

MIDDLETON RELIEF IN NEED CHARITY

NOTES FOR APPLICANTS

1. Applicants for assistance should normally be persons resident in the area of the former Borough of Middleton. At the discretion of the Trustees, persons otherwise eligible but resident outside the said area, or who are temporarily located within the said area may apply.
2. The Trustees may assist in the following ways:-
 - (a) to financially assist persons living in the former Borough of Middleton, who are in a condition of need, hardship or distress by making grants of money or providing or paying for items, services or facilities calculated to reduce the need, hardship or distress of such persons;
 - (b) to pay for such items, services or facilities by way of donations or subscriptions to institutions or organisations which provide or which undertake in return to provide such items, services or facilities for such persons;
 - (c) in exceptional cases, to grant relief to persons otherwise eligible under 1 above.
3. The application of Trust Income is subject to the following restrictions:-
 - (a) no payment can be made in relief of rates, taxes or other public funds (e.g. DSS benefits or other statutory payments) but may be made in supplementing relief or assistance provided out of public funds;
 - (b) no payments can be made to repeat or renew the relief granted on any occasion in any case.
4. Application forms and further information may be obtained from:-

Committee Services
Clerk to the Middleton Relief in Need Charity
P.O. Box 15
Town Hall
Rochdale
OL16 1AB

or Telephone (01706) 924717 and ask for Adelle Hart or e-mail
adelle.hart@rochdale.gov.uk)

- NB. Applications **must** include supporting information, for example from a Social Worker, Health Visitor or other professional, If supporting information is not supplied, the Trustees may decide to defer the application.

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APPLICATION FOR ASSISTANCE

(Please type or write in black ink)

1. YOUR NAME:		MARRIED/SINGLE (Delete as appropriate)
2. YOUR ADDRESS:		TEL. NO. (where applicable)
3. ADDRESS FOR CORRESPONDENCE:		AGE:
4. Please list members of the family and/or others living with you, stating ages and relationships		
NAME	AGE	RELATIONSHIP
5. APPLICATION SUPPORTED BY:		
6. ORGANISATION:		
7. ADDRESS:		
8. TELEPHONE NUMBER:		

<p>9. Comments by person supporting the application (continue on a separate sheet if necessary) :</p>
<p>10. Nature of assistance being sought?</p>
<p>11. Amount being sought?</p>
<p>12. Have you or any member of your family previously received a grant from this or any other charity? If so, please give details of the award including dates:</p>
<p>13. Have you applied for any other grants for the same purpose? Please give details and result of application if known:</p>
<p>14. Any relevant information regarding you or your family that might assist your application (Disability, domestic or social problems, other relevant information)</p>

The information I have given above is to the best of my knowledge, true and correct and I would ask the Trustees to consider my application.

Signature (Applicant)

Signature.....(Supporter)

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STATEMENT OF FAMILY INCOME AND EXPENDITURE

This Statement should be completed by the applicant or on his/her behalf by the person dealing with this application.

FAMILY INCOME

Income from Employment		Gross Pay	Take Home Pay
(Please list each wage/salary earner and occupation in your family (*Delete as applicable))		Per week/month*	Per week/month*
<u>Name</u>	<u>Occupation</u>		
1.		£	£
2.		£	£
3.		£	£
Income from Other Sources: What other money do you have coming in? Per week/month* Per week/month*			
Benefits			
Income Support		£	£
Job Seekers Allowance		£	£
Housing Benefit		£	£
Child Benefit		£	£
Family Credit		£	£
Disabled Living Allowance <i>(please indicate if you are receiving the higher or lower rate)</i>		£	£
Attendance Allowance		£	£
Incapacity Benefit		£	£
Statutory Sick Pay		£	£
Severe Disablement Allowance		£	£
Carers Allowance		£	£
Pension Credit		£	£
Any other Tax Credits		£	£
Statutory Maternity Pay		£	£
Other Benefits		£	£

Maintenance Payments	£	£
Pensions	£	£
Charitable or Voluntary Payments	£	£
TOTAL FAMILY INCOME	£	£

FAMILY EXPENDITURE

Please give <u>either</u> weekly or monthly figures:	Weekly	Monthly
Rent / Mortgage (please specify which)	£	£
Council Tax	£	£
Water Rates	£	£
Bills		
Gas	£	£
Electric	£	£
Telephone	£	£
Television Licence	£	£
Outstanding Arrears (e.g. rent, rates, fuel)	£	£
Loan Repayments (e.g. social fund, catalogue)	£	£
Other expenditure (please specify)	£	£
	£	£
	£	£
	£	£

The information given above is true and complete.

Signature of Applicant..... **Date**.....


PLEASE CHECK THE DETAILS PROVIDED ON THE FORM. IF YOU HAVE NOT FULLY COMPLETED THE FORM CONSIDERATION OF YOUR APPLICATION BY THE TRUSTEES MAY BE DELAYED.

Please return to Clerk to the Trust, Middleton Relief in Need Charity, Town Hall, Rochdale OL16 1AB, for the attention of Adelle Hart.

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APPENDIX 'B'

Any other relevant information:

A large, empty rectangular box with a thin black border, intended for providing additional information. The box is currently blank.