



The Leaders of Worship and Preachers Trust

Application for a grant for a one off special expense.

Applicant's Name:

Please describe the main purpose of the grant.

What would you recommend should be granted? (£)

What is the total expenditure on the project for which grant aid is sought?

Has application been made to the DWP Social Fund for assistance? (Y/N)

If successful, please indicate how much has been received in **grant aid** from this fund. (Exclude loans from the fund).

Please list any other Charities, Trusts and/or Local Authorities to which application has been made and give the results of the application.

Organisation	Date	Result

If you have applied to this organisation previously for other grants, please indicate the purpose and dates of those applications.

Purpose	Date	Result

Details of Savings. (The value of an owner occupied property will be disregarded).

	Applicant	Partner
Bank Accounts		
Building Society Accounts		
Nation Savings and Investments		
Other Investments		
Total		

Signature of applicant _____ Date _____

Re-issued 03/06
Form G3

Write to us at: PO Box 2352, Watford, WD18 1PY

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Registered Office: Unit 14, Orbital 25 Business Park, Watford, Herts, WD18 9DA

A company limited by guarantee, no. 5247784, registered in England and Wales. Registered Charity no. 1107967

Details of Weekly Income & Expenditure

Applicants name:

What type of housing does the applicant live in?

- House/Bungalow
- Flat
- Other

- Is that home owned (Y/N) Rented - Council or Housing Association (Y/N)
- Rented - Private (Y/N) Sheltered Accommodation (Y/N)
- Care Home. (Y/N)

If the home is owned, is there any outstanding mortgage debt? (Y/N).

If so, how much (if any) income support is received to cover the weekly re-payment

Details of Income

For consistency, please express all income in weekly terms

	Applicant	Partner
Net earnings from employment		
State Retirement/Widows Pension		
Occupational/Private Pension		
Child Benefit		
Council Tax Benefit		
Housing Benefit		
Income Support		
Job Seekers Allowance		
Incapacity Benefit		
Severe Disablement Allowance		
Invalid Care Allowance		
Attendance Allowance		
Disability Living Allowance-Mobility		
Disability Living Allowance-Care		
Charitable Income		
Any other income – please specify		
TOTAL		

Tax Credits

Please indicate if you or your partner are in receipt of any Tax Credits.

	Applicant	Partner
Working Families Tax Credit		
Disabled Persons Tax Credit		
Pension Credit - Guarantee Credit		
Pension Credit - Savings Credit		

Weekly Expenditure

For consistency, please express all expenditure in weekly terms.

	Applicant	Partner
Rent or Mortgage		
Service Charges (flats or sheltered accommodation)		
Council Tax		
Gas/heating oil/electricity		
Water Charges		
Telephone		
Transport (fares, motor fuel etc)		
Housekeeping (food, cleaning materials etc)		
Clothing		
Insurance		
Other expenditure		
Catalogue or Club repayments		
Bank overdraft or loan repayments		
Social Fund Loan repayments		
Credit Card repayments		
Other debt repayments		
Total		

Signed.....

Name (in capitals)

Date