

CONFIDENTIAL GRANT APPLICATION FORM KING'S STANLEY & SELSLEY TRUST

(Registered Charity No.251010)

This application will be confidential; only our clerk being aware of your identity.

Should you wish to contact the Clerk, or the Chair of the Trustees, in order to assist you in completing this form, please telephone 07902 196409

Applications for grants for those under 18 yrs must be made by a parent or guardian or similar

Annlicants must be re-	sident in the Parishes of King's Stanley and Selsley and	
be aged 18 years or ol		
Full Name of Applicant		
Date of Birth		
Address & Post Code		
Email Address		
Telephone numbers	Landline:	
	Mobile:	
Please tell us why you need a grant, what you would use the grant for and how much you are seeking.		

If the grant request is for partial funding of an item/works, give details below if you have already applied for or received funds from any other source. Please name the source(s), e.g Local Authority, another charity, or any other source.		
Family & Household		
Please let us know the number of people living in your household and their relationship to you.		
Employment Information Please indicate your employment sta	tus. Please tick all that apply	
Employed full time	Student	
Employed part time	Retired	
Self-employed full time	Unable to work	
Self-employed part time		
Please add any further relevant information	about your employment if appropriate	

Household Income

Please note All income should be recorded here. Please enter your current earnings and expected earnings from all sources for this tax year.

Source of Income	Per Month
Take-home pay (Applicant)	
Take-home pay (Spouse/Partner/Parents if living with you)	
Pension	
Pension Credit	
Family or Lodger Contributions	
Payments from former Spouse/Partner	
Interest from banks/building societies	
Universal Credit	
Child Benefit	
Income Support & Tax Credits	
Job Seekers Allowance	
Employment Support Allowance	
Maternity Allowance	
Attendance Allowance	
Personal Independence Payment	
Disability Living Allowance Care	
Disability Living Allowance Mobility	
Carer's Allowance	
Any other income not included above (please specify)	

Household Outgoings Per Month		
Rent (after housing benefit, if received)		
Council Tax (after Council Tax Benefit, if received)		
Mortgage payments		
Oil		
Electric		
Gas		
Water		
TV Licence		
Internet, Broadband, phone bills		
Insurances (life, medical, dental, house, contents, car, pet)		
Transport costs (Vehicle Tax, car financing costs, petrol)		
Interest payments (overdrafts, credit cards, loans)		
Food, housekeeping, household maintenance costs		
Clothing, personal c are		
Any other household costs not included above (please specify)		
Total Net Outgoings Per Month		

Declaration

I confirm that the information given in this application is true and correct.

I consent to Kings Stanley and Selsley Trust seeking further information to support this application. I understand that in so doing I may be requested to supply documents relating to the status of the applicant which may include bank or building society statements, confirmation of employment and/or benefits received.

Data	Signature
Jacc	Jigilatui C

Please send all pages of this application and any additional documentation you wish to provide in support to:

Clerk to the Trustees, Inglenook, Pitchcombe, Stroud GL6 6LN

or attach it to an email and send to clerk@ksst.org.uk

If you need help filling in the form please call 07902 196409