



Treasurer

Mrs Ann Lutley
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Trustees

Mr Paul Cranmer - Chair
Mrs Ann Lutley
Mrs Sheila Smith
Mrs Catherine Hursthouse
Revd Claire Harald

Application for a Specific Need Grant

Please return the completed form to the Treasurer at the above address.

FULL NAME OF APPLICANT _____ AGE _____

ADDRESS IN FLITWICK _____

EMAIL: _____

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. Your details will be held on record for 12 months.

Who lives with you at your house? _____

Are you receiving any means tested benefits? (For example, Universal Credit, Housing Benefit, Employment and Support Allowance, Income Support) **Yes/No**

Please list the benefits that you receive _____

Do you receive a means tested reduction to your council tax? **Yes/No**
*This does not include Single Person Discount

Do you receive Pension Credit? **Yes / No**

How long have you lived in Flitwick? _____

Please outline your need and the amount of grant you are applying for: _____

Are you making this application with the help of another agency or charity? If yes, please give details. _____

How did you hear about Flitwick Combined Charities? _____

If your application is successful we will contact you to ask how you wish to receive the funds.

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

SIGNED _____ DATE _____