



Sherburn House Charity – Application for Relief in Need

CONFIDENTIAL

Please pay particular attention to the guidance notes attached when completing this form

Please list items in priority order.

Please note that if the application is approved only **one item** will be awarded.

1.
2.
3.

Applicants Name	Address	Post Code
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Date of Birth	Age	Occupation
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Marital Status Single Married Divorced Separated Widowed Sharing

DETAILS OF INDIVIDUALS RESIDENT IN THE APPLICANTS HOUSE-

Name	Relationship to Applicant	Age	Occupation/Name of School

WEEKLY FINANCIAL INFORMATION

WEEKLY INCOME	£	WEEKLY EXPENDITURE	£
Applicants Income from Employment		Rent or Mortgage (Including Housing Benefit)	
Partner/Spouse Income		Household Expenses (Food)	
Income Support		Council Tax	
Job Seekers Allowance		Water Rates	
Sickness/Incapacity Benefit		Electricity	
Child Benefit		Gas	
Child Tax Credit		Insurance	
Retirement Pension		Fares/Travel	
Occupational Pension		Repayments	
Housing Benefit		Child Maintenance Payable	
Council Tax Benefit		HP Commitments	
Child Maintenance		Fines/Court Orders	
Working Tax Credit		Clothing	
Maintenance Payment		TV Rental/Licence	
Disability Living Allowance		Telephone (Landline)	
Other Income (please specify)		Telephone (Mobile)	
		Child Minding Fees	
		Nappies	
		Other Baby Items	
TOTAL	£	TOTAL	£

For Sherburn's Use Only Date Received	Alms Ref	Date of Meeting	Decision
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SUPPORTING INFORMATION (Reasons and background to this application).

Please be consistent in your report and explain why your client needs the item requested.

Please refer to the attached guidelines when completing this application. You may attach a separate letter if preferred.

**Please complete and return application form to:
Sherburn House Charity, Ramsey House, Sherburn Hospital, Durham DH1 2SE
Tel: 0191 372 2551 Fax: 0191 372 0035 Email: admin@sherburnhouse.org
Website: www.sherburnhouse.org**