

The Atherton Trust
Registered Charity Number 515220
Application for Grant (Individuals)

- 1) Surname: (Mr/Mrs/Miss/Ms/Other)
- 2) First name(s): 3) Date of Birth
- 4) Marital status:
Single/Married/Divorced/Separated/Widowed (Delete as appropriate)
- 5) Address: 6) Telephone number:
- 7) How many years resident at present address?
(If less than five years, previous address)
- 8) Residential status:
(a) Owned outright/Owned mortgaged/Tenant furnished/Tenant Unfurnished/Other
- 9) Do you reside:
Alone/with husband/with wife/with children/with parents/with a partner
- 10) Immediate Dependants:
Name: Age: Relationship:
- 11) Employment status:
Employed full-time/Employed part-time/Self employed/Unemployed/Retired/Student
- 12) Reason for application:
- 13) Amount required?
- 14) Details of other grant applications and amounts applied for/received:
- 15) Personal financial background:
- (a) Income
- | | |
|----------------------------|---------------------------|
| (i) Earnings | (Weekly/Monthly) |
| (ii) State Pension | (Weekly) |
| (iii) Occupational pension | (Weekly/Monthly) |
| (iv) Attendance allowance | (Weekly) |
| (v) Other Income | (Weekly/Monthly/Annually) |
- (b) Outgoings (Full details)
- (c) Savings
- | | |
|----------------------------------|----------------------|
| (i) Bank, Building Society etc., | (d) Bank/Other loans |
| (ii) Other Savings | Credit Cards |
| | Hire Purchase |
- (d) Details of family financial support if any?

The information provided on this application form is to the best of my knowledge correct and complete.
I authorise the Trustees to seek and obtain information from any person or agency to verify the information given.
I understand that the information I have given will be treated in the strictest confidence and will not be disclosed to any agency without my prior consent

Signed Capacity Dated