



CONFIDENTIAL

THE OLD ENFIELD CHARITABLE TRUST

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

Please include the following documents when returning the completed form.

- 2 Month's Bank statements for all accounts (inc. savings accounts)
- Proof of Universal Credit (if applicable)

Applicants Name		Male Female
Telephone Number		
Address including postcode		
Please provide a Tenancy Agreement/ Mortgage Statement or Council		
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)		
How long have you lived at this address?		

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



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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
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 accompanying 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



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Address	
Post Code	
Telephone	
Email	
Staff Name	Role
Referrer Signature	
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: Johanna@thetrustenfield.org.uk