**THE PSALMS AND HYMNS SUPPORT FUND**
Registered Charity No 1089179

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Please note that the threshold for 2019 for an annual grant is income of 50% Standard BU stipend, i.e. £11,725 or £12,900 if living in rented accommodation.
**(Please complete form in BLOCK CAPITALS)**

**Applicant’s Full Name**: ………………………………………………………… **Title**: …..................................................

**Address**: …………………………………………………………………………………………......................................................

…...............................................................................................................................................................

…………………………………………………………………………………………... **Postcode**: ...............................................

**Telephone No**.: ….....................................................................................................................................

**Mobile No**.: …...........................................................................................................................................

**Email Address**: .........................................................................................................................................

**Date of Birth**: ...........................................................................................................................................

**If applying as widow/widower,** please state; Applicant’s Late Spouse’s Name and Date of Death Please also give details of your/their last appointment

The person to whom correspondence regarding this application should be addressed, if different from the above:

Name: …………….……………………………………Relationship to Applicant………………………................................

Address ……………………………………………………………………………………………………............................................

…………………………………………………………………. Post Code………………………...................................................

Telephone No: ……………………… Mobile……………………... Email: …………………..........................................

Please indicate if Power of Attorney is held YES / NO

**Referee**. Please give the name and contact details of your church minister who will be asked to provide a reference

**Living Accommodation**: Please tick as appropriate

Own house [ ]  Bungalow [ ]  Flat [ ]  Rented Accommodation [ ]

With relatives [ ]  Residential [ ]  Nursing Home [ ]

**The completed form should be returned to the Grants Administrator**

Rev Steven Hembery, 3 Brands Cottages, Church Street, Sudbury CO10 2BQ
Email: steven.hembery@gmail.com Tel: 01787 374029 Mobile: 07485 042713

To carry out a fair assessment of needs, the Trustees need to have full details of the financial situation. Please complete, where applicable, details of your regular **Income and Expenditure**. Please note that if married, joint incomes are needed. If housing benefit is received the amount needs to be noted, even if paid directly to the landlord.

|  |  |  |
| --- | --- | --- |
| **Income** | **£** | **pw/pm/pa** |
| State retirement pension |  |  |
| Pension/Savings credit |  |  |
| Housing benefit |  |  |
| Council Tax benefit |  |  |
| Attendance Allowance |  |  |
| Universal Credit |  |  |
| Average earnings if employed |  |  |
| Occupational Pension (Gross) |
|  Baptist Union |  |  |
|  BMS |  |  |
|  Other |  |  |
| Annuity/Annuities (Gross) |  |  |
| Investment Income (please indicate if gross or net) |
|  National Savings |  |  |
|  Building Societies |  |  |
|  Banks |  |  |
|  Other |  |  |
| Other charitable income (please specify) |  |  |
| From relatives |  |  |
| Other (please specify) |  |  |

|  |  |  |
| --- | --- | --- |
| **Expenditure** | **£** | **pw/pm/pa** |
| Rent |  |  |
| Mortgage repayments |  |  |
| Council Tax |  |  |
| Service charges |  |  |
| Repairs |  |  |
| Buildings Insurance |  |  |
| Other expenses |  |  |

Do you anticipate any major changes in your circumstances over the next twelve months? If so, please explain.

I wish to apply for a grant from the Psalms and Hymns Support Fund

I certify that the foregoing information has been freely provided in confidence and to the best of my knowledge is correct.

Signature …………………………………………………………………………………………... Date ……..…………………..............

Applicant/Attorney