EAST AYRSHIRE COUNCIL

MISS ANNIE SMITH MAIR BEQUEST (SCO21095)

Application for Financial Assistance (Individual Applicant)

The purpose of the Miss Annie Smith Mair Bequest is "to assist persons of a good character, natives of or residents in Newmilns and Greenholm who, through age, bereavement, ill-health or similar misfortune are in need of financial assistance".

Please complete all sections and return to the Administration Manager, East Ayrshire Council Headquarters, London Road, Kilmarnock KA3 7BU.

DOCUMENTS TO BE ATTACHED TO APPLICATION

Proof of address ☐

Evidence of income ☐

As part of the application process we require to pass your details to Financial Inclusion to ensure benefits are being maximised. Please advise if you wish this to be done.

Yes ☐

No ☐

If yes, please provide your National Insurance number …….

Have you applied to the Scottish Welfare Fund prior to submitting this application?

Yes ☐

No ☐

Please provide a quote for the item you require

Quote/Screenshot attached to application ☐

1. Name of Applicant……..

Address ……..

……..

……. Postcode ……..

Email ……...

Telephone Number ……..... Date of Birth …….

Place of Birth ……..

Home address when born if place of birth is not Newmilns or Greenholm (e.g. Irvine Central Hospital)

……....

……..

No. of years lived in Newmilns or Greenholm ……

2. Reason(s) for application:-

(a) *Health ☐

(b) Age ☐

(c) Family circumstances ☐

(d) Other ☐

***if you are applying on health ground alone, the GP's certification of need should be completed and submitted with your application**

3. Why do you need assistance?

……

……..

……..

……..

4. Trustees have responsibility for ensuring that all activities of the Trust fall within the Trust purpose and this requires them to be satisfied that applicants are in financial need. To assist the Trustees, please complete the table below detailing **all** sources of household income and submit your most recent award letter from the Department for Work and Pensions as verification of any benefits received.

Weekly income from sources stated:-	**£**
Earnings from employment	
DWP benefits for families (child trust funds, child care, sure start maternity grant)	
DWP carers and disability benefits (Disability Living Allowance, Carers Allowance, Employment and Support Allowance/Universal Credit)	
DWP Child Benefit	
DWP Death Benefits (Widowed Parents Allowance, Bereavement Allowance)	
DWP Heating and Housing Benefit/Universal Credit	
DWP Jobseekers Allowance/Universal Credit and Low Income Benefits (Income Support/Universal Credit, Pension Credit)	
DWP Tax Credits (Working Tax Credit/Universal Credit, Child Tax Credit/ Universal Credit)	
Pensions	
Bank/Building Society Interest	
Dividends from stock, shares, bonds or securities	
Rents received	
Any other income	

Please note that receipt of DWP benefit does not in itself entitle you to an award, rather, the whole household income will be taken into account.

5. I am a homeowner/ EAC Tenant/ Housing Association tenant/ private tenant/ in homeless accommodation*

***Delete as appropriate**

6. Donation required …….

7. What will the donation be used for? ……

……..

……..

……..

……..

……..

8. Please give details of your bank account

Name of Bank ……

Address ……..

……..

Title of Bank Account ……

Account No …… Sort Code …….

I hereby declare that the information provided by me in this application is accurate. I understand that should the Trust rely on information provided by me that subsequently proves to be untrue, that any award made may be revoked, and repayment demanded.

Signature …… Date ……..

ALL FINANCIAL DETAILS PROVIDED WILL BE TREATED IN STRICTEST CONFIDENCE AND WILL ONLY BE USED FOR THE PURPOSE OF ASSESSING THIS APPLICATION.