

**LINGFIELD UNITED TRUST**  
**CHRISTMAS DISTRIBUTION OF CHARITABLE FUNDS**  
**CONFIDENTIAL APPLICATION FOR A GIFT 2018**

The Trustees inform applicants that the Charity is intended only for residents who have lived for at least five years in Baldwins Hill, Dormansland, or Lingfield Parishes, who are over the age of sixty and whose needs justify a gift.

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**Please note:- The gift will be in the form of a cheque. If this is a problem for you, please contact the Clerk. If successful, please show what name you would like to appear on the cheque.**

I would like the cheque made out to .....

Your application form must be fully completed and sent by 9<sup>th</sup> November 2018 to Clerk to the Trustees, Mrs Marlene Hughes, Spindrift, Plaistow Street, Lingfield, RH7 6AL. Forms are also available online at [www.lingfieldunitedtrust.org](http://www.lingfieldunitedtrust.org)

**Note: The Trustees reserve the right to ask for additional information and evidence of income, if they so require. Only fully completed forms can be accepted.**

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Full name of **first applicant** in household

..... Year of birth.....

Full name of **second applicant** in household (if applicable)

.....Year of birth.....

Address.....

Post code.....Telephone .....

Are you Married.....Single.....Widow/widower.....Civil partner..... Pls. check one

Is your accommodation shared with anyone other than your spouse or partner ? Yes/No

If yes, with whom do you share ? .....

How long have you lived in the parish ?

**Applicant 1**.....**Applicant 2**.....

Do you have any other property either in the UK or abroad ? Yes/No

Are you currently employed ? **Applicant 1** Yes/No **Applicant 2** Yes/No

Please continue overleaf

**Applicant 1** Do you receive a State Pension ? Yes/No

Do you receive any other benefit or income, such as Council Tax Benefit, Income Support, Housing Benefit or Disability Benefit ?

Yes/No

If the answer is yes, please state the monthly amount £ .....

**Applicant 2** Do you receive a State Pension ? Yes/No

Do you receive any other benefit or income, such as Council Tax Benefit, Income Support, Housing Benefit or Disability Benefit ?

Yes/No

If the answer is yes, please state the monthly amount £.....

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**Declaration** - These statements are true to the best of my knowledge and belief.

Signature of **first applicant** .....Date.....

Signature of **second applicant** ..... Date.....

#### **DATA PROTECTION POLICY –**

##### **Prepared to comply with the General Data Protection Regulations 2018.**

The full LUT Data Protection Policy is available on request from the Clerk and can be viewed on our website [www.lingfieldunitedtrust.org](http://www.lingfieldunitedtrust.org)

Abbreviated points are set out below;

##### **LUT Christmas Distribution;**

- The only personal data ('the data') relating to Applicants for the Christmas Distribution to be retained by the Trust shall be each successful applicant's completed form. This contains name, address, telephone number, email address, and signed agreement that the qualifying criteria for receipt of a Lingfield United Trust payment are met.
- Applicants are advised on the Application Form that this data is required and will be retained for a period of 2 years from the closing date of the Application. This section on the form will require a signature agreeing to our retaining this data.
- If an applicant requests that we do not retain their data then the Trust will be unable to consider their Application. They will be notified and their Application Form will be immediately destroyed.
- Access to the data shall be limited to the Chairman, Clerk to the Trustees and the Trustees.
- All data is to be held in a secure manner. All digital data shall be held in password protected files on password protected computers. Hard copies of data will only be held by the Clerk and Chairman in locked containers.
- The data will not be shared with any other groups.

I have read the above and agree to the terms and conditions of the LUT Data Protection Policy

Signature of **first applicant** .....Date.....

Signature of **second applicant** ..... Date.....