THE STATIONERS’ FOUNDATION

STATIONERS’ HALL

AVE MARIA LANE

LONDON

EC4M 7DD

THE STATIONERS’ FOUNDATION

Administrator: Pamela Butler

Tel: 0207 246 0990

Email: foundation@stationers.org

**The Administrator, Pamela Butler, welcomes any enquiries and questions. Please contact her.**

APPLICANT’S NAME (IN FULL) TITLE

IF YOU ARE COMPLETING THIS FORM ON BEHALF OF THE APPLICANT, PLEASE ENTER YOUR DETAILS BELOW

Surname First Name Title

Name of organisation (if applicable)

Address

Postcode

Tel. No

Is all information to be sent to this contact? (please tick) YES NO

Relationship to applicant

Email

Signed (Contact)

Date

Applicant’s Personal Information

Address

Post Code Date of Birth DD/MM/YY

Tel. No

Email

Married Divorced Separated Widowed Single

 Living with Partner

Number of school-aged children living at home:

Please describe any health problems or disabilities the applicant has

Health/Disabilities

Details of Grant Request

Which type of Grant/s are you applying for?

Regular Financial Assistance Nursing Home Top-Up

Miscellaneous Grant Respite/Convalescence

If for a miscellaneous grant, describe the purpose of the grant:

What is the total cost of your need? £

What amount are you seeking? £

Has the applicant applied to the Social Fund for assistance (YES/NO)

Please list any other Charities, Trusts and/or Local Authorities the applicant has already applied to/or intends to apply to, concerning this grant request and give the results if known:

If the applicant has applied to this organisation on previous occasion/s for other grant/s, please indicate the purpose/s and approximate date/s of those applications:

Applicant’s Employment History

Give details of the applicant’s current or previous printing/allied trades employment even if now retired

 Name of any Union,

 How long professional body etc.

Employer Job Description (years) belonged to (optional)

Spouse/Partner’s Employment History

Give details of current or previous printing/allied trades employment even if now retired or deceased

 Name of any Union,

 How long professional body etc.

Employer Job Description (years) belonged to (optional)

Parent’s Employment History

Give details of current of the parents’ current or previous printing/allied trades employment even if now retired or deceased

 Name of any Union,

 How long professional body etc.

Employer Job Description (years) belonged to (optional)

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Household health issues

Give details of any illness or disability of household members

Illness or disability

Full Name

Additional Information

Illness or disability

Full Name

Additional Information

Indicate the net **WEEKLY** income after tax, etc.

Details of Income

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  |  | Applicant |  | Spouse/Partner |
|  |  | £ |  | £ |
| Net Wage/ Salary |  |  |  |  |
| Occupational/Private Pension |  |  |  |  |
| State Pension |  |  |  |  |
| Child Benefit |  |  |  |  |
| Income Support |  |  |  |  |
| Pension Credit |  |  |  |  |
| Tax Credits |  |  |  |  |
| Job Seekers Allowance |  |  |  |  |
| Incapacity Benefit |  |  |  |  |
| Employment Support Allowance |  |  |  |  |
| Carers Allowance |  |  |  |  |
| Attendance Allowance |  |  |  |  |
| DLA or PIP – Mobility |  |  |  |  |
| DLA or PIP – Care |  |  |  |  |
| Universal Credit |  |  |  |  |
| Investment Income |  |  |  |  |
| Charitable Income |  |  |  |  |
| Any Other Income – Please specify |  |  |  |  |

Does your State Retirement Pension/Pension Credit include an allowance because you are considered to be ‘severely disabled’?

|  |  |  |
| --- | --- | --- |
| £ |  | £ |
|  |  |  |

If so, how much is the allowance

per week?

Details of Savings and Debts

Indicate the total current amount

Please do not leave any boxes bland, where the applicant has no savings please enter “zero”

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  |  | Applicant |  | Spouse/Partner |
|  |  | £ |  | £ |
| Bank Accounts |  |  |  |  |
| Building Societies |  |  |  |  |
| Post Office Accounts |  |  |  |  |
| Premium Bonds |  |  |  |  |
| Saving Certificates |  |  |  |  |
| Stocks and Shares |  |  |  |  |
| Investments; Peps, Isas, Tessas etc. |  |  |  |  |
| Other Savings |  |  |  |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Total: | £ |  | £ |  |

Debts:

Please include brief details

|  |  |  |
| --- | --- | --- |
| Applicant |  | Spouse/Partner |
| £ |  | £ |
|  |  |  |

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Date of taking up residence:

Details of Housing

|  |  |  |
| --- | --- | --- |
|  | (please tick) |  |
| Owned - no mortgage |  | DD/MM/YY |
| Owned- with mortgage |  | DD/MM/YY |
| Rented - Housing Association |  | DD/MM/YY |
| Rented - Council |  | DD/MM/YY |
| Rented-Private |  | DD/MM/YY |
| Sheltered Accommodation |  | DD/MM/YY |
| Residential Home |  | DD/MM/YY |
| Nursing Home |  | DD/MM/YY |

Owned Homes only

|  |  |
| --- | --- |
|  | Weekly |
|  | £ |
| How much weekly Support for Mortgage Interest does the applicant receive? **If the applicant does not receive Support** **for Mortgage Interest, please enter “zero”** |  |
| How much weekly mortgage does the applicant pay?**If the applicant does not pay mortgage, please enter “zero”** |  |

Rented Homes only

**Please do not leave any boxes blank where the applicant does not pay or receive any of these payments, please enter ”zero”**

|  |  |  |
| --- | --- | --- |
|  |  | **Weekly****£** |
| How much is the Total Rent paid? |  |  |
| How much Housing Benefit is received? |  |  |

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Council Tax

**Please do not leave any boxes blank, where the applicant does not pay or receive any of these payments, please enter ”zero”**

|  |  |
| --- | --- |
|  | **Weekly****£** |
| How much is the Total Council Tax paid? |  |
| How much Council Tax Benefit (if any) does the applicant receive? |  |

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Other weekly expenditure

|  |  |
| --- | --- |
| Please list any costs/expenses considered to be significantly above average and the reasons why: | **Weekly****£** |
|  |  |
|  |  |
|  |  |
|  |  |

Supporting Statement

Please tell us anything else you think we should know about to help us make a decision. Please include details of family caring responsibilities, voluntary work, civic service, trade union service and any other work or activity, paid or voluntary; that you feel should support this application:

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|  |
| --- |
| The Stationers’ Foundation will use the information you have provided and other information you may provide in the future to ascertain you eligibility for assistance. We will not disclose this information to any other person or organisation except in connection with this purpose.The information may include “sensitive data” under the Data Protection Act 1998.**Please sign below to indicate your consent to us using data in this way** |
| If it is proved that any benefit received by you was paid through misrepresentation or non-disclosure of financial circumstances at the time that the application was made or during the when benefit was in issue, The Stationers’ Foundation may take necessary steps to recover from the beneficiary or his estate any benefit improperly paid or obtained or the value thereof. |
| **I declare all my information to be true** |

|  |  |
| --- | --- |
| Signed (applicant) |  |
|  |  |
| Signed (spouse/partner)(where applicable) |  |
|  |  |
| Dated | DD/MM/YY |
|  |  |
| Signed (witness) |  |
|  |  |
| Occupation |  |
|  |  |
| Dated | DD/MM/YY |

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[www.stationers.org](http://www.stationers.org)