



# RAINY DAY TRUST

Federation House, 10 Vyse Street, Hockley, Birmingham B18 6LT  
Telephone Number: 0121 237 1130  
(Registered Charity No. 209170)

## GRANT APPLICATION

### PLEASE COMPLETE IN BLOCK LETTERS AND BLACK INK

Date of application:

Office Use Only: Ref. No: \_\_\_\_\_

How did you know about The Rainy Day Trust?

Have you made a previous claim to the Rainy Day Trust?

#### 1. PERSONAL DETAILS

Full Name

Address:

Telephone number:

Mobile Telephone number:

Date of Birth

Martial Status

Full Name of Spouse

Date of Birth of Spouse

Date of Marriage

Please give detail of your next of kin:  
Full Name & Address

Telephone number of next of kin

Mobile Telephone number of next of kin:

Relationship to applicant of next of kin:

<b>2. EMPLOYMENT DETAILS</b>		
<b>Are you currently employed?</b>	YES / NO Please delete as appropriate If you are retired or unemployed, go to Past employment.	
<b>If yes please provide details:</b>		
<b>Name &amp; Address</b> (most recent first)		
	If more, continue on page 3	
<b>Type of Business and products manufactured or distributed</b>		
<b>Position Held</b>		
<b>Date of employment:</b>	To:	From:

<b>PAST EMPLOYMENT -</b>		
Were you or your spouse ever employed within the manufacturing, retailing or wholesaling of products relating to the Hardware, DIY, Housewares, Builders Merchants, Ironmongery, Glass, and Pottery, Brushware or allied trades?		
Please delete as appropriate		YES / NO
<b>If YES please provide details:</b>		
<b>Name &amp; Address of Past Employer:</b> (most recent first)		
	If more, continue on page 3	
<b>Type of Business and products manufactured or distributed</b>		
<b>Position Held</b>		
<b>Date of employment:</b>	To:	From:
<b>Referee who can confirm your past employment</b> <b>Name &amp; Address</b>		

<b>Name &amp; Address of Past Employer:</b>		
<b>Type of Business and products manufactured or distributed</b>		
<b>Position Held</b>		
<b>Date of employment:</b>	To:	From:
<b>Referee who can confirm your past employment Name &amp; Address</b>		
<b>Name &amp; Address of Past Employer</b>		
<b>Type of Business and products manufactured or distributed</b>		
<b>Position Held</b>		
<b>Date of employment:</b>	To:	From:
<b>Referee who can confirm your past employment Name &amp; Address</b>		

<b>3. HEALTH</b>			
<b>What is your general state of health?</b> (Please tick the appropriate Box)	Good	Average	Below Average
<b>Please describe any significant health problems or disabilities.</b>  <b>Please enclose doctors / specialists medical report if applicable.</b>			

<b>4. HOUSING</b>		
<b>Do you currently reside in a (please tick appropriate box)</b>		
House / Bungalow	Flat	Other
<b>Is your Home:</b> Please tick the relevant box		
Owned – No Mortgage <b>(please indicate estimated value)</b>	Owned – with Mortgage <b>(please indicate estimated value)</b>	Rented – Housing Association
	£	
Rented – Council	Rented – Private	Sheltered Accommodation
Residential Home <b>(Date of taking up residence)</b>	Nursing Home <b>(Date of taking up residence)</b>	

<b>5. FINANCIAL STATEMENT (see over)</b>
<b>NOTES</b>
<p>a. Please enter the net weekly income after tax etc. Amounts should be stated in terms of a weekly figure if possible. However, monthly or annual figures are acceptable if these are all that is available. Please indicate accordingly.</p> <p>b. Information is needed for both the applicant and the applicant's partner (if any).</p> <p>c. Capital and Income from it – Total value(s) of all capital holdings/savings held by applicant and partner individually and/or jointly <b>MUST</b> be declared in the section indicating that to which the applicant has free access and that, which is in trust and only provides income. Income from savings should be shown in the Income column.</p> <p>d. In expenditure include (where appropriate) weekly repayments made towards outstanding debts.</p>

<b>INCOME PER MONTH</b>	<b>APPLICANT</b>	<b>PARTNER (if applicable)</b>
Net Earnings		
State Retirement / Widows pension		
Occupational ex-employer Pension/ Personal Pension		
Pension Credit		
Income Support		
Job Seekers Allowance		
Incapacity Benefit		
Severe Disablement Allowance		
Attendance Allowance		
Disability Living Allowance – Mobility		
Disability Living Allowance – Care		
Charitable Income		
Child Benefit		
<b>TOTAL BALANCE (1)</b>		

<b>Other Income</b> (e.g. Family contribution, investment income, bank/building society interest, tax credits) PLEASE SPECIFY:	<b>APPLICANT</b>	<b>PARTNER (if applicable)</b>
<b>TOTAL BALANCE</b>		

**I confirm that I also receive:**

Housing benefit

Council Tax benefit

<b>SAVINGS</b>		
I / We have savings / investments to a total value of:		
<b>APPLICANT</b>	<b>PARTNER (if applicable)</b>	<b>JOINT (if applicable)</b>
£	£	£

<b>ROUTINE EXPENDITURE PER MONTH</b>	<b>APPLICANT</b>	<b>PARTNER (if applicable)</b>
Mortgage		
Rent - Amount paid by applicant		
Board & Lodging (Residential Home or Nursing Home Fees)		
Council Tax - Amount paid by applicant		
Home Help		
Water Rates		
Electricity/Gas		
Telephone		
TV (inc TV Licence)		
Insurance (home, life, etc.)		
Car expenses (including insurance, tax, petrol, maintenance)		
Housekeeping (including food, newspapers, laundry, cleaning materials, pocket money etc)		
Hire purchase/credit		
Income Tax		
Other expenses PLEASE SPECIFY:		
<b>TOTAL BALANCE (2)</b>		

<b>OFFICE USE ONLY: Do not complete</b>		
<b>Income (1)</b>		
<b>Less Expenditure (2)</b>		
<b>Balance =</b>		

<b>DEBTS</b>			
Indicate the total amount still owed for outstanding debt e.g. mortgage, bank loan, overdraft, credit cards, hire purchase, gas, electricity, water, social fund etc. Please enclose financial statement/s to verify current level of debt.			
ITEM	TO WHOM OWED	AMOUNT OUTSTANDING	AMOUNT PAID OFF EACH MONTH (if applicable)

<b>6. LOCAL BENEFITS AGENCY OFFICE</b>	
Please enter address your local Benefits Agency Office:	

7. OTHER CHARITIES		
Please enter details of other Charities, Trusts and/or Local Authorities approached – and amounts granted. If a grant has been offered by another party, please include letter of confirmation.		
ORGANISATION	DATE	RESULT / AMOUNT GRANTED

8. DETAILS OF THE GRANT FOR which this application applies.
Please describe the main purpose of the grant and specific reasons for applying to the Society for help. This should include costs of specific items e.g. House repairs or equipment costs. Please supply 3 quotes for each application.

9. APPLICATION SPONSORSHIP (If applicable)
Please complete details of person within the manufacturing, retailing or wholesaling of products relating to the Hardware, DIY, Housewares, Builders Merchants, and Ironmongery, Brushware or allied trades who is a supporter/subscriber of the Society.

<b>Name</b>	
<b>Connection to applicant</b>	
<b>Full address</b>	
<b>Tel:</b>	
<b>Tel Mob:</b>	
<b>E-mail:</b>	

<b>10. Have you made a previous claim to the Rainy Day Trust Please delete as applicable: YES / NO</b>
<b>If YES, please give details:</b>

## **DECLARATION & DATA PROTECTION**

- I declare that the information I have provided is, to the best of my knowledge, correct.
- I understand the information I have provided will be used to process this application for assistance.
- I agree that the details on this form may be passed in confidence to other agencies, including the Benefits Agency and other charities, in the course of this application.
- I authorise the Rainy Day Trust to approach, where appropriate, other agencies, including the Benefits Agency, current and previous employers and other charities, on my behalf.
- I confirm I have received a copy of the Society's Statement on Data Protection in accordance with the Data Protection Act 1998.

**Signed** \_\_\_\_\_ **Date** \_\_\_\_\_

Attachments: Please tick if enclosed:-

- Supporting Doctor's / Specialist's medical report, if applicable.
- Financial statement/s to verify current level of debt, if applicable
- Offer letter/s for grant/s from other sources.
- Supporting Quotes etc for capital expenditure, if applicable
- Supporting notes from application sponsor, if applicable
- Any other documentation that may help your application

### **DATA PROTECTION STATEMENT**

#### DATA PROTECTION ACT 1998

We know privacy is important to you and so we promise to respect your personal information. We will only request necessary information from you at the time of your application, subsequent reviews and in providing additional charitable benefits to you in pursuing the objectives of the Trust.

Information is collected lawfully and in accordance with the Data Protection Act 1998.

We will try to ensure that your details are accurate and kept up to date. Personal data processed shall not be kept for longer than is necessary for that purpose.

Any personal data that is saved is held safely on our main computer and manual filing system, with security systems preventing unauthorised access and we always ensure it is treated confidentially.

The personal data you provide may be passed, in confidence, to other agencies, including the Benefits Agency and other charities, in the course of this application.

We do not pass our beneficiary mailing list to any other commercial organisation for marketing purposes.

In accordance with the Data Protection Act 1998 we have to obtain consent from beneficiaries to process your personal information in relation to your application for assistance, subsequent reviews and in providing additional charitable benefits to you. This consent is referred to on the Grant Application Form.