THE STATIONERS’ FOUNDATION

STATIONERS’ HALL

AVE MARIA LANE

LONDON

EC4M 7DD

THE STATIONERS’ FOUNDATION

Tel: 020 3927 4173

Email: education@stationers.org

APPLICANT’S NAME (IN FULL) TITLE

IF COMPLETING ON BEHALF OF THE APPLICANT, PLEASE ENTER YOUR DETAILS BELOW

Surname First Name Title

Name of organisation (if applicable)

Address

Tel. No.

Postcode

Postcode

Is all information to be sent to this contact? (please tick) YES NO

Relationship to applicant

Email

Signed (Contact)

Signed (Contact)

Date

Applicant’s Personal Information

Address

Post Code: Date of Birth

Email:

Married Divorced Separated Widowed Single

 Living with Partner

Number of school-aged children living at home:

Please describe any health problems or disabilities the applicant has and **attach evidence such as a letter from a consultant or GP.**

Health/Disabilities

Details of Grant Request

Regular Financial Assistance Nursing Home Top-Up

Miscellaneous Grant Respite/Convalescence

If for a miscellaneous grant, describe the purpose of the grant:

What is the total cost of your need? £

What amount are you seeking? £

Has the applicant applied or advances of benefit or local welfare provision?

Please list any other Charities, Trusts and/or Local Authorities the applicant has already applied to/or intends to apply to, and give the results if known:

If the applicant has applied to Stationers’ before, please indicate the purpose/s and approximate date/s of those applications:

Applicant’s Employment History

Details of the applicant’s current or previous printing/allied trades or content and communications employment even if now retired. **Please provide evidence, such as a contract of employment or payslip.**

 How long Union/professional

Employer Job Description (years) body (optional)

Spouse/Partner’s Employment History

Give details of current or previous printing/allied trades or content and communications employment even if now retired or deceased. **Please provide evidence, such as a contract of employment or payslip.**

 How long Union professional

Employer Job Description (years) body (optional)

Parent’s Employment History

Give details of current of the parents’ current or previous printing/allied trades employment even if now retired or deceased. **Please provide evidence, such as a contract of employment or payslip.**

 How long Union/professional

Employer Job Description (years) body (optional)

Household health issues

Give details of any illness or disability of household members and **attach evidence such as a letter from a consultant or GP.**

Illness or disability

Full Name

How does this affect day to day life?

Illness or disability

Full Name

How does this affect day to day life?

Indicate net MONTHLYincome after tax, etc.

Details of Income

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  |  | Applicant |  | Spouse/Partner |
|  |  | £ |  | £ |
| Net Wage/ Salary |  |  |  |  |
| Occupational/Private Pension |  |  |  |  |
| State Pension |  |  |  |  |
| Child Benefit |  |  |  |  |
| Income Support |  |  |  |  |
| Pension Credit |  |  |  |  |
| Tax Credits |  |  |  |  |
| Job Seekers Allowance |  |  |  |  |
| Incapacity Benefit |  |  |  |  |
| Employment Support Allowance |  |  |  |  |
| Carers Allowance |  |  |  |  |
| Attendance Allowance |  |  |  |  |
| DLA or PIP – Mobility |  |  |  |  |
| DLA or PIP – Care |  |  |  |  |
| Universal Credit |  |  |  |  |
| Investment Income |  |  |  |  |
| Charitable Income |  |  |  |  |
| Any Other Income – Please specify |  |  |  |  |

If your State Pension/Pension Credit includes an allowance because you are ‘severely disabled’, how much is the allowance per week?

|  |  |  |
| --- | --- | --- |
| £ |  | £ |
|  |  |  |

Details of Savings and Debts

Indicate the total current amount

**Please “zero” where the applicant has no savings**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  |  | Applicant |  | Spouse/Partner |
|  |  | £ |  | £ |
| Bank Accounts |  |  |  |  |
| Building Societies |  |  |  |  |
| Post Office Accounts |  |  |  |  |
| Premium Bonds |  |  |  |  |
| Saving Certificates |  |  |  |  |
| Stocks and Shares |  |  |  |  |
| Investments; Peps, Isas, etc. |  |  |  |  |
| Other Savings |  |  |  |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Total: | £ |  | £ |  |

Debts:

Please include brief details

|  |  |  |
| --- | --- | --- |
| Applicant |  | Spouse/Partner |
| £ |  | £ |
|  |  |  |

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Date of taking up residence:

Details of Housing

|  |  |  |
| --- | --- | --- |
|  | (please tick) |  |
| Owned - no mortgage |  | DD/MM/YY |
| Owned- with mortgage |  | DD/MM/YY |
| Rented - Housing Association |  | DD/MM/YY |
| Rented - Council |  | DD/MM/YY |
| Rented-Private |  |  |
| Sheltered Accommodation |  | DD/MM/YY |
| Residential Home |  | DD/MM/YY |
| Nursing Home |  | DD/MM/YY |

Owned Homes only

|  |  |
| --- | --- |
| How much monthly Support for Mortgage Interest does the applicant receive? **If none, please enter “zero”** |  |
| How much monthly mortgage does the applicant pay?**If none, please enter “zero”** |  |

Rented Homes only

**Please enter “zero” where the applicant does not pay or receive any of these payments**

|  |  |  |
| --- | --- | --- |
|  |  | **Monthly** |
| How much is the Total Rent paid?  |  |  |
| How much Housing Benefit is received? |  |  |

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Council Tax

**Please enter ‘zero’ where the applicant does not pay or receive any of these payments**

|  |  |
| --- | --- |
|  | **Monthly** |
| How much is the Total Council Tax paid? |  |
| How much Council Tax Benefit (if any) does the applicant receive? |  |

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Other weekly expenditure

|  |  |
| --- | --- |
| Please list any costs/expenses which are be significantly above average and the reasons why: | **Monthly****£** |
|  |  |
|  |  |
|  |  |
|  |  |

Supporting Statement

Please tell us anything else to support your application, such as details of caring responsibilities, voluntary work, trade union service and any other work or activity.

|  |
| --- |
| The Stationers’ Foundation will use the information you have provided and information you may provide in the future to ascertain your eligibility for assistance. Your data will be stored and processed in line with the Data Protection Act 2018 and our Privacy Policy, which can be found [here](https://www.stationers.org/assets/images/landing-page-block/Stationers_Privacy_Policy_v2-corrected-for-new-website_5ef2.pdf)**Please sign below to indicate your consent to us using data in this way** |
| If it is proved that any benefit received by you was paid through misrepresentation or non-disclosure of financial circumstances at the time the application was made or being considered, The Stationers’ Foundation may take necessary steps to recover from the beneficiary, or his estate, any benefit improperly paid or obtained or the value thereof. **Please ensure all the evidence requested is attached.** |
| **I declare all my information to be true** |

|  |  |
| --- | --- |
| Signed (applicant) |  |
|  |  |
| Signed (spouse/partner)(where applicable) |  |
|  |  |
| Dated |  |
|  |  |
| Signed (witness) |  |
|  |  |
| Occupation |  |
|  |  |
| Dated | DD/MM/YY |

**The Education Coordinator, Katie Dare, welcomes any enquiries and questions.**

Tel: 020 3927 4173 Email: education@stationers.org

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Tel: 0207 246 0990 [www.stationers.org](http://www.stationers.org)