



THE HAMPSTEAD WELLS

AND CAMPDEN TRUST

62 Rosslyn Hill NW3 1ND Tel: 0207 435 1570/Fax 0207 435 1571

email: grant@hwct.co.uk

Registered Charity No. 1094611

APPLICATION FOR SINGLE PAYMENT GRANT

1. Details of applicant(s) and household composition.

N A M E	AGE/DATE OF BIRTH	OCCUPATION
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		

2. Address.....
.....
.....

Tel:.....Post Code.....

3. Reason for application, and amount requested (please attach copies of bills, estimates, etc., where appropriate)

FOR OFFICE USE

Date receivedKnown?Y/N..... Amount Date.....Date Sent.....
Cheque No.Amount AgreedAuthorised By.....

Other Sources Of Help: (give details of other agencies and grant-making organisations approached and result, including Social Fund applications, and contributions by family members. If applicant is on Income Support, and the Social Fund has not been approached, reasons must be given.)

Details of disabilities/Illness and their financial effects. Show family member involved. Attach copies of medical certificates if appropriate.

Details of unusual household expenditure. (e.g. Maintenance payments, debts/arrears repayments, high fuel bills, special diets, payments for care, transport costs etc.)

ACCOMMODATION (Underline or highlight)

Rented/Leasehold/Freehold/Council/Housing Association/Voluntary Body/Private Rented/Owner-Occupied House/Maisonette/Flat/Sheltered Housing/Hostel/Residential Care.

FIXED PAYMENTS

Rent (after Housing Benefit, Water Rates, Heating charges etc.)

Ground Rent

Service Charges

Mortgage Repayments

Water Rates

Council Tax (after Council Tax Benefit)

REGULAR HOUSEHOLD INCOME AFTER TAX (if there are more than 5 incomes,

please give details on a separate sheet)

Type Of Income	1	2	3	4	5
Salary/Wage					
Retirement Pension					
Occupational Pension					
Income Support					
Sickness Benefit					
Invalidity Benefit/Pension					
War Pension					
Industrial Injuries Benefit					
Disability Living Allowance					
Disability Working Allowance					
Attendance Allowance					
Mobility Allowance					
Invalid Care Allowance					
Child Benefit					
Maintenance Payments					
Annuities/Bonds					
Other (specify below)					

TOTAL HOUSEHOLD

INCOME.....

Details of savings, and why they are not available to meet this request.

Anything you want to add to support the application.

SOURCE OF APPLICATION

Name & Address of Agency

Name, Tel. No. & Ext. of Worker

<u>Name & Address of Agency</u>	<u>Name, Tel. No. & Ext. of Worker</u>

Name Of Payee/Address where cheques should be sent (NB The Trust cannot issue cheques directly to individual applicants - grants must be paid through an agency)

Company Limited by Guarantee No.4541031

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