



Earl of Southampton Trust
 24 The Square, Titchfield, Hampshire, PO14 4RU
 01329 513294 info@east.org.uk
 Registered Charity Number: 238549

GRANT APPLICATION FORM

(All applications to be from a recognised voluntary sector or statutory agency Professional)

1. Details of Referring Agency (section 1. to be completed by REFERRER)

Name _____ Position _____

Name of Referring Agency _____

Address _____

Contact Number _____ Email _____

Applicants Name _____

How long has the applicant been known to you or your organisation Years _____ Months _____

Have you visited the applicant at their home? Yes No

Is the applicant receiving help from you, or any other organisation?
 Yes No If yes, give details _____

If we were to make a home visit are there any special considerations we need to be aware of?

Requirement	Tick	Reason, Cost & Details
Essential household goods and services not available via the social fund		
Essential mobility aids not available from statutory or voluntary sources		
Assistance with and contribution towards payment of utility bills		
Food vouchers		
Other		

Referrers Signature _____ Date _____

2. Details of Applicant (Sections 2, 3 & 4 to be completed by APPLICANT)

Applicant Name _____ Applicant Date of Birth _____

Applicant Address _____

Previous Address (if less than 3 years ago) _____

Applicant Contact Number _____

Applicant Email Address _____

Applicant Employment _____

Applicant Health _____

Number of Dependants (children and/or other adults in household) _____

List everyone living with you including children

Name(s)	Age(s)	Relationship to Applicant	Employed or in Education	Weekly Contribution to Household £

Has the Earl of Southampton Trust helped you before?

Yes No

If yes, give details _____

3. Details of Applicants Partner (if applicable)

Partner Name _____ Partner Date of Birth _____

Partner Employment _____

Partner Health _____

4. Financial Information (please provide documentary proofs)

Household Income	Amount (£)	Payment Frequency (Please ✓)	
		Fortnightly	Monthly
Universal Credit			
Employment and Support Allowance			
Income Support			
Job Seekers Allowance			
Tax Credit			
Child Benefit			
Incapacity Benefit			
Disability Living Allowance			
Carers Allowance			
Wages/Salary			
Other e.g. Housing Benefit			
Totals			

Household Expenditure	Amount (£)	Payment Frequency (Please ✓)	
		Fortnightly	Monthly
Rent/Mortgage			
Council Tax			
Water Rates			
Gas/Electricity			
TV Licence			
Phone/Mobile			
Food/Household Items			
Fuel			
Insurance			
Debts (please provide documentary proofs)			
Loans			
Credit Cards			
Arrears			
Other Expenses			
Totals			

Note- Failure to provide complete financial details may disqualify you from future applications. Please note that the Trustees reserve the right to seek additional information.

I declare that all replies on this form are correct in all respects and understand that any misleading information may disqualify me from the benefit now and in the future.

Applicant Signature _____ **Date** _____

Data Protection: By signing this form the applicant agrees to the information on the form being stored in Earl of Southampton Trust manual filing system and summarized on the computer for the sole purpose of grant processing, analysis and accounting. All information will be treated in the strictest confidence and will not be divulged without the prior agreement of those concerned.