

GRANT APPLICATION FORM



Southampton

The Earl of Southampton Trust
24 The Square, Titchfield,
Hampshire, PO14 4RU
01329 513294
info@eost.org.uk
Registered Charity No.: 1195619

Office use only	
Ref:	

Applications for grants must be from a recognised voluntary sector or statutory agency professional (e.g. Social Services, Health Visitors, Schools etc.) and are means-tested.

We can only offer help to persons in need living in the Ancient Parish of Titchfield, the main areas covered are: Sarisbury, Whiteley, Titchfield, Locks Heath, Warsash, Stubbington and Lee-on-the-Solent. For further information, please see www.eost.org.uk/grants

Section 1. Applicant Details

Sections 1, 2, 3 & 4 must be completed by the applicant and verified in Section 5 by a referrer

Name	
Date of Birth	
Current Address	
Date moved in	
Previous Address (if less than 3 years ago)	
Contact Number	
Email Address	
Employment Details	
Health Details	
Are you registered disabled?	Yes No

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	

Section 2. Details of Applicants Partner (if applicable)

Partner Name	
Partner Date of Birth	
Partner Employment Details	
Partner Health Details	

Section 3. Financial Information

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

Please provide 2 months of RECENT bank statements which reflect the information provided below.

Household Income (include details of all sources of income from all contributors)		Amount (£)	Payment Frequency (please tick)	
			Fortnightly	Monthly
Employment	Employment/Self Employment			
Pensions	State retirement pension			
	Employer pension			
	Private Pension			
	Widow/Widower Pension			
	Pension Credit			
	Any other Pension/Annuities			
State Benefits	PIP/Attendance Allowance			
	Child Benefit			
	Income Support/Job Seekers Allowance			
	Working Families Tax Credit			
	Universal Credit			
	Housing Benefit			
	ESA			
	Disability Living Allowance			
	Carers Allowance			
	Any other benefits – provide details			
Other Income	Please give details			
Total				

Household Expenditure		Amount (£)	Payment Frequency (please tick)	
			Fortnightly	Monthly
Rent/Mortgage				
Council Tax				
Water Rates				
Gas (please indicate if key meter)				
Electricity (please indicate if key meter)				
TV Licence				
Broadband				
Phone/Mobile				
Food				
Household Items e.g. children's clothes/toys				
Fuel/Transport				
Insurance				
Any other expenses – please give details				
Total				

Section 3. Financial Information (continued)

Savings	Current Balance
Bank accounts (current & savings accounts)	
Building Society accounts	
Shares	
National Saving Certificates	
Unit Trusts	
NS&I Premium Bonds	
Total	

Debts	Current Balance
Loans	
Credit Cards	
Arrears	
Total	

Section 4. Declaration

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.

By signing this application, I confirm that I give the Earl of Southampton Trust permission to contact:

- (i) me,
- (ii) the referrer; and/or
- (iii) any relevant third parties, such as Hampshire County Council Adult and Children social services, Fareham Borough Council, and my landlord

who may be able to assist the Trust to determine my application and/or meet my needs. I understand that my data is collected and processed in accordance with the Trust's Data Protection Policy and I can ask to see a copy of the same.

Applicant Signature	Date

Data Protection: By signing this form the applicant agrees to the information on the form being stored in the Earl of Southampton Trusts 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.

All grant applications will be assessed on an individual basis by a voluntary Trustee who may wish to visit you in your home, and you may or may not receive funding.

Section 5. Referrer Details

This section must be completed by a recognised voluntary sector or statutory agency Professional who knows about the applicant and can comment both on their circumstances and this application.

Referrer Name	
Position	
Name of Referring Agency	
Address	
Contact Number(s)	
Email Address	

How long has the applicant been known to you or your organisation?	
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	Cost & Detail Where possible please include cost and/or quotes
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		

I support this application and confirm all details (including financial) provided by the applicant are true and correct:

Referrers Signature		Date	
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Please return completed form to:

Tracey Kenney, The Earl of Southampton Trust, 24 The Square, Titchfield, Fareham, PO14 4RU
or by email to info@eost.org.uk