

TELEPHONE: 020 72533757

SUITE 1, THE OLD FARMHOUSE  
STANSTED COURTYARD, PARSONAGE ROAD  
TAKELEY, ESSEX, CM22 6PU  
lucy@smithfield-accountants.co.uk

DATE .....

**GRANTS IN-AID APPLICATION**

TO BE COMPLETED BY THE APPLICANT OR BY A SOCIAL WORKER OR A SENIOR OFFICER OF A BLIND SOCIETY ON THE APPLICANT'S BEHALF.

Name of applicant in full: \_\_\_\_\_

Address: \_\_\_\_\_

Phone number: \_\_\_\_\_

E-mail address: \_\_\_\_\_

Date of Birth	Input Date of Registration:		Name of Registering Authority	Marital Status
	Partially Sighted	Blind		

Cause of Visual Impairment: \_\_\_\_\_

Other disabilities or health problems: \_\_\_\_\_

People living with or dependent on applicant:	Relationship	Age

**FINANCIAL INFORMATION**

(\*include parents/guardian if a minor/living in the same household)

**WEEKLY INCOME**

	Applicant	Parent/Partner
Net Earnings - Employment		
State Retirement Pension		
Other Pensions (please give details)		
Disabled Living Allowance		
Severe Disability Allowance		
Mobility Allowance		
Universal Credit		
PIP		
Any other income (please give details)		
<b>TOTAL</b>		

**WEEKLY EXPENDITURE**

**Applicant**

**Spouse/Partner**

Rent/Mortgage

Council Tax

Carers/Childminders

Amount of Savings:

Does the applicant own his/her property?

YES/NO

YES/NO

Amount of Grant required:

£

Reason for requirement:

Please give details of other charities/organisations approached by or on behalf of the applicant:

**Name**

**Amount**

**Outcome**

Please give details which you think would help our committee make a full and fair judgement on this application. (Use a separate sheet if necessary)

**PAYMENT: Grants are payable by BACS to the retailer/manufacturer/local authority/ blind society on behalf of the applicant. Please indicate preference and give details below. PAYMENTS ARE NOT MADE DIRECTLY TO THE APPLICANT**

Payee and Reference:

Address:

**STATEMENT OF AUTHENTICITY: This applicant is known to me and the information given on this application is, to the best of my knowledge and belief, correct.**

Signature:

Please Print Name:

Organisation & Address:

Telephone Number & Email:

