

Frances Ashton Charity – Grant application form

For FAC use only:

Date received: / /	Reference number:
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Help for serving and retired Church of England/Church in Wales clergy and the widows or widowers of those that have passed away.

Section 1 – contact details

You are: *Please tick the box that applies to you.*

Serving or Retired Clergy or the Widow/Widower of Clergy of the Church of England/Church in Wales?

Your name:

Your address and post code:

Telephone:

Email:

Mobile:

Fax:

When is the best time to contact you? Morning Afternoon

If you are applying on behalf of the applicant do you have Power of Attorney or are you the applicant's legal guardian?

Yes (Please provide proof) No

Section 2 – how you know about Frances Ashton Charity

Please tick the box that applies to you

Church of England (CoE) Newspaper Church Times Your Diocesan Officer
 You are a previous applicant Other, please explain

Section 3 – about you

a) What is your date of birth? Day:/ Month:/Year:.....

b) Are you in receipt of a CoE salary/stipend or Church Pension? Yes (please submit proof) No

c) If you are serving or retired clergy please select one of the following

What is your marital status? Single Married Divorced Separated

d) If you are a widow/er please complete the following

- I am the widow/er of(Please state full name of the deceased)
- Please state your husband/wife's date of death: day:month:year.....
- Were you legally married? Yes No

e) Clergy details please delete where not applicable and complete the following:

- I serve as/ retired as/ my husband/wife served as (e.g. vicar/curate)
- In the diocese of:
- In the parish of:

Section 4 - your dependants

a) Are you the parent/guardian of children aged 16 or under? <input type="checkbox"/> Yes (How many?)..... <input type="checkbox"/> No	
b) Are you the parent/guardian of one or more children aged 16 or over that are dependent upon you because they are in full time education or unemployed? <input type="checkbox"/> Yes (How many)..... How long will they remain dependant on you? (Years)..... <input type="checkbox"/> No	
c) Are you a carer of a family member? <input type="checkbox"/> Yes <input type="checkbox"/> No	Are they resident with you? <input type="checkbox"/> Yes <input type="checkbox"/> No
How does this affect your circumstances?	

Section 5 – your finances

a) Joint Household income

What is your joint net monthly income ? <i>(This is your income after income tax, NI contribution and other deductions.)</i> £.....
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Please break down your joint net monthly income . <i>E.g. Stipend, state/private pension, spouse's earnings, DSS benefits, interest from assets, other earnings; any other income.</i>	
Source of income:	Amount
	£
	£
	£
	£
	£
	£
Total net monthly income:	£

What are your total assets? <i>Please tick and complete the boxes that applies to you</i> <input type="checkbox"/> Total bank deposits and similar savings: £..... <input type="checkbox"/> Investments (including ISA): £..... <input type="checkbox"/> Trust funds: £..... <input type="checkbox"/> Other: £.....

b) Your expenses

What are your current, average joint monthly expenses and living costs? <i>E.g. mortgage repayments/rent, Buildings insurance. Life assurance; gas; electricity, food, etc</i>	
Outgoings/expenses :	Amount
	£
	£
	£
	£
	£
	£
	£
	£
Total monthly expenses:	£

c) Your borrowing

Do you have any debts (other than any mortgage)? <input type="checkbox"/> Yes (How much in total?) £..... <input type="checkbox"/> No	
What is the loan(s) for?	
How much do you have left to pay? £.....	
Have you ever been declared insolvent or bankrupt? <input type="checkbox"/> Yes (When?) <input type="checkbox"/> No	
Are you currently on any type of debt management plan? <input type="checkbox"/> Yes (Since when?) <input type="checkbox"/> No	

d) Your home and property

Do you own your own house? <input type="checkbox"/> Yes (What is its value?) £..... <i>Please do NOT have your house valued to answer this question.</i> <input type="checkbox"/> No (What is your rent?) £.....
How long is left to pay your mortgage?yearsmonths
What are your current monthly mortgage repayments? £.....
If you do not own your own home or live in the home that you own, please explain your living arrangement:
Do you own other property? <input type="checkbox"/> Yes (What is its approximate value?) £..... <i>Please do NOT have your house valued to answer this question.</i> <input type="checkbox"/> No
Do you receive rent on your other properties per month? <input type="checkbox"/> Yes (How much?) £..... <input type="checkbox"/> No

Section 6 – why do you need a grant?

a) Why are you applying to Frances Ashton Charity? <i>Have you or a family member suffered bad health, an accident or something unexpected? Please explain your circumstances and any particular occurrences over the past year that is causing you hardship at this time.</i>
b) How will the grant be used? <i>Please explain how the grant you are requesting will help to reduce the hardship you are experiencing.</i>
c) If Frances Ashton Charity does not support your request or the full amount requested how this will affect your circumstances? What will you do?

Section 7 – How much will this cost?

a) What are the costs?		
Description of item	Amount (£)	Quotes
<i>e.g. New Wheel chair</i>	<i>e.g. £3,158</i>	<i>e.g. See attached quote from Company</i>
<i>For each item to be purchased please enclose a quote for the cost.</i>		
Total Cost	£	

b) How much do you need from Frances Ashton Charity?	£
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c) Is there a balance? <input type="checkbox"/> Yes <input type="checkbox"/> No	£	If yes, how will you pay for the shortfall?
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d) How much can you contribute from personal sources? (if any)	£	What is this source? <i>E.g. savings, etc</i>
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e) Have you applied to any other funders? (e.g. Sons of the Clergy) <input type="checkbox"/> Yes <input type="checkbox"/> No How much have you applied for? £.....	£	Who have you asked? When do you hear the result(s)?
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f) Is there anything else you would like to tell us?
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Section 8 – the difference Frances Ashton Charity makes to you

a) Is this a one-off request for support?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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b) Will this grant offer you a long term solution?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Please explain:		

c) Have you received support from Frances Ashton Charity before?	<input type="checkbox"/> Yes (When?).....	<input type="checkbox"/> No
Has the grant/s made a difference to you? <i>Please describe how the support you have received has helped you.</i>		

d) Do you intend to apply again next year?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Maybe
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Section 9 – your declaration

To the best of my knowledge all the information in this application is true and correct. I understand that you may ask for additional information when you are assessing this application and that Frances Ashton Charity reserves the right to contact my Diocesan Office for reference purposes.

If a grant is offered it will be used exclusively for the purposes as specified in the award letter, unless prior permission from Frances Ashton Charity is sought.

Your signature (please sign below):

Date:

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Section 10 – Checklist

Before you send the application, check that you have:

- Completed all sections of the form?
- Kept a copy of the form for your own records?
- Attached the supporting evidence of all costs?
- Attached proof of your salary, stipend or pension
- Signed the declaration

**Please note, due to costs we are unable to return any supporting evidence.
Please only send copies.**

Please return your completed application to:

Frances Ashton Charity,
Beech House,
Woolston,
Somerset BA22 7BJ

Or to:

E-mail: francesashton@hotmail.co.uk