



Southampton

Registered Charity No. 1195619

The Earl of Southampton Trust

GRANT APPLICATION FORM

Please read the following before completing this form:

1. We can only offer help to persons in need living in the Ancient Parish of Titchfield, the areas covered are: **Sarisbury, Whiteley, Titchfield, Locks Heath, Warsash, Stubbington and Lee-on-the-Solent**. In certain circumstances, we may support applications from any person who is resident immediately outside the Ancient Parish of Titchfield. For further information and a coverage map, please see www.eost.org.uk/grants
2. Applications for grants must be from a recognised voluntary sector or statutory agency professional (e.g. Social Services, Health Visitors, Schools, Citizens Advice and certain other charities, etc.).
3. Please check you are using the latest version of this form which can be downloaded from www.eost.org.uk/grants
4. Applications for grants are means tested and must include **2 months of recent bank statements** (including current and savings accounts, and evidence of any other capital). Any application received without bank statements (which should reflect the income and expenditure declared in Section 3) will be rejected. Failure to provide complete financial details may disqualify you from future applications. Please note that Trustees reserve the right to seek additional financial information. If a case remains open for longer than 3 months, we may request a review of the applicant's finances.
5. All grant applications will be assessed on an individual basis by a voluntary Trustee who may wish to visit the applicant in their home. Funding is not guaranteed.
6. **Sections 1, 2, 3 & 4** must be completed by the **applicant** and verified by a referrer in Section 5.
7. **Section 5** must be completed by a **referrer** (see No. 2) **who knows about the applicant and can comment on both their circumstances and their application.**
8. **Referrers:** Please ensure the 'requirement' section gives full details of what help is needed and where possible include the cost and/or quotes. **We cannot offer specialist advice**, the referrer must give full details, and be able to comment on the requirement. Applications which do not provide full details of the requirement will not be considered.
9. Applications for a grant should be seen as a last resort and the applicant should, if possible, include in the application what other sources of funding have been consulted.
10. As a rule, these grants are aimed at providing a maximum of £500 but any request may be considered; applicants can still apply if their request is over £500.
11. Further to a grant being approved, Trustees may request a follow-on visit with the applicant for feedback on the item(s)/service provided.

Section 1. Applicant Details

Name		Contact Number	
Date of Birth		Email Address	
Current Address		Employment Details	
Previous Address (if less than 3 years ago)		Health Details	

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?	
If yes, give details	

Section 2. Details of Applicants Partner (if applicable)

Name		Date of Birth	
Employment Details		Health Details	

Section 3. Financial Information

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/Employer/Private pension			
	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				

Section 3. Financial Information (continued)

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

Savings	Current Balance
Bank / Building Society current and saving accounts	
Other	
Total	

Debts	Total
Loans/Credit Cards/Arrears	

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

How did you hear about the Earl of Southampton Trust?

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.

Section 5. Referrer Details

Referrer Name	
Position	
Name of Referring Agency	
Address	
Contact Number(s)	
Email Address	
Best contact details/times (for a Trustee to contact referrer)	

How long has the applicant been known to you or your organisation?	
Have you visited the applicant at their home?	
Is the applicant receiving help from you, or any other organisation?	
If yes, give details	
If we were to make a home visit are there any special considerations we need to be aware of?	

Grant Requirement	
Please give details of why a grant is needed, the impact of not receiving it, and if any other sources of funding have been consulted	
Details of Supplier/Service requested	
Cost (if known) Please provide quotes if possible	

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 application from and 2 months of recent bank statements to:
Tracey Kenney: info@eost.org.uk**