

NORTH LUFFENHAM VILLAGE TRUST

WELFARE GRANT APPLICATION FORM

For use by individuals or groups seeking a routine welfare grant

Examples include

- Assistance with day to day living expenses or specific needs of elderly, infirm, sick, disabled or needy individuals
- Support for groups that aim to benefit the people of North Luffenham

Please complete this form and return to the Clerk before 1st September 2019

Name							
Address							
Home tel no.	Mobile tel no. (if any)						
Email address	Age at 1st September 2019						
<p>To reduce the Trust's costs and for you to receive the grant more quickly please enter below</p> <p>Your bank sort code Your bank account no. The name on the account</p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 15%; border: 1px solid black; height: 30px;"></td> <td style="width: 15%; border: 1px solid black; height: 30px;"></td> <td style="width: 15%; border: 1px solid black; height: 30px;"></td> <td style="width: 35%; border: 1px solid black; height: 30px;"></td> <td style="width: 20%; border: 1px solid black; height: 30px;"></td> </tr> </table> <p style="text-align: center;">This will enable the Trust to pay the grant direct to your bank account.</p>							

Do you receive a state retirement pension?	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; text-align: center;">YES</td> <td style="width: 50%; text-align: center;">NO</td> </tr> </table>	YES	NO
YES	NO		
Do you receive or are you currently applying for any other state benefit?	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; text-align: center;">YES</td> <td style="width: 50%; text-align: center;">NO</td> </tr> </table>	YES	NO
YES	NO		
Have you received or are you receiving grants or pensions from other sources?	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; text-align: center;">YES</td> <td style="width: 50%; text-align: center;">NO</td> </tr> </table>	YES	NO
YES	NO		

Signed	Date

Please indicate overleaf what assistance is required and why.

