</b> GROUNDS FOR MAKING APPLICATION. IF DUE TO ILLNESS, PLEASE STATE NATURE AND DURATION OF SUCH ILLNESS</p>  | <p><b>13.</b> _____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>                                     |
| <p><b>14.</b> IF SUCCESSFUL, WHAT WOULD GRANT BE USED FOR?</p>   | <p><b>14.</b> _____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>   |
| <p><b>15.</b> AMOUNT OF GRANT REQUESTED</p>  | <p><b>15.</b> £ _____</p>   |
| <p><b>16.</b> IF SUCCESSFUL, THE GRANT WILL BE PAID BY WAY OF A CHEQUE, PLEASE INDICATED TO WHOM ANY SUCH CHEQUE SHOULD BE MADE PAYABLE (PLEASE NOTE THAT WE DO NOT MAKE CHEQUES PAYABLE TO INDIVIDUAL APPLICANTS DIRECT)</p>  | <p><b>16.</b> _____</p> <p>_____</p>  |

I/WE DECLARE THAT THE FOREGOING STATEMENTS ARE TRUE.

SIGNED : \_\_\_\_\_

SIGNED : \_\_\_\_\_

**REFEREE**

THE ABOVE NAMED APPLICANT(S) IS/ARE PERSONALLY KNOWN TO ME AND IN MY OPINION IS/ARE IN NEED OF AND DESERVING OF HELP

SIGNED : \_\_\_\_\_

DATED : \_\_\_\_\_

REFEREE'S FULL NAME \_\_\_\_\_

OCCUPATION \_\_\_\_\_

ADDRESS \_\_\_\_\_

TELEPHONE NUMBER \_\_\_\_\_

**DATED** \_\_\_\_\_

**NOTE :** THE TRUSTEES PARTICULARLY REQUEST THAT REFEREES DO NOT SIGN FORMS AS REFEREES UNLESS THE PARTICULARS GIVEN IN THE STATEMENTS ARE KNOWN BY THEM TO BE CORRECT.

**THIS FORM SHOULD BE RETURNED TO :**

MRS SANDRA WEBB, SECRETARY TO THE TRUSTEES BY EMAIL

EMAIL: SmithsandVCC@outlook.com

**(AND SHOULD BE ACCOMPANIED BY A LETTER OF APPLICATION ADDRESSED FROM YOUR REFEREE)**

IF YOU ARE UNABLE TO RETURN THE FORM BY EMAIL PLEASE CONTACT MRS SANDRA WEBB ON 07761661615

*THE TRUSTEES OF THE CHARITIES HOLD MEETINGS QUARTERLY. THESE MEETINGS ARE USUALLY HELD IN JANUARY, APRIL, JULY AND OCTOBER*

**We need your consent to share information**

Details you have provided will be used to help us make a decision about your application. In order to provide you with services it may be shared between agencies, such as Social Services, Health, Housing, the Benefits Agency or other Service Providers. All the information you provide will be used and stored in accordance with the Data Protection Act 1998.

**Are you willing for all information you provide to be shared in this way? Yes  No**

Signed : \_\_\_\_\_

Date : \_\_\_\_\_