



CONFIDENTIAL

THE OLD ENFIELD CHARITABLE TRUST

To be completed by Social / Support worker or Referral Agency.

Applicants Name				Male Female	
		Please provide photo ID (Passport/Photo Driving licence)			
Telephone Number					
Address including postcode					
		Please provide a Tenancy Agreement/ Mortgage Statement or Council Tax bill			
House	Flat	Floor No: G 1 2 3 + Number of Bedrooms: 1 2 3 4 + (please circle)			
Date of Birth		Married	Single	Widowed	Divorced Other
Housing Circumstances					
Home Owner		Council Tenant	Private Rented	Living with Family	Other (Please specify)

Person(s) living with Applicant. (Please continue on a separate sheet at the back of this form if		
Name	Date of Birth	Relationship to

WEEKLY Income	WEEKLY Outgoings
Employment (self/ and or partner)	Rent (after Housing benefit)
Universal Credit (UC)	Mortgage
Employment and Support Allowance (ESA)	Council Tax (after Council Tax Benefit)
Income Support	Water
Pension	Gas
Pension Credit	Electricity
Private Pension	Landline Telephone
Personal Independence Payment (PIP)	TV Licence



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Disability Living Allowance (DLA)	Mobile Phone
Attendance Allowance	Broadband
Child Benefit	Sky TV/ Virgin TV/ Smart Apps
Working Tax Credits	Food shopping
Child Tax Credits	Loan Repayments
Housing Benefit	Insurance (Building / Contents / Life)
Any other income	Car expenses (Insurance / Maintenance / Fuel)
WEEKLY TOTAL INCOME	WEEKLY OUTGOINGS TOTAL

Debts: e.g. Rent arrears, Gas, Electricity, Telephone, Loans etc:

Please give details(with reasons for accrual and actions taken to prevent re-occurrence)

Social Fund Budgeting Loan / Advance: Please state purpose of Loan / Advance together with amount owed and weekly repayment figure

Please provide details of the circumstances affecting the health and welfare of the applicant/ family which relate to your application on their behalf. An accompany letter expanding on this information and the reasons for your application would be welcomed.

Medical Circumstances: Please provide information relating to Physical Health / Mental Health/



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Personal/Social/Family circumstances etc: Please provide details

Amount of requested grant if known:

You may be asked to provide estimates. Please call 020 8367 8941 if in doubt.

PLEASE NOTE, IT IS THE RESPONSIBILITY OF THE REFERRER TO ENSURE THAT ALL ITEMS REQUESTED ARE NEEDED AND THERE IS SUFFICIENT SPACE WITHIN THE PROPERTY TO ACCOMMODATE GOODS. THE TRUST WILL NOT DEAL WITH REFUNDS OR EXCHANGES.

Other funding applied for

Have you applied for a budgeting Loan / Advance? **Yes** **No**

Have you applied to other Charities or sources of funding? **Yes** **No**
If yes, give details. If No, give details

Details of any previous grants from The Old Enfield Charitable Trust

Referral Agency Details

Agency

Address

Post Code

Telephone

Email

Staff Name

Role

Referrer Signature



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Date of last visit	
Today's date	

Please return to The Trust Manager, The old Enfield Charitable Trust, The Old Vestry Office, 22 The Town, Enfield, Middlesex, EN2 6LT

Telephone: 020 8367 8941 Email: katy@thetrustenfield.org.uk