

# 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

**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> <table style="width: 100%; border: none;"> <tr> <td style="text-align: center; border: none;">Your bank sort code</td> <td style="text-align: center; border: none;">Your bank account no.</td> <td style="text-align: center; border: none;">The name on the account</td> </tr> <tr> <td style="border: 1px solid black; width: 50px; height: 30px;"></td> <td style="border: 1px solid black; width: 250px; height: 30px;"></td> <td style="border: 1px solid black; width: 300px; 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> |                           | Your bank sort code     | Your bank account no. | The name on the account |  |  |  |
| Your bank sort code  | Your bank account no.     | The name on the account |                       |                         |  |  |  |
|  |                           |                         |                       |                         |  |  |  |

|   |                           |   |     |    |
|---|---------------------------|---|-----|----|
| Do you receive a state retirement pension?                                    | <i>circle your answer</i> | <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?     | <i>circle your answer</i> | <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? | <i>circle your answer</i> | <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

