



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

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

DETAILS OF ALL PERSONS UNDER 18 YEARS OLD AT PROPERTY

NAME	DATE OF BIRTH	SCHOOL OR COLLEGE	RELATIONSHIP TO APPLICANT

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:

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

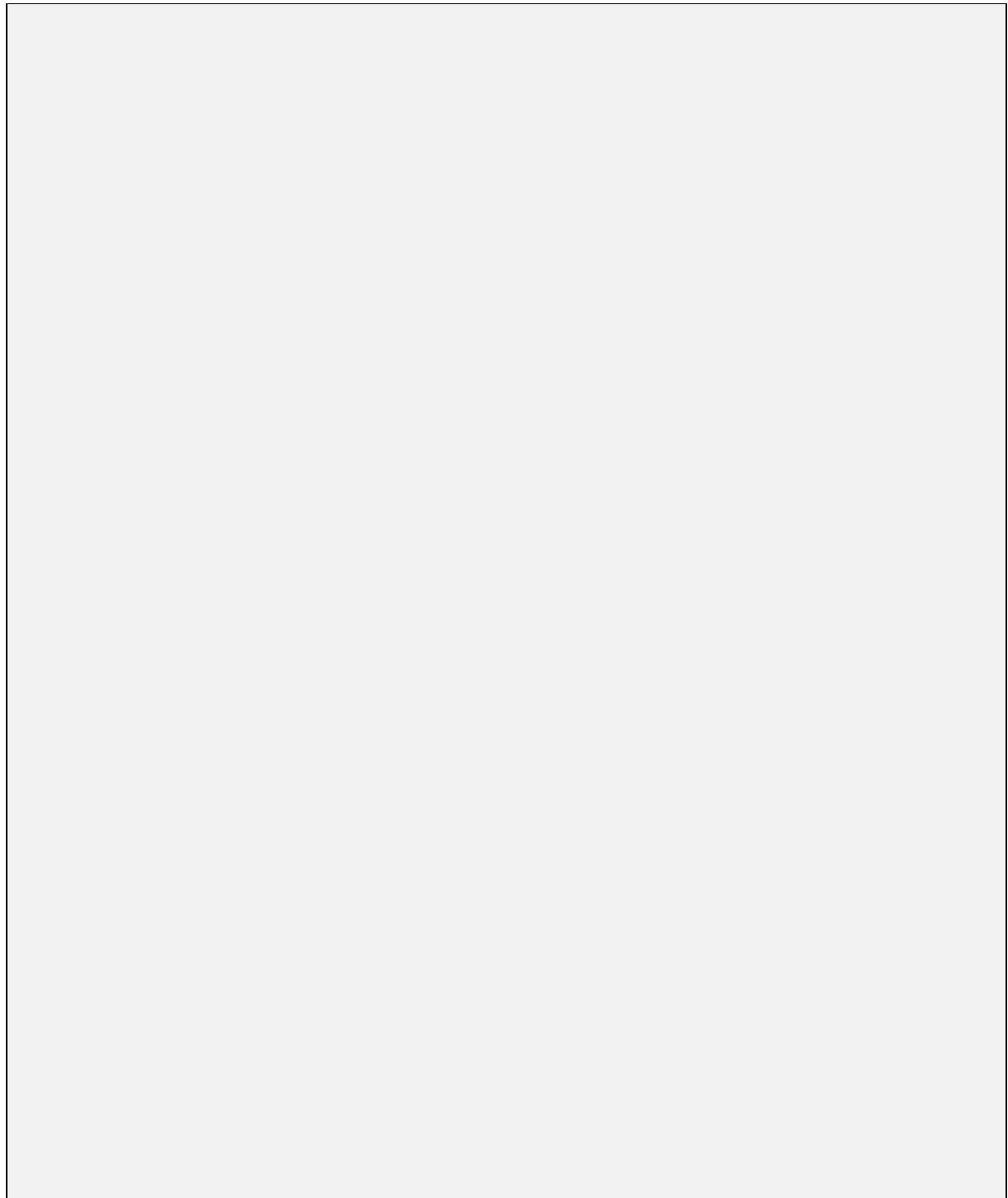
AMOUNT CLAIMED	YEAR GRANT RECEIVED

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.



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: