

# HENRY SMITH CHARITY

(Reg No 25435)

## ST PAUL'S WALDEN SHARE

### INFORMATION LEAFLET AND APPLICATION FORM

This leaflet has been prepared by St Paul's Walden Parish Council (who are trustees of the Charity) in order to help those who wish to apply for assistance.

#### 1. WHO CAN APPLY?

Any resident of the Parish, whatever their age, who is on "low income". This usually means that the applicant receives a "low income" benefit such as Income Support, Family Credit, Housing Benefit or Council Tax Benefit – OR – has an income slightly above the levels qualifying for these benefits.

An application may be made at any time of the year *but only one application will be considered per year*. The applicant may re-apply in following years, whether successful or not.

#### 2. HOW WILL HELP BE GIVEN?

Assistance will usually be given by a grant and sometimes by help in kind. A one off payment would be granted for items such as:

- Household equipment (for example cooker)
- Telephone bill
- Fuel bill
- Children's item (for example buggy)
- Personal items (for example spectacles or dental charges)

#### 3. HOW URGENT IS HELP NEEDED?

The Parish Council meetings on the first Wednesday of each month (except August). Claims may be considered between meetings if the matter were urgent.

#### 4. WHO WILL KNOW ABOUT MY APPLICATION?

The Parish Councillors and the Parish Clerk. Applications are considered in private and are not discussed during a public session.

Please return this form to any Parish Councillor or

The Clerk  
St. Paul's Walden Parish Council  
Wantsend Farm, Ley Green,  
Kings Walden, SG4 8LX

[clerk@stpaulswaldenparishcouncil.org.uk](mailto:clerk@stpaulswaldenparishcouncil.org.uk)

**INFORMATION REQUIRED FOR AN APPLICATION  
INDIVIDUAL**

*Please provide supporting information if necessary.*

**SPWPC USE ONLY**

**Ref:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Name of Applicant: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Telephone Number: \_\_\_\_\_

E-mail address: \_\_\_\_\_

What is needed? \_\_\_\_\_

How much will it cost? \_\_\_\_\_ Amount of Grant applied for: \_\_\_\_\_

Individuals: Number of dependent adults/children: \_\_\_\_\_

Ill Health/Other Relevant Disabilities: \_\_\_\_\_

Do you receive any of the following?

(Please tick)

Income Support

Family Credit

Housing Benefit

Council Tax Benefit

Universal Credit

Bank Details: *(For payment of grant if your application is successful)*

Account Name: \_\_\_\_\_

Account No.: \_\_\_\_\_

Sort Code: \_\_\_\_\_

**General Privacy Notice**

The information you provide (personal information such as name, address, email address, phone number, organisation) will be processed and stored so that it is possible to contact you and respond to your correspondence, provide information and/or access our facilities and services. Your personal information will be not shared or provided to any other third party. For more information on the Parish Council's Data Protection protocols, please contact the Parish Clerk.