

FINANCIAL ASSISTANCE FOR AN INDIVIDUAL, FAMILY OR HOUSEHOLD

If you need any help completing this form, please ask and we will be able to help. Any of the Trustees or the Trust's Secretary would be happy to work through the form in person with you.

APPLICANT'S			
First name			
Last name			
Address			
Email			
Telephone			
Age (please tick)	Under 18 <input type="checkbox"/>	50 – 59 <input type="checkbox"/>	
	18 – 29 <input type="checkbox"/>	60 – 69 <input type="checkbox"/>	
	30 – 39 <input type="checkbox"/>	70 – 79 <input type="checkbox"/>	
	40 – 49 <input type="checkbox"/>	80 or over <input type="checkbox"/>	
Lived in Hinxton since			
Reason for application			
Amount requested (£)			
Any other relevant information			
Preferred method of payment (please tick)	Bank transfer <input type="checkbox"/>		
	Cheque <input type="checkbox"/>		
	Cash <input type="checkbox"/>		

For the applicant to complete:

We are required by law to ask for your permission to record these details, which will be held confidentially and securely in our electronic files. If you are happy for us to do this please sign and add the date below:

Signature: _____

Date: _____

If your application is successful, this form will be kept on file for two years. If your application is unsuccessful, this form will be destroyed following the meeting at which it is considered by Trustees.