

**Please return to:-**

Malcolm Dee  
62, Lyles Road  
Cottenham  
Cambridge CB24 8QR

Tel: 01954 250387



**COTTENHAM  
UNITED CHARITY**

**APPLICATION FOR A GRANT:**

**The information contained in this application form will be provided to the charity in confidence and will not be disclosed to anyone other than the Clerk and Trustees.**

Applicants are advised that failure to disclose any relevant information may prejudice their application. Misleading or inaccurate information may lead to your application being refused.

Self

Partner/Spouse

FAMILY NAME:		
OTHER NAMES:		
DATE OF BIRTH:		
OCCUPATION:		
ADDRESS:		
POST CODE:		
EMAIL ADDRESS		
TELEPHONE NUMBER:		
NAME & AGE OF CHILDREN		

How long have you lived at the above address? Approximate number of years\_\_\_\_\_

Do you live alone? (If 'NO' please give brief details):\_\_\_\_\_

PLEASE COMPLETE DETAILS OVERLEAF

**REASON FOR APPLICATION – Please give details of why you need financial assistance and of any disabilities you may have**

**The charity prefers to pay directly to the providers of goods so please list what you would like to purchase and the estimated price. We often recommend the British Heart Foundation for electrical goods and Emmaus or Cambridge Re-use for furniture but other sources will be considered.**

**PLEASE LIST ITEMS YOU REQUIRE WITH AN ESTIMATE OF COST:**

Signed \_\_\_\_\_

Dated \_\_\_\_\_

NB. A Trustee will visit you after you return this form to discuss your needs and assess your financial situation.