

Buckingham Almshouses and Welfare 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?		

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12. How much do you pay monthly in council tax?		
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.