



ABOUT YOU AND YOUR SPOUSE/PARTNER

I. YOUR DETAILS

Family Name

First Names

Maiden Name

Date of Birth

Married / single / widowed / divorced / separated (please delete as necessary)

State of Health

Address

Post Code

Telephone

Mobile

Email

2. DETAILS OF SPOUSE / PARTNER

Family Name

Date of Birth

First Names

State of Health



3. ASSISTANCE REQUIRED

Please give full details

4. OTHER CHARITIES / ORGANISATIONS APPROACHED

If you have applied elsewhere for assistance please state where and the result of your application

Please initial this box if you allow us to confer, in confidence, with other charities or organisations to seek help on your behalf (we will only do this if we consider it to be to your advantage)



5. SPONSOR

Please, if possible, give name and address of a referee or sponsor

This could be your doctor or a member of the clergy in your church, your solicitor or another professional adviser

Name

Address

Post Code

Telephone

6. CORRESPONDENCE

Name

Address

Post Code

Telephone

Mobile

Email



DATA PROTECTION & DECLARATION OF ACCURACY

I confirm that you may hold these details in a retrieval system for your own use and (subject to paragraph four above) that you may not disclose the information to any third party without my authority.

I declare that the particulars shown in this application form are accurate and give a true account of my/our present financial position.

.....
Signature of Applicant / Attorney for Applicant*

.....
Date

* If signing on behalf of Applicant, please supply a copy of the appropriate authority or Lasting Powers of Attorney



APPENDIX A: ABOUT YOUR FINANCES

A1. PROPERTY

Please include details for yourself and your spouse

Type of accommodation (house, flat, etc)

Owner occupier / rented / leased (please delete as necessary)

If owner occupier complete below

Date of purchase

Purchase price

Estimated current market value

Mortgage outstanding

If you own any other property please give details

A2. DEBTS

Please include details for yourself and your spouse

Name of creditor	Original amount	Amount outstanding	Repayment terms	Purpose of Loan



A3. SAVINGS AND CAPITAL	YOURSELF £	YOUR SPOUSE £
Current account balance		
Deposit saving account balance		
Building society account balance		
National saving account balance		
Shares (market value)		
Investment property (value)		

A4. FAMILY

Please give details of your family and state how much they contribute financially or in hours of care support

APPENDIX B: INCOME

BI. STATEMENT OF INCOME		
INCOME	YOURSELF £	YOUR SPOUSE £
Pension (net of tax only and not other deductions)		
State Retirement Pension		
Pension Credit		
Income Support		
Incapacity Benefit		
Attendance Allowance		
Disability Living Allowance (Care)		
Disability Living Allowance (Mobility)		
Income from other Charities (please specify)		
Assistance from Social Services towards nursing home fees (if applicable)		
Council Tax Benefit		
Wages / Salary		
Housing Benefit		
Any other State Benefits (please specify)		
Any other income		
TOTALS		

NOTE 1

Documentary evidence must be provided in support of all items of income and nursing home fees. Photocopies are perfectly acceptable, but if this is difficult, please send the originals and we will copy and return without delay. **We will not be able to process the application until this documentary evidence has been provided.**

NOTE 2

Please feel free to enter amounts on a weekly (W), monthly (M), quarterly (Q) or annual basis (A), but do indicate which it is by adding W, M, Q or A as appropriate.



B2. OTHER INCOME

Please give details of sources of your income (continue on a separate sheet if necessary)

CONTACT US

Please telephone 07436 803102 if you experience any difficulty filling in this form.

Please use a blank piece of paper if any section of the form seems unsuitable for your purposes or there is insufficient space.

COMPLETED FORM

Please send your completed form to:

Walsingham Care, Grant Applications

2 Quintet Buildings,
Churchfield Road,
Walton On Thames,
Surrey KT12 2TZ