

*Comprising Fakenham Relief in Need 212799, Goggs Relief in Need 218877, Harrisons Educational Foundation 279227, Lady Mary Townshend Charity 218880, Geoffrey Riches Educational Trust*

**APPLICATION FOR RELIEF IN NEED**

Please complete all sections of this form for your application to be considered.

Include 3 months of the latest bank statements of all accounts of the named people on your application form. Applications will be declined without supporting bank statements.

Return completed forms by post or email to

**Fakenham Charities, 12 Poppyfields, Fakenham, NR21 8PZ**.

OR [**clerkoftrusteesfakenham@gmail.com**](mailto:clerkoftrusteesfakenham@gmail.com)

|  |  |
| --- | --- |
| Full name & date of birth |  |
| Address including post code |  |
| Telephone/ Mobile number |  |
| Email |  |
| Residential Status | RENTED / MORTGAGED / OWNED OUTRIGHT |
| Employment Status | EMPLOYED / SELF EMPLOYED / UNEMPLOYED / HOMEMAKER |

**DETAILS OF ALL PERSONS OVER 18 YEARS OLD AT PROPERTY**

|  |  |  |  |
| --- | --- | --- | --- |
| **NAME** | **DATE OF**  **BIRTH** | **MONTHLY INCOME** | **EMPLOYEMENT STATUS** |
|  |  |  |  |
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**DETAILS OF ALL PERSONS UNDER 18 YEARS OLD AT PROPERTY**

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| --- | --- | --- | --- |
| **NAME** | **DATE OF**  **BIRTH** | **SCHOOL OR COLLEGE** | **RELATIONSHIP TO APPLICANT** |
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**EXPENDITURE / OUTGOINGS OF HOUSEHOLD**

|  |  |  |
| --- | --- | --- |
|  | **EXPENSES WEEK / MONTH** | **ARREARS OWING** |
| RENT / MORTGAGE |  |  |
| COUNCIL TAX |  |  |
| FOOD |  |  |
| GAS / ELECTRIC |  |  |
| WATER |  |  |
| CAR INSURANCE & TAX |  |  |
| FUEL / TRANSPORT |  |  |
| INTERNET & MOBILE |  |  |
| ENTERTAINMENT |  |  |
| OTHER INSURANCES |  |  |
| HEALTH CARE |  |  |
| LOANS / CREDIT CARDS |  |  |
| RENTAL (i.e Hughes) |  |  |
| OTHER COMMITMENTS |  |  |
| TOTAL |  |  |

**INCOME OF HOUSEHOLD**

|  |  |  |
| --- | --- | --- |
|  | **APPLICANT** | **PARTNER** |
| WAGES / SALARY |  |  |
| UNIVERSAL CREDIT |  |  |
| JOB SEEKERS |  |  |
| MAINTINANCE |  |  |
| OTHER INCOME |  |  |

**PLEASE EXPLAIN THE REASON IF ANY PERSON OVER 18 YEARS OLD HAS NO INCOME:**

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**SAVINGS BALANCES (SAVINGS / SHARES / BONDS / ISA’S / ANY OTHER ACCOUNTS)**

|  |  |
| --- | --- |
| **BANK / COMPANY** | **BALANCE / VALUE** |
|  |  |
|  |  |
|  |  |
|  |  |

**HAVE YOU USED THE GOV.UK BENEFIT CALCULATOR TO CHECK ANY MISSED BENEFITS?**

**YES / NO**

**FOR OUTSTANDING DEBTS – HAVE YOU SOUGHT DEBT ADVICE?**

**YES / NO**

**DO YOU EXPECT YOUR FINANCIAL POSITION TO CHANGE IN THE NEXT 12 MONTHS?**

**YES / NO**

**HAVE YOU MADE, OR WILL YOU MAKE A REQUEST FROM ANOTHER CHARITY OR FUND IN RELATION YOUR PROBLEM? If yes, please state the name and outcome**

**YES / NO**

|  |  |
| --- | --- |
| **CHARITY/ FUND** | **APPROVED/ DECLINED/ PENDING** |
|  |  |

**HAVE YOU REQUESTED SUPPORT FROM FAKENHAM CHARITIES BEFORE? IF YES PLEASE STATE THE AMOUNT AND YEAR IF KNOWN.**

**YES / NO**

|  |  |
| --- | --- |
| **AMOUNT CLAIMED** | **YEAR GRANT RECEIVED** |
|  |  |
|  |  |

**ASSISTANCE REQUIRED**

**HOW MUCH ARE YOU ASKING FOR, AND WHY?**

**PLEASE BE AS SPECIFIC AS POSSIBLE AND INCLUDE ITEMS AND THE COST WHERE REQUIRED. YOU CAN ADD A SEPARATE SHEET IF YOU NEED MORE ROOM.**

**IF YOU ARE REQUESTING SCHOOL UNIFORM – PLEASE STATE THE ITEMS REQUIRED AND THE QUANTITY. YOU DO NOT NEED TO INCLUDE THE COST FOR SCHOOL UNIFORM.**

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**DECLARATION: I certify to the best of my knowledge and belief that the information supplied on this application is correct and I understand that any incorrect statement may be regarded as fraud. I agree that DWP, Social Services, Doctor or any other organisation may be consulted in confidence on matters relevant to this application.**

**SIGNATURE:**

**DATE:**