

THE NOTTINGHAM GENERAL DISPENSARY

Registered Charity number: 228149

Both sides of this form must be completed in full

Name and address of individual(s) applying for grant

Full name..... Date of birth.....

Address.....

What is your occupation (or state unemployed/retired etc)?.....

Your circumstances

Please state your circumstances and the reason why the grant is sought, including all details of ill health and disability.....

Financial circumstances (complete information overleaf IN FULL and insert figures here)

Weekly income: £

Weekly expenditure: £

Grant request

Purpose(s)/Item(s) for which grant is sought together with cost (if more than one purpose/item, please show separate costs) and provide a quote if necessary.....

Have you made an application for/towards the cost of these items elsewhere? Yes/No

If YES, please give details.....

Are you able to contribute towards the cost of these items? Yes/No

If YES, how much?.....

If this grant is successful, to whom should the cheque be payable? Please note that Trustees prefer to make cheques payable to organisations or suppliers rather than to individuals.....

Your signature..... Date.....

This application must be supported by medical evidence (such as a letter from a GP or consultant) to whom the Trustees may make reference, confirming that the item/s are required due to your medical condition.

PLEASE COMPLETE FINANCIAL INFORMATION OVERLEAF

If you have any difficulty completing this form please contact Anna Chandler on 0115 9015562

Weekly Income and Expenditure of Applicant

Weekly Income of HOUSEHOLD

Salaryper week
Income supportper week
Job Seeker's allowanceper week
Pension/Tax Creditper week
Disability Allowance (for parents and children)per week
Attendance Allowanceper week
Child Benefitper week
Child maintenance from absent parentper week
Housing Benefitper week
Council Tax Benefitper week
Any other benefit or incomeper week
Total Weekly Income (please insert this figure overleaf) £.....

Weekly Expenditure of HOUSEHOLD

Rent or mortgageper week
Gasper week
Electricityper week
Council Taxper week
Water chargesper week
Telephone (including mobiles)per week
Insurance premiums (including life, buildings and/or contents)per week
Catalogue paymentsper week
Debts (including rent arrears, loans, credit cards)per week
.....per week
Travel (including cost of running a car)per week
Food and clothingper week
Any other outgoings (please give details)per week
.....per week
Total Weekly Expenditure (please insert this figure overleaf) £.....

Assets

If you own your home please give
approximate value of the property

Value of savings and
investments (please provide details).....
.....
.....

Debts

Mortgage outstanding on
your property

Other outstanding debts
(please provide details)

Completed form to be sent to:

**Ms Anna Chandler, The Nottingham General Dispensary
Cumberland Court, 80 Mount Street, Nottingham NG1 6HH
Tel: (0115) 901 5562 Fax: (0115) 859 9652 Email: anna.chandler@freethcartwright.co.uk**