

WARWICK RELIEF IN NEED CHARITY

Messrs Moore & Tibbits, Solicitors
34 High Street
Warwick CV34 4BE
choughton@moore-tibbits.co.uk

APPLICATION FOR A GRANT

Applicants must be resident within the boundaries of Warwick Town

REFERRING AGENCY with responsibility/in charge	
APPLICANT	
ADDRESS	
E-mail address:	
TELEPHONE NUMBER	
AGE & DATE OF BIRTH	
PURPOSE AND AMOUNT OF GRANT REQUESTED	
Note: A quotation or estimate from a local, Warwick, supplier must be supplied with this application	
NATURE OF SICKNESS/DISABILITY (if applicable)	
FAMILY DETAILS (NO OF RESIDENTS AND AGES OF CHILDREN)	
HAS AN APPLICATION BEEN MADE TO OTHER AGENCIES FOR A GRANT	YES/NO
IF YES, TO WHOM AND HOW MUCH	
HAS APPLICANT APPLIED PREVIOUSLY FOR GRANT FROM THIS CHARITY	YES/NO
FINANCIAL INFORMATION (please complete enclosed form)	
SIGNATURE	
DATE	

This form should be returned to Messrs Moore & Tibbits with a covering letter giving further details of the applicant and the circumstances which have led to the application being made.

Failure to return this completed form will exclude the applicant from being considered

FINANCIAL INFORMATION:

(1) ASSETS:

- (A) CAPITAL: £
- (B) HOUSE: £
- (C) CAR: £
- (D) INVESTMENTS: £
- (E) SAVINGS: £
- (F) DEPOSIT ACCOUNT: £

(2)

LIABILITIES

- (G) MORTGAGE: £
- (H) BORROWINGS: £
- (I) DEBTS: £
- (J) HIRE PURCHASE: £
- (K) BANK OVERDRAFT: £
- (L) OTHER £

(3)

INCOME OF CLAIMANT:

- (A) INVESTMENT INCOME: £PER WEEK/MONTH
- (B) STATE PENSION: £PER WEEK/MONTH

(C) OCCUPATIONAL PENSION: £PER
WEEK/MONTH

(D) SOCIAL SECURITY BENEFIT: £PER
WEEK/MONTH

(E) SALARY OR WAGES: £PER
WEEK/MONTH

(F) NATURE OF WORK: £PER
WEEK/MONTH

TOTAL WEEKLY/MONTHLY INCOME: £

(4) COMPLETE HOUSEHOLD INCOME

£
PER WEEK/MONTH