

## A V DAVIES CHARITY APPLICATION FORM FOR ASSISTANCE

Applicants requesting	ı ass	istance mus	t live within the boun	daries of S	haw and
it is a second date and	,		npton.		
Grants are not paid in ca	ısh. I	•	II be made directly to or services.	recognise	d suppliers
A V Davies c/o Custon Ce	ner S ntre,	ervices, Old George Stro (	ection in full and return ham Council Offices, eet, Oldham OL1 1HD Dr: Fund@oldham.gov.uk	Spindles \$	Shopping
I. Applicant details					
Title	Firs	t Name	Last Name	Last Name	
2. Contact details					
Address:					
riadi 000.					
Postcode:					
Contact telephone Number	r:				
Email address:					
How long have you lived at this address?	t				
If less than two years, plea	se				
provide your previous					
address.					
3. Assistance required					
	e(s) f	or which ass	istance is required:		Amount
Details of Item(s) or Service(s) for which assistance is required:  Please include estimated costs					, arroarre
				<b>—</b> . •	
				Total:	£

4. Reason for							
Please provid	de details	of the circun	nstances	which are c	ausing you	hardship:	
5 04							
5. Other pers			1		in to vou	Employe	dorin Full
First name:	Last nar	ne.	Age:	Relationship to you:		Employed or in Full Time Education?	
						Tillie Lu	doation:
Yes No						enses?(	please tick)
7. Details of	average I					41	Fidense
Income		Applicant:	Pan	ner:	Any c		Evidence supplied –
					residi	ng in	please tick
Net Wages					110030	noid.	
Benefits and Credits (Univ Credit)							
Retirement/P Pension	rivate						
Maintenance Received							
Disability Livi Allowance/PI							
Other Income specify)	e (please						
(a)							
(b)							
(c)							
Total Weekly	income:						

Capital:	
. Details of Average Household Weekly Expenditure	
	Amount
Mortgage/Rent	
Council Tax	
Water Rates	
Ground Rent/Service Charge	
Building/Contents Insurance	
Pensions and insurances	
Gas	
Electricity	
Other Utility costs	
Food and Housekeeping	
TV Rental/Licence	
Paid TV and other Media services inc. Broadband (e.g., Sky, Virgin, BT, e	etc)
Maintenance	
Transport and Travel	
Clothing	
Communications and Leisure (Mobile phones)	
Prescriptions	
Childminding / School Costs	
Loan(s)	
Other personal costs (please specify, i.e., Catalogues)	
(a)	
(b)	
(c)	
(d)	
(c)	
Total Weekly Expenditure	
0. Has any request for assistance been made to any other charity of egarding the item(s) requested? (please give details)	or public body

11. Grants pre	viousiy received	monn unis or a	ny otner Charity	(piease give	uetalis)	
	Charity			Amount	Year	
(a)						
(b)						
12. Please pro	vide any other in	formation you	may have to sup	oport your ap	plication	
<ul><li>□ Oldham</li><li>□ Social N</li><li>□ Friend/f</li><li>□ Leaflet</li><li>□ Poster</li></ul>			Charity fund?			
14. If you are completing this application on someone's behalf, please include your name, organisation (if applicable), and contact information						
15. Signature o	of Applicant:					
16. Date of Ap	plication:					

Please provide evidence to support your application. This can include wages slips, benefit entitlement letters, bank statements, estimated costs for services etc.

All information is processed in accordance with our data protection policy. (<a href="www.oldham.gov.uk/dataprotection">www.oldham.gov.uk/dataprotection</a>)