



Client No:

Part 1 - Please give your details below in CAPITAL LETTERS

Title <i>(please circle)</i>	Mr Mrs Miss MS	Date of birth	
First name		Home tel no	
Surname		Mobile no	
Address			
Postcode		Email	
Single/married/living with partner/widowed			

Amount and Purpose of Grant Requested:

Please list names and dates of birth of everyone else (including children) who live at the above address.

Name in capital letters	Date of birth	Name in capital letters	Date of birth

Please give details of your weekly income and your partner as well as everyone who live at this address:

Type of income	Amount	Type of income	Amount
State Pension	£	Wage/Salary	£
State Pension <i>(Partner)</i>	£	Wage/Salary <i>(Partner)</i>	£
Private Pension	£	Tax Credits <i>(Working & Child Tax)</i>	£
Pension Credit	£	Job Seekers Allowance	£
Attendance Allowance	£	Employment & Support Allowance	£
DLA Care / PIP daily living component	£	Child Benefit	£
DLA / PIP Mobility	£	Universal Credit	£
Carers Allowance	£	Other income	£
Income Support	£		

You must provide proof of income eg benefit letters, bank statements, pay slips etc for everyone who lives at this address. Copies are acceptable. Full time students should provide a copy of their student status letter.

Trustees cannot consider a grant unless you provide these documents.

Please enclose a stamped addressed envelope if you want these documents returned.

Please turn over

Does Housing Benefit / Universal Credit pay towards your rent? If so by how much?	£
Do you receive a Council Tax Reduction? If so by how much?	£

You must provide a copy of your Housing Benefit decision letter, Universal Credit Statement or evidence of rent/mortgage paid. If you do not send this, we cannot allow for these payments, so your grant may be lower.

Do you, or anyone who lives with you, have any savings above £6,000?	Yes / No
If Yes, please state total amount	£

I confirm that the information I have provided, is correct to the best of my knowledge and I accept that you will need to share information with third parties such as but not limited to Citizens Advice, Housing Associations and Landlords, SHBC, Energy and Utility Providers I consent to you processing and storing my personal data in order for my application to be considered.

Signature		Date	
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Trustees cannot consider your application unless you have completed all the above parts of this form and enclosed documents giving details about the income of everyone living at your address.

Part 2 - Authorising another person to talk to us on your behalf

If you would like another person (e.g. a relative, friend or a support worker) to speak to the Frimley Fuel Allotment Charity on your behalf regarding your application, please fill in and sign the section below:

I give the person named below permission to speak on my behalf to Frimley Fuel Allotments Charity about my application and give Frimley Fuel Allotment Charity permission to furnish the said person with the information they ask for. A note will be made on my file regarding this authorisation and I understand that this permission will be valid until I withdraw it in writing.

Name of person you would like to authorise to speak on your behalf			
Their relationship to you			
Their contact number and email			
Signature		Date	

Empty rectangular box for content.