

Walthamstow and Chingford Almshouse Charity

Charity Registration Number 1116355

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CHURCH END
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E17 9RL

QUESTIONNAIRE FOR GRANTS TO INDIVIDUALS Who are Residents of Walthamstow or Chingford

Please give full details of the Applicant and the requirement and ensure the form is signed and endorsed as appropriate. Information provided on this application is subject to the terms of the Data Protection Act 1984 and will only be used for the purposes of selection for a grant. Information will be treated confidentially.

PERSONAL DATA OF APPLICANT

Name _____ **Date of Birth** _____

Marital Status _____ **Tel. No.** _____

Address _____

_____ **Post Code** _____

How long has applicant lived at this address? _____

How long has applicant lived in Borough? _____

PERSONAL DATA OF OTHERS LIVING AT SAME ADDRESS

Name _____ **Age** _____ **Relationship to Applicant** _____

Name _____ **Age** _____ **Relationship to Applicant** _____

Name _____ **Age** _____ **Relationship to Applicant** _____

Name _____ **Age** _____ **Relationship to Applicant** _____

Name _____ **Age** _____ **Relationship to Applicant** _____

HEALTH STATUS

Is applicant's request in any way related to health? Please give details _____

THE GRANT REQUIREMENT

Why is the grant required? Please give details _____

What is the approximate value of the grant required? _____

APPLICANT'S PROPERTY/SAVINGS

Does the applicant own a house or other property? Please give details _____

What is the amount of outstanding mortgage? _____

Has the applicant any savings or investments? Please give amounts _____

APPLICANT'S INCOME

Does the applicant have paid employment? If yes, what is the weekly remuneration? _____

Does the applicant have:

Pensions? Please state weekly amount _____

Job Seekers Allowance? Please state weekly amount _____

Income Support? Please state weekly amount _____

Housing Benefit? Please state weekly amount _____

Council Tax Benefit? Please state weekly amount _____

Disability Benefits? Please state weekly amounts _____

Child Allowance? Please state weekly amounts _____

Other benefits or Local Authority support? Please state weekly amounts _____

Contributions from others in household? Please state weekly amount _____

Other income? Please state weekly amounts _____

APPLICANT'S EXPENSES

Mortgage repayments? Please state monthly amount _____

Rent? Please state weekly amount _____

Council Tax? Please state weekly amount _____

Insurance Premiums? Please state weekly amounts _____

Credit Payments? Please state weekly amounts _____

Car Expenses? Please state weekly amount _____

Travel expenses? Please state weekly amount _____

Food Expenses? Please state weekly amount _____

Clothing Expenses? Please state weekly amount _____

Fuel Expenses? Please state weekly amount _____

Other Expenses? Please state weekly amounts _____

OTHER GRANTS

Have any amounts been promised by other Charities/Organisations? If yes, please state amounts and the name of the Charity/Organisation _____

Are other grants being negotiated with other Charities/Organisations? If yes, which Charities/Organisations and what are the amounts being negotiated? _____

GRANT REQUIRED FROM WCAC

TO BE COMPLETED BY SOCIAL WORKER, IF ONE IN ATTENDANCE

How much grant is being requested? _____

State why you are recommending that the Charity should consider a grant for the applicant.

Signed by person making recommendation _____

Please print name _____

Position in Organisation _____

Name, address and telephone number and email of Organisation, where appropriate
