

PRIVATE & CONFIDENTIAL
BARNWOOD TRUST INDIVIDUAL GRANT APPLICATION

Name of Disabled Person: BT 01/2012

Parent/Spouse/Partner's Name: Date of Birth of disabled person:

Address: Total No in household (adults) (children)

..... Post code..... Ages (of children)

Tel: How long resident in Gloucestershireyears Have we helped you before? Yes/No

Is this your own/parents'/child's home, hostel, residential/nursing/sheltered home, rented (private or council) (please circle)

Nature of Disability NI No.....

Please state need for which grant is sought

Total cost £ and amount of grant sought £ Have you applied to Social Fund/ other charities? Yes/No

HOUSEHOLD INCOME:

	per week
Bring Home Pay (applicant)	
(spouse/partner/parent(s))	
State Pension (applicant)	
(spouse/partner)	
Private/occupational pension	
Pension Credit	
Child Benefit	
Income Support & Tax Credits	
Jobseekers Allowance	
Incapacity Benefit (ESA)	
Severe Disablement Allowance	
Attendance Allowance (HR/LR)	
DLA (care – HR/MR/LR)	
DLA (mobility – LR)	
DLA (mobility vehicle – HR)	
Carer's Allowance	
Family &/or lodger contributions	
Other (please specify)	
Total	£

HOUSEHOLD OUTGOINGS:

	per week
Mortgage	
Rent (after Housing Benefit if received)	
Council Tax(after Council Tax Benefit if rec'd)	
<i>Do you receive Housing or Council Tax Benefit? Yes/No</i> If you are able to send us a recent award notice as confirmation there is no need to complete your household outgoings. If not, please complete this section.	
Gas and Electricity	
Water	
Housekeeping	
'Help at home' costs (cleaner/gardener)	
TV Licence/rental/Sky (inc insurance)	
Telephone (landline/mobile)&broadband	
Insurance (house, life, car)	
Car / travel / taxis	
Mobility vehicle costs	
Clubs / loans	
Other (please specify)	
Total	£

SAVINGS OF ALL ADULT MEMBERS OF THE HOUSEHOLD:

Please include total of bank and building society accounts and value of premium bonds, stocks & shares, ISAs, etc

Applicant: £ Spouse: £..... Parent(s): £

Do you (or anyone in your household) own property other than the house in which you live? Yes / No

I confirm that the details above give a true picture of my circumstances, that I give my consent to retention of this information under the Data Protection Act, to disclosure of information relevant to this application by my doctor and/or other appropriate person or authority and to the Trust seeking further information from these sources, if needed.

Signature of Applicant Date

Please note that the Trust does not make grants for goods and services already purchased or ordered prior to making an application. You should not order goods or services in the hope of a grant as you would be liable for payment yourself.

This section must be completed by the appropriate professional or agency making the referral who knows about you and your disability and can comment on both your circumstances and this application. The applicant should be told that we normally make a home visit.

The applicant's disability is
(Please give clinical diagnosis where possible)

How long have you/your organisation known the applicant?When did you last see this person?

Are there any other charity applications made / pending for this request?

Details

Are there any difficulties about visiting?

Background/endorsement of this application:

Signature Date:

Name in Capitals (Mr/Mrs/Miss/Ms)

Occupation Organisation

Postal Address post code.....

Tel No Mobile No: E-mail Address

How do you know about Barnwood Trust?

Please return this form to:

The Grants Manager, Barnwood Trust, Ullenwood Manor Farm, Ullenwood, Cheltenham GL53 9QT Tel: 01452 611292