

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

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

**This Application Form (pages 1 and 2) must be fully completed, and sent by 18th November 2016 to the Clerk to the Trustees, Mrs. Marlene Hughes. Willow Cottage, Tandridge Lane, Lingfield, Surrey. RH7 6LW, Telephone: (01342) 893478**  
The Application form is also available on line at our website

**[www.lingfieldunitedtrust.org](http://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***\_\_\_\_

***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 in employment ?*** 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 weekly 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 weekly amount £* \_\_\_\_\_

**Any special circumstances, including disabilities, which you wish to make known should be written on the reverse of this form or an additional page.**

**Please state how you became aware of this distribution** \_\_\_\_\_

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

**Signature of First Applicant .....Date.....**

**Signature of Second Applicant .....Date.....**

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