

WARWICK PROVIDENT DISPENSARY

Messrs Moore & Tibbits, Solicitors
34 High Street
Warwick CV34 4BE

APPLICATION FOR A GRANT

Applicants must be resident within the boundaries of Warwick Town

REFERRING AGENCY with responsibility/in charge
APPLICANT
ADDRESS
TELEPHONE NUMBER
AGE & DATE OF BIRTH
PURPOSE AND AMOUNT OF GRANT REQUESTED
Note: A quotation or estimate from the supplier must be supplied with this application
NATURE OF SICKNESS/DISABILITY (if applicable)
FAMILY DETAILS (E.G. NO/AGES OF CHILDREN ETC
HAS AN APPLICATION BEEN MADE TO OTHER AGENCIES FOR A GRANT YES/NO
IF YES, TO WHOM AND HOW MUCH
HAS APPLICANT APPLIED PREVIOUSLY FOR GRANT FROM THIS CHARITY YES/NO
FINANCIAL INFORMATION (please complete enclosed form)
SIGNATURE
DATE

This form should be returned to Messrs Moore & Tibbits with a covering letter giving further details of the applicant and the circumstances which have led to the application being made.

Failure to return this completed form will exclude the applicant from being considered

FINANCIAL INFORMATION:

(1) ASSETS:

- (A) CAPITAL: £
- (B) HOUSE: £
- (C) CAR: £
- (D) INVESTMENTS: £
- (E) SAVINGS: £
- (F) DEPOSIT ACCOUNT: £

(2)

LIABILITIES

- (G) MORTGAGE: £
- (H) BORROWINGS: £
- (I) DEBTS: £
- (J) HIRE PURCHASE: £
- (K) BANK OVERDRAFT: £
- (L) OTHER £

(3)

INCOME:

- (A) INVESTMENT INCOME: £PER WEEK/MONTH
- (B) STATE PENSION: £PER WEEK/MONTH
- (C) OCCUPATIONAL PENSION: £PER WEEK/MONTH

(D) SOCIAL SECURITY BENEFIT: £PER WEEK/MONTH

(E) SALARY OR WAGES: £PER WEEK/MONTH

(F) NATURE OF WORK: £PER WEEK/MONTH

TOTAL WEEKLY/MONTHLY INCOME: £