



The Macfarlane Trust - Grant Application Form

For **all** grant requests please check the information we already have on file, in box 1, and please complete sections 2, 3 and **sign the declaration on the back page**.

Additional information is needed for certain grants and if you are applying for any grants in the following areas please complete the relevant sections:

Accommodation grants – section 4

Education related requests – section 5

Stress related requests – section 6

Mobility deposit – section 7

1. Personal Details	Membership Number:
Address that we currently hold	
About you	Property
Date of Birth: Status: Children in Household:	Property status:

2. Household Income & Expenditure – please complete either monthly or annual

Income	Monthly	Annual	Expenditure	Monthly	Annual
MFET payments			Mortgage		
MFT Regular Payments			Rent		
Skipton Stage 2 Regular Payments			Council Tax		
NET Earnings			Gas		
Partner's NET Earnings			Electricity		
Sick Pay			Water Rates		
Contributions from other household members			TV, Telephone, Internet etc		
Job Seekers Allowance - JSA			Housekeeping i.e. groceries		
Employment Support Allowance -ESA			Building Insurance		
Income Support			Contents Insurance		
Working Tax Credit			Car (servicing/tax/insurance)		
State Pension			Other Insurances		
Private Pension			Clothes/personal Items		
Incapacity Benefit			Travel		
Attendance Allowance			Bank Charges		
Severe Disablement Allowance			Loans		
Disability Living Allowance-DLA			Credit Cards		
Personal Independence Payment-PIP			Other		
Industrial Injuries Benefit					
Housing Benefit					
Council Tax Benefit					
Lone Parent /Widowed Parent Benefit					
Child Tax Credit					
Child Benefit					
Total Income			Total Expenditure		

3. Grant Request Details:

Please give full details of the grant that you are requesting. (Please continue on a separate sheet if necessary.)

Request Amount: £

How would this grant benefit you? (Please continue on a separate sheet if necessary.)

**Would you be able to make a contribution if the Macfarlane Trust can only part-fund your grant request?
Y/N**

4. Accommodation Related Requests - please answer the following questions that are relevant

Please include **two** detailed quotes from contractors on their letter headed paper

If you rent your property, eg from the local authority, housing association etc, the following information is required - If you circle 'Y' to any of the below, we will require copies of the paperwork relating to this:

Have you applied to the landlord or statutory agency (eg local authority) for assistance?	Y/N
If refused, do you have consent from your landlord for the works required?	Y/N
Is planning permission required?	Y/N
Do you have a copy of the planning consent?	Y/N
Is the property a Listed Building?	Y/N
Do you have a copy of the Listed Building Consent?	Y/N
Do you have a medical letter supporting this application?	Y/N

If you own your own home, the following information is required – If you circle 'Y' to any of the below, we will require copies of the paperwork relating to this:

Have you applied to statutory agency (eg local authority) for assistance?	Y/N
Is planning permission required?	Y/N
Do you have a copy of the planning consent?	Y/N
Is the property a Listed Building?	Y/N
Do you have a copy of the Listed Building Consent?	Y/N
Do you have a medical letter supporting your application?	Y/N

5. Education Related Requests - please answer the following questions that are relevant

Have you applied to statutory agencies for support i.e. Student Finance?	Y/N
Have you provided the course information inc. fees?	Y/N
Have you provided a copy of the course confirmation?	Y/N
Have you provided evidence of successful completion of the previous stage/year?	Y/N
Have you provided quotes/receipt(s) for fees, books or equipment?	Y/N
Have your provided details of travel costs?	Y/N

For children 18 years and under:

Have you provided confirmation of school attendance?	Y/N
Have your provided a letter from the school confirming the school trip?	Y/N

Please provide two quotes for a computer/laptop, if applicable

6. Stress/Health Related Requests - please answer the following questions that are relevant

If you are applying for a grant for mobility-related equipment:

Have you applied to your local authority for support? **Y/N**

If yes, what was the result: _____

If no, why have you not done so: _____

Have you provided two quotes for the equipment? **Y/N**

If you are applying for counselling - we will require the following information:

Have you provided confirmation that your therapist is on a register approved by the Professional Standards Authority for Health and Social Care **Y/N**

Have you provided confirmation that their therapist is insured i.e. a copy of their certificate **Y/N**

Have you provided an invoice showing the costs inc. the number of arranged sessions each **Y/N**

If you are applying for Respite following Hepatitis C Treatment – we require the following information:

Have you provided a medical letter confirming the start and end dates of the Hepatitis C treatment and supporting the request **Y/N**

Please include **two** detailed quotes from travel agents on their letter headed paper

7. Mobility Deposit - please answer all questions below

Is your vehicle/equipment available on the nil deposit schemes? **Y/N**

If not, why? : _____

Is there a medical reason for this? **Y/N**

If yes, what is this? : _____

Have you provided a copy of the letter from Motability, refusing a full grant? **Y/N**

Have you provided a medical letter in support of this? **Y/N**

Please include **two** detailed quotes including the cost and specification

8. Consent/Declaration:

- I declare that to the best of my knowledge, the information given is true.
- I consent to the information provided in this application form being used for considering my grant application.
- In signing this form I hereby give my consent to information about any Skipton Stage 2 payments I receive being verified with the Skipton Fund.
- I understand that all the information will be held in accordance with the Macfarlane Trust's confidentiality policy, and that it will form part of my records.

Signed:.....

Date:.....

Returning the Application Form

Once the form is completed, please return it to:

The Macfarlane Trust,
FREEPOST LON729,
Alliance House,
12 Caxton Street,
London,
SW1H 0QS

using the FREEPOST envelope provided.