

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

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 10th November 2017 to Clerk to the Trustees, Mrs Marlene Hughes, Spindrift, Plaistow Street, Lingfield, RH7 6AL. Forms are also available online at www.lingfieldunitedtrust.org

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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

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

£.....

Any special circumstances, including disabilities, which you wish to make known can be written here

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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.....

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.