

Applicants Details:

Name:

Address:

Contact Number:

How many people live in your household? (Please include ages and relationship to you):

Referrers Details:

Name:

Address:

Contact Number:

Is the applicant (please circle all that apply):

- | | | |
|----------------|----------------------------|------------------|
| 1. On benefits | 2. Recently made redundant | 3. Refugee |
| 4. Unemployed | 5. In low-paid work | 6. Single-parent |
| | 7. In part-time work | |

Reason for Application:

Please note the purpose of this fund is to provide immediate one-off support to families or individuals facing a crisis due. Due to limited funds, we are only able to provide this one-off support in exceptional circumstances; we cannot support on-going needs. Please ensure your request meets the fund criteria. In support of your application please outline the following points:

- The difficulties you are experiencing
- How this grant will help
- Why this is an exceptional circumstance

If you are in recovery, please give details as to the recovery programme you are following. (Please continue on a separate sheet if required).

Applicant signature:

Referrer Signature:

Date:

Item(s) Requested and Cost:

Total Cost:

Please supply any additional information as to items requested and their cost that may support you application here: