

Buckingham Relief in Need Charity
(a registered charity)

Ancient Parish of Buckingham (Buckingham, Gawcott, Lenborough and Bourton)

| | Applicant | Partner |
|----------------------------------------------------------------------------------------------------------|------------------|----------------|
| 1. Name (Please state Mr, Mrs, Ms, Miss) | | |
| 2. Present address and contact telephone number | | |
| 3. eMail address | | |
| 4. National Insurance number | | |
| 5. How long have you resided in the Parish of Buckingham? | | |
| 6. Your age | | |
| 7. How much do you receive in respect of:- | | |
| a) Widows pension | | |
| b) Retirement pension | | |
| c) Employment & support allowance (ESA) | | |
| d) Jobseeker's allowance (JSA) | | |
| e) Pension credit | | |
| f) Working tax credit | | |
| g) Child tax credit | | |
| h) Disability living allowance (DLA) | | |
| i) Child benefit | | |
| j) Carer's allowance | | |
| k) Attendance allowance | | |
| l) Universal credit | | |
| Has Citizen's Advice Bureau confirmed that you are receiving all the benefits to which you are entitled? | | |
| 8. Have you any other income in addition to that mentioned in no. 7 above? | | |

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| 9. Please give details of the following expenditure:- | | |
| a) Loans (including car loans) | | |
| b) Water rates | | |
| c) Gas | | |
| d) Electricity | | |
| e) Housekeeping | | |
| f) Telephones (including mobiles) | | |
| g) TV license | | |
| h) Car insurance | | |
| i) Car tax | | |
| j) Petrol | | |
| k) Fares | | |
| l) Life insurance | | |
| m) Pension scheme | | |
| n) Buildings and contents insurance | | |
| o) Clothing | | |
| p) Child care | | |
| q) Cigarettes / alcohol | | |
| r) Any fines outstanding | | |
| 8. Have you any dependents living at home? If the answer is yes, please give full particulars | | |
| 9. If you have school age children, have you applied for free school meals? | | |
| 10. (a) Do you own the house or flat in which you live? | | |
| (b) If the answer to (a) is yes, is there any mortgage on the house? | | |
| (c) If the answer to (a) and (b) is yes, please state the amount of the monthly repayments | | |
| 11. (a) Do you rent the house or flat in which you live? | | |
| (b) If the answer is yes, what is the amount of the weekly or monthly rent? | | |
| 12. How much do you pay monthly in council tax? | | |

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| 13. (a) Do you have any savings or investments? | | |
| (b) If the answer to (a) is yes, please give full details | | |
| 14. (a) Do you receive any wage or salary? | | |
| (b) If the answer to (a) is yes, please state the weekly or monthly amount | | |
| 15. Do you receive money from any other charity? If yes, please give details | | |
| 16. Is there any other fact, emergency or unexpected expenditure that you have incurred which will assist the Trustees in deciding whether to make you a grant? | | |
| 17. Signature and declaration: I confirm that the above information, to the best of my knowledge, is true. Date | | |
| Proof of identify will be required if your application is successful. | | |

I recommend this application to the Trustees

Signature..... Name.....

Date Occupation.....

Email Organisation.....

Please return this form to
Miss K Phillips, Secretary
78 London Road, Stony Stratford, Milton Keynes, MK11 1JH.