

Office use only: REF No.

Yardley Great Trust

fighting poverty and providing high quality care and housing in South East Birmingham

Charity Reg. No. 216082

'Old Brookside',

Yardley Fields Road, Stechford, Birmingham B33 8QL

Telephone: 0121 784 7889 Fax: 0121 785 1386

E-mail: enquiries@ygt.org.uk

Data Protection

The personal information supplied on (and with) this form will be held in paper and computer format for the purpose of deciding whether or not to give a grant. The information may also be used to publish statistics about grant applications made to the Trust, but the statistics will not allow identification of individuals

GRANT APPLICATION FORM

Private and Confidential

When completed, please send the form to the above address

Failure to complete the **Entire** Form will lead to delay

in processing the application

Please complete in Black Ink or Type.

THE APPLICANT

Mr. Mrs. Miss Ms. (please tick)

First Name: _____

Last Name: _____

Address: _____

Post code: _____

Tel. No. Day: _____ Evening: _____

Grant application for: £ _____

To Pay for: _____

* Please be as specific as possible ie. cooker (gas or electric)

Our beds come with a mattress, if Mattress only. bedstead only needed please state

APPLICANT'S PERSONAL DETAILS

Date of birth: _____

Single Married Living with partner Separated/Divorced Widowed (please tick)

Ethnic Origin (please tick box)

White British White Irish White other
 Mixed (White & Black Caribbean) Mixed (White & Black African)
 Mixed: (White & Asian) Mixed: (Other mixed)
 Asian or Asian British: Indian Asian or Asian British: Pakistani
 Asian or Asian British: Bangladeshi Asian or Asian British: Other
 Black or Black British: Caribbean Black or Black British: African
 Black or Black British: Other Chinese: Chinese Chinese: other
 Refused/Not Known

ALL HOUSEHOLD MEMBERS OTHER THAN APPLICANT

| Name | Date of birth | Relationship to applicant | Income (if any) £ per week |
|------|---------------|---------------------------|-------------------------------|
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

The Property

(please tick)

Is it:- Owned Council rented Private rented Housing Association rented House Flat/Maisonette Bungalow Other _____No. of bedrooms

FINANCIAL DETAILS IN WEEKLY FIGURES

| Income | £ PER WEEK | Outgoings | £ PER WEEK |
|---|------------|--|------------|
| Wages or salary | | Rent or mortgage after housing benefit) | |
| Income support <i>Tick if proof seen</i> <input type="checkbox"/> | | Council Tax (after council tax benefit) | |
| Retirement pension | | Water charge | |
| Disability/War pension | | Gas | |
| Works pension | | Electricity | |
| Attendance Allowance | | Telephone: Landline <input type="checkbox"/> Mobile <input type="checkbox"/> | |
| DLA/DWA <i>Tick if proof seen</i> <input type="checkbox"/> | | TV Rental and licence (Not Including cost of Satellite Television) | |
| Incapacity Benefit | | HP/Catalogue etc Please produce details of what purchased on back of form <i>Tick if proof seen</i> <input type="checkbox"/> | |
| Child Tax/ Working Tax Credit <i>Tick if proof seen</i> <input type="checkbox"/> | | Insurance * Please state type | |
| Child Benefit <i>Tick if proof seen</i> <input type="checkbox"/> | | Food | |
| Maintenance payments | | Household items | |
| Family contributions | | Clothing | |
| Others (<i>please state</i>) | | Other expenses(<i>please state</i>) | |
| | | | |
| Total | | Total | |

If any state benefits are received please indicate who is the recipient

Savings in Bank, Building Society, etc. £ _____

Total amount of debts owed: £ _____

Value of the house if owned: £ _____

Mortgage loan outstanding: £ _____

REFERRAL AGENCY'S REPORT

Please include as much relevant information as possible,
and any quotations, continue on separate paper if necessary.
(Please write clearly to prevent delaying the application)

Has a grant application been made to anyone else? (please tick) YES NO

If yes, to whom? _____

REFERRAL AGENTS DETAILS

| | |
|-------------------|------------|
| Name | Signature: |
| Job Title | Date: |
| Agency Address | |
| Telephone: | Fax: |
| Email | |