

# Fakenham Charities

## **APPLICATION FOR SMALL PURCHASE RELIEF IN NEED 2022**

When completed this form should be sent in a sealed envelope marked "Confidential" and addressed to The Clerk of the Trustees, 12 Poppyfields, Fakenham, Norfolk NR21 8PZ.

It can also be scanned and emailed to [clerkoftrusteesfakenham@gmail.com](mailto:clerkoftrusteesfakenham@gmail.com)

***ALL AREAS OF THE FORM MUST BE FILLED IN BEFORE THE APPLICATION CAN BE CONSIDERED.***

### **SECTION 1 PARTICULARS OF APPLICANT**

Full name of Applicant

Address

Postcode

Telephone Number

Email:

Date of Birth

Type of Accommodation

Conditions of Tenure

House/furnished	
Rented/freehold	

### **SECTION 2 PARTICULARS OF ALL PERSONS OVER 18 LIVING AT THE ABOVE ADDRESS**

Name	Date of Birth	Relationship to Applicant	Type of Employment	Earnings	Payments to Household

### **SECTION 3 PARTICULARS OF ALL PERSONS UNDER 18 LIVING AT THE ABOVE ADDRESS**

Name	Date of Birth	Relationship to Applicant	School or College	Year

**SECTION 4. ASSISTANCE REQUESTED FOR IMMEDIATE EXPENSES**

**PLEASE NOTE THAT THE MAXIMUM GRANT THAT CAN BE AWARDED FOR CLOTHING IS £75  
FOR FOOTWEAR IS £50 PER STUDENT/PERSON**

How much are you asking for, and why? .....

.....

Has an approach been made, or will an approach be made, to any other fund in respect of this problem? If YES state which fund(s)

.....

Is Applicant in full receipt of Statements Benefits? Yes/No

Has application been made to D.S.S./Social Services? Yes/No

Result .....

Have all relevant rebates/allowances been claimed? Yes/No

Result .....

Have you applied to Fakenham Charities previously: Yes/No  
If yes, please provide details e.g. how much and date

Amount ..... Year .....

**SECTION 8. CERTIFICATE**

I certify that to the best of my knowledge and belief the information supplied above is correct and I understand that any incorrect statement may be regarded as an endeavour to obtain help under false pretences. I agree that the D.W.P., Social Services, my Family Doctor, or any other Agency may be consulted in confidence on matters relevant to this application.

***By applying for this Grant, you confirm that you are in need of support from Fakenham Charities.***

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

**If you wish to add anything to the above please continue on a separate sheet.**

**The Charities for Relief in Need are:**

**Fakenham Relief in Need  
Goggs Relief in Need**