**Application for Grant Aid**

Please use this application form to apply for grant aid from Bourne United Charities. This form can be used by the applicant or by a third party on behalf of the applicant.

|  |  |
| --- | --- |
| Application date |  |
| Applicant name |  |
| Applicant address (must be resident in the Parish of Bourne, Cawthorpe, Dyke or Twenty to qualify for assistance) |  |
| Is the address given the applicants’ permanent place of residence? |  |
| Is it the applicants’ intention to continue living in the Parish of Bourne, Cawthorpe, Dyke or Twenty? |  |
| Applicant telephone number |  |
| Applicant signature  If this form is completed by a third party, the applicant must still sign to give permission for BUC to contact and discuss the application with the third party | Applicant signature:  Date: |
| Third party signature  If this form is completed by a third party please give details | Third party name, job title, organisation:  Contact details:  Signature:  Date: |

Please be aware that BUC may need to verify financial information and to make further enquiries about your situation in order to support your application. BUC has a duty to ensure the security of personal data. We will protect the information from unauthorised access, loss, manipulation, falsification, destruction or unauthorised disclosure.

We will keep your data only for the purpose for which it was collected and only for as long as it is necessary, after which it will be deleted. For the full GDPR policy please refer to our website www.bourneunitedcharities.co.uk or email info@bourneunitedcharities.co.uk

**Please tell us what it is you need and why?**

|  |
| --- |
| Amount requested: £ |
| Details: |
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| Please list any other organisations, local or national charities, statutory bodies (e.g. social services) that the applicant has applied to for financial help. Please give details of the amount applied for and any received. |
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|  |
| Please list ALL benefits that the applicant is in receipt off such as Housing Benefit, Council Tax Benefit, Universal Credit, Income Support or PIP, for example. |
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**Please complete the form below so that we can get back to you as quickly as possible.**

|  |  |  |  |
| --- | --- | --- | --- |
| **Required information** | **Response** | **Please tick one box** | **For BUC use** |
| **Statutory criteria (applicant must live in Bourne, Cawthorpe, Dyke or Twenty to qualify)** | | | |
| Length of time applicant has been living in Bourne, Cawthorpe, Dyke or Twenty? | <6 months |  |  |
| 6-12 months |  |  |
| 1-2 years |  |  |
| 2 years plus |  |  |
|  |  |  |
| **Information about the applicant's household** | | | |
| Adult 1 (living in household)  Employment status | Working f/t |  |  |
| Working p/t |  |  |
| Unemployed |  |  |
|  |  |  |
| Adult 2 (living in household)  Employment Status | Working f/t |  |  |
| Working p/t |  |  |
| Unemployed |  |  |
| N/A (if no other adult) |  |  |
|  |  |  |
| How many children under 18 (living in household)? | 0 |  |  |
| 1 |  |  |
| 2 or more |  |  |
|  |  |  |
| Is the applicant or anyone living in the household registered disabled? | Yes |  |  |
| No |  |  |
|  |  |  |  |
| **Information about the applicant's financial situation** | | | |
| What is the applicants Net Household Disposable Income [Income from employment + benefits- (rent, loans/debts, fuel, food etc)]? | More than £500/month |  |  |
| More than £200/month |  |  |
| Less than £200/month |  |  |
|  |  |  |
| Does the applicant have savings? | More than £5000 |  |  |
| Between £2500 - £5000 |  |  |
| Less than £2500 |  |  |
|  |  |  |
| **Evidence to support application** | | | |
| Has detailed written evidence of need been provided at the beginning of the form? | Yes |  |  |
|  | No |  |  |
|  |  |  |  |
| **For BUC use** |  |  |  |

|  |  |
| --- | --- |
| **BUC use only** |  |
| Date request received |  |
| Date request passed on to Chairman of the Grants Committee |  |
| Date request passed to Chairman of the Essex committee (if applicable) |  |
| Points awarded using the criteria system |  |
| Date passed to general committee (if applicable) |  |
| Decision (granted / not granted / more information required) |  |
| Date of decision |  |
| Date applicant informed of decision |  |
| Any follow-up required? |  |