# **GRANT APPLICATION FORM**

# **PLEASE NOTE**

Grants are made for one specific item or purpose.

They **are not** awarded for recurring expenses such as mortgage, rent, phone or fuel bills, nor for educational fees, legal costs nursing care or medical treatment, nor to pay off creditors.

- You must use this form without changing its layout.
- You **must** attach a supporting letter from an independent referee.
- Please include evidence of any benefits you receive.



Please SAVE and open in e.g. **Adobe Acrobat Reader DC** to fill in this form. Information is not saved if the form is not opened as a PDF document!!

YOUR CONTACT	DETAILS	Adobe Acrobat Reader DC is free to download.	
Title	Full name		
Home address			
		Post code	
Email		Telephone	
QUALIFICATIONS	(IF APPLICABLE)		
	g hospital or university a	and date of registration	
	•	ur payment if your application is successful. Pl	ease note
that we pay by ch	neque.		
Cheque payable	to:	Send cheque:to Applicant	Referee
INDEPENDENT R	EFEREE		
_	· · · · · · · · · · · · · · · · · · ·	ng your supporting letter. Your referee could b	
	•	itor or an adviser from another relevant agend	•
•		nbers of the family or family friends. We expect ou need. We are unable to assess applications	
referee's letter.			
Name		Role	
Organisation			
Address			
Post code		E-mail	
Telephone:			

	Ref:
	Office use only
YOUR HISTORY	
Country of birth	Year of birth
Year of entry to the UK (if relevant	
Current / former occupation	Retired? Yes No
WHY YOU ARE APPLYING FOR A GRANT	
What you need to buy Amount	requested £
Other charities you have applied to in connection with this need, an	d the result, if known
NB Applying to other charities can improve your chance of success.	
STATEMENT OF NEED	
Please give any useful information to support your request, even if a	n explanatory letter has been
sent.	

### YOUR HOUSEHOLD

No. of adults:	No of children (18 yrs and under):	
I rent my home	I own my home	I do not have a tenancy and I do not own a home

Please give details of your income (the money you have coming in) and expenditure (your outgoings). If you have a Standard Financial Statement or budget plan, please send it. If not, please give details of your finances below. Tell us if you are giving weekly or monthly figures.

YOUR HOUSEHOLD INCOME AND EXPENDITURE For office use: checked [] Income Weekly Monthly Include regular income from sources such as pensions and benefits. Include income from your spouse/partner or other adults who contribute to your household. Please also note any savings/debts. Source of income Amount Savings Amount Total Debt (if any) Total Total **Expenditure** Weekly Monthly Include rent, mortgage, council tax, gas, electricity, phone, food and other outgoings you have. Item of expenditure Amount Item of expenditure **Amount** Total SUPPORTING DOCUMENTS Please remember to include a supporting letter from an independent referee who must confirm

you need the item you are requesting. Your referee might be a social worker, a charity worker, a college tutor or a doctor. Your application cannot be processed if there is no supporting letter. Please tick the documents you are including with your application.

Referee's letter (essential)	Estimate of cost of item you need (essential)
Evidence of benefits (if relevant)	Other:

### **TAX STATUS**

We are required to ask about the residency status of all applicants for tax purposes. **Please tick the statement that applies to you**.

I am resident in the UK for tax purposes and I am not ta	x resident outside the UK
I have tax residency outside the UK	
Please state where you need to pay tax outside the UK:	
My Tax Identification Number (TIN) outside the UK is:	

### **DATA PROTECTION**

The information you have given will be used to process your application to us. We may contact your referee during the application process. We may contact any grant-making charities you have told us about because this can help with the application process. We will never pass your details on to organisations not mentioned by you on this form. We store your details electronically for the purposes of grant administration and our audit obligations. We shred your application form and documents after the application outcome is decided and our audit requirements are met.

Please tick this box if you agree to let us use your data in this way

How did you hear about the Eaton F	und?
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## **DECLARATION**

I confirm that I have not received a grant from the Eaton Fund before, and that all the details I have given on this form are correct.

Signature of the applicant Date Date
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During Covid-19, if it is difficult to get a client's signature, please confirm that the client gives consent to disclose personal data by ticking this box:

# **ANY QUESTIONS?**

You can contact us by phone on 020 3289 3209 or e-mail admin@eatonfund.org.uk Look at our website, www.eatonfund.org.uk, to find information about us, including the kinds of grants we offer.

# THANK YOU FOR FILLING IN THIS FORM

Please send the completed form to The Eaton Fund, PO Box 528, Fleet GU51 9HH.