

Walthamstow and Chingford Almshouse Charity



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Charity Registration Number 1116355
Trustee Company: Walthamstow
and Chingford Almshouse Trustee
Company 6374226

wcac.org.uk

For charity use reference No.

Application for a Grant

You must live in the Walthamstow or Chingford to be able to be considered for a grant. Please take care to answer all questions that apply to you and provide as much information as required to explain your circumstances. Incomplete information will delay the decision making process.

1

Personal details

Applicant

Surname

First names

Date of birth

Age

Marital status

(married/ single/ divorced/ widowed)

Address details

House number/Name, Street

Town

Post code

Phone number

Mobile number

Email address

Alternative contact name,
email and phone number

2 Your current home and situation

Other people living at the same address?

First name	Surname	Date of birth	Age	Relationship to applicant	Employment status

How long have you lived at your current address?	
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Do you own the property you live in? Yes or No	<table style="width: 100%;"> <tr> <td style="width: 33%; text-align: center;">Yes</td> <td style="width: 33%; text-align: center;">No</td> <td style="width: 34%;">If YES, amount of mortgage outstanding</td> </tr> </table> <p>If NO, please provide the landlord's name and contact details.</p> <p style="text-align: center;">Please provide a copy of the tenancy agreement</p>	Yes	No	If YES, amount of mortgage outstanding
Yes	No	If YES, amount of mortgage outstanding		

Are you related to the landlord / owner in any way? If YES, what is the relationship?	<table style="width: 100%;"> <tr> <td style="width: 50%; text-align: center;">Yes</td> <td style="width: 50%; text-align: center;">No</td> </tr> </table>	Yes	No
Yes	No		

Immigration status	
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3 Applicant or household weekly income and expenditure

You will need to provide evidence of your income and savings

Weekly income	Income	Expenditure	£ per week
Net Wages		Rent	
Pension Credit		Mortgage	
State Retirement Pension		Council Tax	
Occupational Pension		Water Rates	
Weekly benefits		Housekeeping	
Income support		Gas	
JSA		Electric	
ESA (Income related) ESA (contributory)		Telephone	
Working tax credit		Mobile phone	
Incapacity benefit		TV licence	
PIP		Travel	
Universal credit		Car	
Carers allowance		Insurance	
Attendance allowance (High /Low)		Clothing	
DLA Care (Hi/Med/Low)		Debts	
DLA Mobility (Hi/Med/Low)		Overdraft	
Other (please specify)		Bank loans Credit card	
Housing benefits		Store card	
LHA/ HB		Rent owing	
Council tax		Council Tax owing	
Other income		Other expenditure	
Other (please specify)		Other (please specify)	
Total individual income		Total joint expenditure	

Benefits you have applied for, but not yet receiving

3 Continued

Savings	Details for applicant household
Cash at bank/ building society/ Post Office	
Shares / investments	
Premium bonds	
Other savings	

4 Support Needs

Related support needs	Applicant	
	Yes	No
Mental Health needs	Yes	No
Substance Misuse	Yes	No
Learning Difficulties	Yes	No
Street Homelessness	Yes	No

Information to support your application

Give details of why you need a grant, your health and personal circumstances

4 *Continued*

What Items do you need?

Items needed

Approximate Cost

Total approximate cost

Have you applied elsewhere for financial assistance? Yes No

If yes, where have you applied and for what items have you applied for?

Declaration

I confirm that to the best of my knowledge the information I have provided on this form is correct and I accept that deliberately providing false information could result in my application being rejected. I understand that it is an offence to deliberately give false or misleading information or to withhold relevant information to obtain a grant and if incorrect information was provided I may be required to return goods to the charity

Applicant

Signed

Dated

TO BE COMPLETED BY SOCIAL WORKER/ REFERRAL AGENCY WORKER

5 Statement from referral agency

How much grant is being requested in total?

Why you are recommending that WCAC should consider a grant for the applicant:

Person making recommendation

Full Name

Address

Job title

Organisation

Telephone number

Email

Name and full contact details of line manager

**Please return completed form to: office@wcac.org.uk
WCAC, Monoux Hall, Church End, Walthamstow, London E17 9RL**