

THOMAS HARLEY'S CHARITIES

RELIEF IN NEED APPLICATION FORM

Please return to: Thomas Harley's Charities
C/o Charity Link, 20a Millstone Lane, Leicester LE1 5JN

PLEASE COMPLETE IN BLOCK CAPITALS

To apply for a Relief in Need grant please complete this form and return it to the above office.

Please ensure that Section 8 is completed by the Clergy Widows/Dependants Officer.

1. Applicant's Details

Name:

Address:

Postcode:

Telephone No:

E-mail:

Age:

If you are a UK resident for taxation purposes, then please tick this box:

OR if you are **not** a UK resident for taxation purposes then please provide the following details:

Country of Tax residency:

Tax ID number:

Place of birth:

2. Dependants

Number of dependants still living with you:

Age of dependant(s):

3. Annual Income for the Year Ending 5th April last

Earned Income: £

Private Income: £

State Pension: £

Private Pension: £

C of E Pension: £

TOTAL INCOME: £

4. Home Ownership

Do you own your own home: Yes / No

If yes, please provide monthly mortgage payment: £ per month

If no, please provide monthly/annual rent payment:

Council Tax payable for current year: £ per month / per year

5. Grant Application

Please confirm the amount you are applying for and the purpose for which this will be utilised:

Please give details of any other charitable grants received in the last 12 months, including amount:

Please give details of any other grant applications outstanding:

6. Further Comments

Please provide any further comments you may wish to make in support of your application:

7. Payee Details

Please specify how you would prefer to receive a grant payment if successful: Online payment / Cheque

Name (exactly as it appears on your account):

Sort Code:

Account number:

Signature of Applicant:

Date:

8. Endorsement from Clergy Widows/Dependants Officer

Signature of Widows / Dependants Officer: