



**Treasurer**

Mrs Ann Lutley  
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01525 712837

**Trustees**

Mrs Ann Lutley  
Mrs Sheila Smith  
Mrs Catherine Hursthouse  
Revd Claire Harald

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## 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, Employment and Support Allowance, Income Support, Housing Benefit) **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 \_\_\_\_\_