

PRESBYTERIAN RELIEF FUND

Instructions for Completion:

Part 1: Complete if you wish to be considered for a Regular and/or Crisis Grant (applicant to complete all sections)

Part 2: Complete if you wish to be considered for a Crisis Grant (applicant to complete relevant sections)

Part 3: To be completed by Minister

Please complete using BLOCK CAPITALS

Claim Form Ref.
(for Fund use only)

Part 1: REGULAR & CRISIS GRANT APPLICATION FORM

To be eligible for a grant from this Fund an applicant must be under the pastoral care of the Presbyterian Church in Ireland

SECTION 1 PERSONAL DETAILS

Surname

First Name(s)

Address

Date of Birth Age

Telephone No.

Email address (if applicable)

Bank /Post Office

Sort Code

Account No.

Single Married Separated Divorced Widow/er

SECTION 2 HOME CIRCUMSTANCES

(tick appropriate box)

YES	NO
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Do you own your home

--	--

Do you rent your home

--	--

Are you in receipt of Housing Benefit or Rate Rebate?

--	--

IMMEDIATE FAMILY MEMBERS *(enter relationship to applicant)*

Living with you

--

Living elsewhere

--

PLEASE ENTER ANY FINANCIAL SUPPORT UNDER SECTION 5

SECTION 3 CONGREGATIONAL INFORMATION

Congregation connected to

--

SECTION 4 TYPE OF GRANT APPLYING FOR

tick appropriate box(es)

Regular Quarterly Grant

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One-off Exceptional Needs Grant

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SECTION 5b HOUSEHOLD EXPENDITURE

<i>Enter Net Monthly Payments</i>	£ or €
Rent	
Mortgage	
Rates	
Upkeep of property	
Upkeep of garden	
Heat, light, oil, gas	
Food	
Telephone/WiFi	
Clothing	
Car Expenses (petrol/diesel/insurance)	
Other Expenses (please detail)	
TOTAL NET MONTHLY EXPENDITURE	

SECTION 5c INCOME LESS EXPENDITURE

	£ or €
Total Net Monthly Income from 5a	
Total Net Monthly Expenditure from 5b	
Net Surplus or (Deficit) per month	

SECTION 6 SAVINGS

(tick appropriate box)

	YES	NO
Do you have capital/investments of more than £16,000 €20,000) (Do NOT include value of your house)		
If Yes, please state full amount		

SECTION 7 SPECIAL CIRCUMSTANCES

Please detail any special circumstances such as ill health, disability, recent family bereavement/hospitalisation or other ailments which cause extra expenditure

CONFIRMATION

I am under the pastoral care of the Presbyterian Church in Ireland and wish to apply for a grant from this Fund. The details of my case are fully and truthfully stated in the information stated in Sections 1 – 7 on the foregoing pages. I understand that all grants are made at the discretion of the Trustees of the Fund and ongoing entitlement may be subject to review.

Signed _____
(applicant)

Date _____

PRESBYTERIAN RELIEF FUND

Exceptional Needs / Crisis Grants

One off grants are available to applicants earning below the annual national living wage to assist with travel, household costs and towards the purchase of equipment and services not normally covered by statutory benefits, allowances or grants. The maximum Exceptional/Crisis Grant equates to the Annual Regular Quarterly Grant from the Fund. Existing beneficiaries are eligible to apply but Applicants do not need to be recipients of an annual grant.

Examples could include

- **Travel Allowances**
- **Laundry and Household Equipment**
- **Specialist Medical / Disability Aids and Equipment**
- **Security and Safety**
- **Energy and Environment**
- **Respite Care/Domiciliary/Home Care**
- **Crisis Fund**

Note: Application may also be made for other items and services outside these categories.

PRESBYTERIAN RELIEF FUND

Instructions for Completion:

Part 2: Complete if you wish to be considered for a Crisis Grant (applicant to complete relevant sections)

Part 3: To be completed by Minister

Please complete using BLOCK CAPITALS

Claim Form Ref.
(for Fund use only)

Part 2: EXCEPTIONAL NEEDS/CRISIS GRANT APPLICATION FORM

Name

Please provide details of the nature of the financial assistance you require under the appropriate heading below, including the weekly costs incurred.

Travel Costs

(Detail reason for travel and estimated cost)

Laundry & Household Equipment

(Outline why the equipment is required and an estimated cost and installation costs)

Specialist Medical / Disability Aids & Equipment

(Detail equipment required, the estimated cost and request from GP, Nurse or Occupational Therapist. Please note, further details from a health care professional may be required)

Security and Safety Equipment

(Detail the alarm or locks required and estimated cost and installation cost. Reason for purchase of mobile phone or wi-fi installation and cost involved)

Energy & Environmental

(Detail insulation, draught exclusion that has to be carried out. Estimated cost and Grant already applied for. Detail reason and cost involved in double glazing replacement)

Respite Care/Domiciliary/Home Care

(Outline dates required and estimated costs. Name of Home / Unit where Respite has been reserved or details re Domiciliary/Home Care)

Crisis Fund

(Detail assistance required and costs involved)

Other (not covered in categories above)

(Detail as required)

SECTION CONFIRMATION

I am under the pastoral care of the Presbyterian Church in Ireland and wish to apply for a grant from this Fund. The details of my case are fully and truthfully stated in the information stated on the foregoing pages. I understand that all grants are made at the discretion of the Trustees of the Fund and ongoing entitlement may be subject to review.

Signed _____
(applicant)

Date _____

PRESBYTERIAN RELIEF FUND

<p>Instructions for Completion: Part 3: To be completed by Minister Please complete using BLOCK CAPITALS</p>	Claim Form Ref. <i>(for Fund use only)</i>
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Part 3: REPORT BY MINISTER

This should confirm, as far as possible, the applicant’s statement and should contain any other information relevant to the applicant’s circumstances e.g., how long applicant is known to Minister. Please give as much detail as possible to assist in the overall assessment of the application(s).

(please use continuation sheet if necessary)

	YES	NO
Has any financial assistance been sought by the applicant from any other source (including the congregation)? If so, please provide details.		

Signed _____ Date _____

Minister of _____

FOR OFFICE USE ONLY	
Received:	Grant Type:
Date Approved:	

This application, when completed, must be forwarded by the Applicant’s Minister to:
 The Secretary, The Presbyterian Relief Fund, Assembly Buildings, Belfast, BT1 6DW
 Email: prf@presbyterianireland.org