



Treasurer
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Trustees
Rev Lucy Davis - Chair
Mrs Ann Lutley
Mr Paul Cranmer
Mrs Sheila Smith
Mrs Catherine Hursthouse

Application for a Specific Need Grant

FULL NAME OF APPLICANT _____ AGE _____

ADDRESS IN FLITWICK _____

PHONE NUMBER: _____ DATE: _____

DATA PROTECTION: The following information will be treated as confidential. The questions are to enable the trustees of the charity to ensure that applicants are eligible for gifts, so that funds are distributed as fairly as possible. None of the details given will be disclosed beyond the trustees of the Charity.

WHO LIVES WITH YOU AT YOUR HOUSE? _____

DO YOU RECEIVE INCOME SUPPORT? **Yes / No**

DO YOU RECEIVE RENT REBATE OR HOUSING BENEFIT OR IS THIS INCLUDED IN YOUR UNIVERSAL CREDIT? **Yes / No**

DO YOU RECEIVE A MEANS TESTED REDUCTION IN YOUR COUNCIL TAX? OR IS THIS INCLUDED IN YOUR UNIVERSAL CREDIT? **Yes / No**

DO YOU RECEIVE PENSION CREDIT? Yes / No

PLEASE OUTLINE YOUR NEED AND THE AMOUNT OF GRANT YOU ARE SEEKING:

HOW LONG HAVE YOU LIVED IN FLITWICK? _____

DECLARATION: *I declare that the information given above is true and correct*

SIGNED _____ DATE _____