

*CONFIDENTIAL*

**BYFLEET UNITED CHARITY**

Grants Manager, Stoop Court, Leisure Lane, West Byfleet, Surrey, KT14 6HF

Email: [grantsmanager@byfleetunitedcharity.org.uk](mailto:grantsmanager@byfleetunitedcharity.org.uk)

**APPLICATION FOR ASSISTANCE**

*Please complete this form and return it to the above address*

Applicant's Surname: ..... Forenames: ..... Title: Mr/Mrs//Ms/Miss/Other.....

Address: ..... Post Code .....

Telephone No: .....

Married/single/divorced/widowed:..... Date of birth: .....

Name of wife/husband/partner: ..... Date of birth: .....

Names & ages of children under 18:.....

.....

Names of other occupants:.....

How did you hear of BUC?..... Length of residence in Ancient Parish? .....

Next of Kin:..... Relationship:.....

Tel. No.....

What financial support can your family provide? .....

.....

Amount of Savings ..... Are you having financial difficulties Yes/ No

**Please tell us**

1. What you are most in need of.
2. How you would use any financial support granted by the Charity:  
*e.g. to pay off debts, pay bills, pay for a cleaner or gardener, save for funeral etc*

Date .....

Signed .....

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