

Strand Parishes Trust
 169 Strand, London WC2R 2LS
 T 020 7836 3205
 E sptwestminster@aol.com
 W strandparishestrust.org.uk



Charity Registration No 1121754

APPLICATION FOR GRANT - RELIEF IN NEED

Are you eligible?

**Strand Parishes Trust is only able to make a grant if you are currently resident in the London Borough of the City of Westminster or have worked for a number of years within that borough.
 Grants are only made to people who need help because they are on a low income or have a disability.**

FOR MORE INFORMATION PLEASE REFER TO OUR ADVICE DOCUMENT - RELIEF IN NEED

**Applications must be completed and then endorsed and submitted by a social worker, healthcare professional, Citizens Advice Bureau or voluntary organization worker involved with the family or individual (termed Sponsor for the purpose of this application).
 If a grant is awarded, a cheque will be made out to the sponsoring organization - who will be responsible for the appropriate use of the grant - or to a retailer.**

**Please ensure completion of all pages and then return this form to:
 The Clerk to the Trustees, Strand Parishes Trust, 169 Strand, London WC2R 2LS.**

**Telephone: 020 7836 3205
 e-mail: sptwestminster@aol.com**

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LOC	RES	INFO	T1	T2	SPON	CHQ	GT		

Family Name:.....First Names..... Title.....Age

Address

.....Post code

Telephone..... How long have you lived at current address?

Is your home: Council owned Privately rented Owner occupied (please circle as appropriate) Sheltered Housing Residential Home Other

ALL OTHER MEMBERS OF YOUR HOUSEHOLD

Table with 3 columns: Name, Age, Relationship. Multiple empty rows for data entry.

Have you ever worked within the borough of Westminster? Yes / No If yes, please provide details (on separate sheet if necessary)

PURPOSE OF APPLICATION

(Please continue on separate sheet if necessary – a covering letter from the sponsor giving further detail is also welcome)

Total Amount required £ Amount already received from other sources £ (see below) Amount being contributed by client £

Other Organizations approached and results

Please give details of your weekly income and expenditure (please ensure you list income and expenditure for ALL members of the

household - including all benefits)

<u>INCOME PER WEEK</u>		<u>EXPENDITURE PER WEEK</u>	
Earnings/wages	£	Mortgage	£
State pension	£	Rent	£
Other Pensions	£	Council tax	£
Housing Benefit	£	Water Rates	£
Other State Benefit	£	Gas	£
Other Allowances	£	Electricity	£
Allowance from absent spouse / partner	£	Telephone	£
Income from savings	£	Insurance	£
Other (please state)	£	Household expenses - Food etc	£
	£	Travel	£
	£		
TOTAL INCOME	£	Loan / Credit Repayment	£
		Other Items	£
Details of Savings:		(please list)	£
Post office	£		£
Building Society	£		£
Bank / Other	£		
		TOTAL OUT	£

Any other relevant information you wish to give to aid your application:-

(an attached letter from your sponsor with any other significant information will also enable your application to be fully assessed as quickly as possible)

We will use the information you have provided here and any other information you may provide in the future for the purpose of processing and checking your application, to allow us to provide you with an effective service and for our own statistical purposes.

We will not disclose this information to any other person or organization except in connection with the above purposes unless we obtain your express permission.

If you have any query about the use we make of your data, please contact the Data Protection Compliance Officer at the Charity's offices.

I declare that the above information is correct to the best of my knowledge and I agree to the use of my data in the way described.

Signature of Client: Dated.....

(The Sponsor is requested to complete the details overleaf)

STRAND PARISHES TRUST

169 STRAND LONDON WC2R 2LS

TRUST REF NO.

FOR USE BY SPONSOR

Please write clearly and in BLACK ink as this information will be used for reply

Name of Individual

Address

.....

.....

Your Reference

Sponsor's Name

Organization and Address

.....

..... Post Code

Telephone: e-mail:

When available for contact

Cheque to be made payable to:
(sponsoring organization or retailer)

I understand that any grant awarded will be sent to me and that I will be responsible for ensuring that it is used for the purpose defined.

Signature of Sponsor: Date

RESPONSE FROM TRUST

GRANT APPROVED / NOT APPROVED

SUM PURPOSE

REMARKS

Date

Chq