

## Poringland Fuel Allotment Charity Charity No. 1192007 Company No. 11674014 Registered Address: 59 Norwich Road, Poringland, Norwich, NR14 7QX

# **Grant Application Form – Individual**

# **Applicant Details**

Name:	Address:	
	Post Code:	Home Phone No
Mobile :	Email :	
How long have you been r	esident in Poringland?	
Who else lives at this add	ress, in addition to the app	licant?
Number of adults (and relati	onship)	
Number and age of any dep	endent children :	
Is the property owned or re	ented? If re	nted, name of landlord
If you are applying for a graperson:	ant on behalf of someone e	else, please give the name and address of tha
Recipient name:	Recipient Add	ress:
What is their relationship to	o you?	
Grant request details		
request. Use a separate sh	neet if necessary.	much information as possible to support you
Scheme (NAS) or any other	er organisation or charity?	om the SNDC Helphub or Norfolk Assistance
Have you applied to the Po	oringland Fuel Allotment Ch	narity before? Yes/No
If yes, please indicate the	year(s) and outcome(s) of y	our application(s) and the sum(s) granted.

#### Your current financial circumstances

INCOME – your monthly household income		EXPENDITURE monthly outgoings	
Wages / Salary	£	Rent / Mortgage	£
Pension	£	Council Tax	£
Universal Credit	£	Gas and Electricity	£
Child Benefit	£	Water	£
Other State Benefits	£	Telephone	£
Other	£	Food	£
		Transport	£
TOTAL	£	TOTAL	£

Does anyone in your household have over £16,000 savings? Yes / No (delete as applicable)

Does anyone in your household receive Pension Credit Yes / No

Do anyone in your household have any long-term illness or disability needing the heating to be on more often? Yes / No

#### **Declaration**

I confirm that the information provided on this form is correct and gives a fair representation of my application. I understand it may be seen by any of the Trustees of the Charity to help decide whether to make a grant.

I consent to my application being referred to other organisations such as the South Norfolk District Council Helphub and the Norfolk Assistance Scheme (NAS) if this is deemed appropriate.

I confirm that if my application is successful, I will acknowledge in writing any payment(s) I receive and will provide, if requested, any supporting receipts for all money spent. I understand that I may be asked to repay any money given if I do not do this.

I have read a copy of the Charity's Privacy Notice explaining how you use my information and how long you will keep it for.

If I submit my application electronically I understand typing my name below confirms my understanding and acceptance of this declaration.

Cianad	. Date
Signed	 . Dale

### How we deal with your application

The Charity will try to deal with your application as soon as possible. The Board of Trustees usually meets on the second Monday of every second month, starting in January each year. If your application is successful the Clerk will contact you for your bank details so payment(s) can be made electronically.

Please return the form to the Clerk by email to : <a href="mailto:poringlandfuelallotment2020@gmail.com">poringlandfuelallotment2020@gmail.com</a> or post to Mrs Liz Andrews, 18 Highland, Poringland, NR14 7QU