

Client's Name

Address

Numbers, relationships and ages of family living in household

**In order for this application to be processed the above section MUST be completed IN FULL**

INCOME	£ WEEKLY	EXPENDITURE	£ WEEKLY
Wages/salary: You	£	Mortgage	£
Your partner	£	Rent	£
Universal Credit	£	Second Mortgage	£
Jobseekers Allowance	£	Council Tax	£
Income Support	£	Water Rates	£
Employment & Support Allowance (ESA)	£	Ground Rent	£
Severe Disablement Allowance	£	Gas	£
Disability Living Allowance / P I P	£	Electricity	£
Attendance Allowance	£	Coal	£
Carers Allowance	£	Housekeeping : Food	£
Bereavement Allowance	£	: Non Food	£
State Pension	£	Insurance : House	£
Pension Credit	£	: Contents	£
Widows Pension	£	: Personal	£
Other Pensions or Benefits	£	Clothes	£
Incapacity Benefit	£	School Meals	£
Maintenance	£	Childminder	£
Housing Benefit / Local Housing Allowance	£	Play School	£
Council Tax Benefit	£	Fines & Debts	£
Child Benefit	£	Travel Expenses	£
Child Maintenance	£	Car costs	£
Guardian's Allowance	£	Maintenance	£
Working Tax Credit	£	Telephone	£
Child Tax Credit	£	TV Rental/TV Licence	£
One Parent Benefit	£	Other (specify)	£
Educational Maintenance Allowance (EMA)	£	Cigarettes / Tobacco	£
Statutory Maternity/Paternity/Adoption Pay	£		
Any other (specify) including contributions from others living there	£		
Total	£	Total	£

The personal data supplied on this form and other information relating to this request for a grant will be held on file. Some detail may be checked with relevant organisations but none will be disclosed for any inappropriate purpose. The client may have access to their personal information on request.

# OGILVIE CHARITIES

## GDPR CONSENT FORM

Thank you for completing the form below to enable Ogilvie Charities to provide services to beneficiaries in accordance with the aims of the charity

Name\_\_\_\_\_ E mail\_\_\_\_\_

Telephone number\_\_\_\_\_

Postal address\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

I CONSENT to The Ogilvie Charities holding and processing my data according to the Privacy Notice as displayed on our website, and I understand that I may withdraw my consent at any time.

Signature\_\_\_\_\_ Date \_\_\_\_\_

**Please return this form to the General Manager by post to:-**

**The Ogilvie Charities  
The Gate House  
9 Burkitt Road  
Woodbridge  
Suffolk  
IP12 4JJ**

**Or by email to: [info@ogilviecharities.org.uk](mailto:info@ogilviecharities.org.uk)**