

RICHARD WATTS CHARITIES

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Administrative Offices
 Watts Almshouses
 Maidstone Road
 ROCHESTER
 Kent ME1 1SE

Grant Application Form
GRANTS ARE AVAILABLE ONLY TO RESIDENTS OF MEDWAY UNITARY
AUTHORITY AREA

It is a Charity Commission requirement to investigate the personal circumstances of applicants. The personal data supplied on this form will be held on file. Some details may be checked with relevant organisations, but none will be disclosed for any inappropriate purpose. You may have access to your personal information on request.

Name:					
Address:					
Telephone No:				E-mail:	
Marital status: (please indicate as applicable)		Married / Single / Divorced / Separated		Does anyone share your accommodation?	
				Yes Y No Y	
Names and ages of children:					
1			4		
2			5		
3			6		
Please give a brief description of your family circumstances:					
Financial assistance (please state amount required and reason for application)					

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FINANCIAL DETAILS (If applicant is in full time education, please give family financial details)

Income Amount per month		£	Expenditure Amount per month		£
State Pension		Per month	Rent		Per month
Universal Credit		Per month	Mortgage		Per month
Income Support		Per month	Council tax		Per month
Attendance Allowance		Per month	Water Charges		Per month
PIP/Disability Living Allowance		Per month	Gas		Per month
Housing Benefit		Per month	Electricity		Per month
Council Tax Benefit		Per month	Other Heating		Per month
Child Benefit		Per month	Telephone		Per month
Family/Child Tax Credit		Per month	TV Rental		Per month
Employment Support Allowance		Per month	TV Licence		Per month
Unemployment Benefit		Per month	Insurances		Per month
Job Seekers Allowance		Per month	Vehicle expenses		Per month
Industrial Injury Benefit		Per month	Cost of Care		Per month
Earnings: Self:		Per month	Other expenditure (please give details)		Per month
Other(s) living with you:					
Interest on savings		Per month	Please give itemised details of any current debts (if insufficient space please continue overleaf)		
Private Pensions		Per month			
Shared Occupants Contribution towards household expenses		Per month			
Other income		Per month			
Savings: £					
Total:			Total:		

PLEASE ATTACH COPY OF BENEFIT DETAILS i.e. confirmation letter etc.

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Please state where else you have applied for assistance and the result of the application:

Additional information in support of application: (if insufficient space, continue on a separate sheet).

I confirm that the information given is correct.

Signature

Date:

THIS APPLICATION MAY TAKE AT LEAST TWO MONTHS TO PROCESS

The Charities Trustees reserve the right to visit applicants prior to making any grant award.

Application for Grant assistance must be supported in writing by an appropriate professional person, i.e.

General Grants = Social Worker, Health Visitor, Doctor, District Nurse

Educational Grants = Education Welfare Officer, Course Tutor, Teacher, Head Teacher

Medical Grants = Doctor, District Nurse or another Medical Professional

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FOR OFFICE USE ONLY
Referred by:
Interviewed by:
Awarded:
Date advised:
Other action, if any: