



PRIVATE AND CONFIDENTIAL: APPLICATION FOR ASSISTANCE

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|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------|--------|
| 1. APPLICANT'S NAME | 2. Mr / Mrs / Miss / Ms / Other (delete as appropriate) | 3. AGE |
| 4. APPLICANTS ADDRESS | 5. CONTACT DETAILS (where appropriate): Phone Number: Email address: | |
| 6. Please list members of your family and/or others living with you, stating relationship: | | |
| 7. Please give details of the illness causing the hardship (continue overleaf if necessary) | | |
| 8. What assistance do you require from The Rochdale Fund for Relief in Sickness? (continue overleaf if necessary) | | |
| 9. How much money are you requesting from The Rochdale Fund for Relief in Sickness? (Please provide copies of estimates if possible) | | |
| 10. Have you or any members of your family previously received a grant from this or any other charity? (Please give details) | | |
| 11. Please give any other relevant information you can think of in support of your application. | | |
| 12. How did you find out about The Rochdale Fund for Relief in Sickness? | | |
| 13. The information I have given above is to the best of my knowledge, true and correct and I would ask the Trustees to consider my application. Signed:..... Date:..... (where the application is on behalf of a client the social worker / Health Visitor etc should sign) | | |
| NOTE: The income and Expenditure Form (page 2) and the Professional Support Form (page 3) MUST also be completed by the applicants. | | |

STATEMENT OF INCOME AND EXPENDITURE

Please complete this page in full and include ALL household income, not just the applicant.

NOTE: If you receive Housing Benefit or Council Tax Reduction do also complete the total amount of rent and Council Tax in the expenditure column to ensure the total income and expenditure are accurate to your circumstances.

| WEEKLY INCOME (£) | | WEEKLY EXPENDITURE (£) | |
|---------------------------------------------------------------------------------------|--|-----------------------------------------------------------------------------------------------------|--|
| 1. EARNINGS | | 1. HOUSEHOLD COSTS | |
| How much do you earn? State average weekly income OR average monthly income x12/52 | | Rent and Mortgage | |
| 2. PENSIONS | | Council Tax | |
| State Retirement Pension | | Home Insurance | |
| Employers Pensions | | Gas, Electric and other heating costs | |
| Widows and War Widows Pensions | | Water Rates | |
| Any Other Pensions | | Household including food and clothes | |
| Pension Credits | | 2. DEBT | |
| Attendance Allowance | | Loan, HP and Credit Card Payments | |
| 3. BENEFITS | | Emergency Fund or Budgeting Loan Repayments | |
| Universal Credit, Tax Credit, ESA, JSA or Income Support | | 3. TRAVEL COSTS | |
| Housing Benefit, Council Tax Reduction | | Car incl petrol, insurance, tax Taxi, bus, tram etc | |
| Statutory Sick Pay, DLA, PIP or Incapacity Benefit | | 4. ENTERTAINMENT COSTS | |
| Carers Allowance | | Telephone or Mobile Phone Costs | |
| Child Benefit, Maternity Allowance | | TV Costs including rental repayments, provider e.g. Sky, TV licence, Netflix etc | |
| Winter Fuel Allowance | | Subscriptions e.g. Spotify, Amazon, magazines | |
| Any Other Benefits | | Social activities including children's activities | |
| 4. CHARITIES Payments from charities / voluntary organisations | | 5. CHARITIES Giving to charities / voluntary organisations | |
| 5. OTHER INCOME e.g. Maintenance payments, investments etc (Please state) | | 6. OTHER EXPENDITURE e.g. Maintenance payments, child support or any other (Please state) | |
| TOTAL INCOME | | TOTAL EXPENDITURE | |

PROFESSIONAL SUPPORT

All applications should be supported by a professional person such as a doctor, social worker or health visitor.

This page is for the comments of the person supporting this application or acting on behalf of the applicants. Please state clearly why you are supporting this application and then sign your name thereafter and include your agency's official stamp.

(Please use a separate sheet if required.)

Signed: _____

Date: _____

Print Name: _____

Job Title: _____

Contact Tel: _____

Email: _____

Please note that it may take several weeks to process your application particularly on amounts over £1000. Thank you for your patience.