THE JOHN HOLFORD CHARITY APPLICATION FORM

for

The Relief of Persons who are in conditions of need, hardship or distress.

Applicants must	be res	ident	in	either:
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- (a) The Parish of Clutton
- (b) The Parish of Middlewich
- (c) The Borough of Congleton
- (d) The Ecclesiastical Parish of Astbury

QUE	STIONS	ANSWERS It is important that all questions are to be answered Yes, No or crossed out as necessary
1.	Surname	
2.	Christian Name:	
3.	Address:	
4.	State whether owner, tenant, or living with relatives:	
5.	Married, Single, Widow or Widower	
6.	Date of Birth:	
7.	List ALL dependant children and giv Details as shown:	re

NAME	AGE	WHETHER LIVING WITH YOU

8.	State whether you have any other relatives dependant on you:	YES	NO
9 a)	If so state relationship and reason for dependence:		
9b)	State weekly amount contributed by you:		
10.	Does any such Dependant receive any income from any other source:	YES	NO
11.	If so give details and amount:		
12a)	Are you working	YES	NO
b)	Is your Wife working:	YES	NO
13i.	If so state:		
a)	Your occupation:		
b)	Name and Address of Employer:		
c)	Gross annual wage received by you from such employment (Please submit with this form a certificate of earnings signed by your Employer or if Self Employed by your Accountant)		
ii)			
ii) a)	Your Wifes occupation:		
	Your Wifes occupation: Name of her Employer:		
a)	·		
a) b)	Name of her Employer: Gross annual wage received by you from such employment (Please submit with this form a certificate of earnings signed by your Employer or if Self	YES	NO
a) b) d)	Name of her Employer: Gross annual wage received by you from such employment (Please submit with this form a certificate of earnings signed by your Employer or if Self Employed by your Accountant)	YES	NO
a) b) d)	Name of her Employer: Gross annual wage received by you from such employment (Please submit with this form a certificate of earnings signed by your Employer or if Self Employed by your Accountant) Are you retired? If so state Amount of National Pension received for	YES	NO
a) b) d) 14.	Name of her Employer: Gross annual wage received by you from such employment (Please submit with this form a certificate of earnings signed by your Employer or if Self Employed by your Accountant) Are you retired? If so state Amount of National Pension received for yourself Amount National Pension received for	YES	NO
a) b) d) 14. a)	Name of her Employer: Gross annual wage received by you from such employment (Please submit with this form a certificate of earnings signed by your Employer or if Self Employed by your Accountant) Are you retired? If so state Amount of National Pension received for yourself Amount National Pension received for your wife or husband. Amount of all National Supplementary	YES	NO
a) b) d) 14. a) b)	Name of her Employer: Gross annual wage received by you from such employment (Please submit with this form a certificate of earnings signed by your Employer or if Self Employed by your Accountant) Are you retired? If so state Amount of National Pension received for yourself Amount National Pension received for your wife or husband. Amount of all National Supplementary Pension received. Amount of any other private pension	YES	NO

- b) Are you receiving any state assistance, i.e., sickness benefit, unemployment benefit, redundancy pay etc.
- 16. If so give details of amount:
- 17a) If you do not own your own home, state weekly rent paid.
 - b) Amount of any rates paid in addition to rent.
- 18a) Capital (cash, savings, investments, other than house property)

What is the amount of your Capital (other than house property)

What is the total of your husbands/wife capital (other than house property)

- b) State here the value of any dwelling you or your husband/wife own (after deducting the outstanding mortgage)
- i) The property you live in
- ii) Any other property
- iii) Details of annual mortgage repayment
- 19. The income you receive from rents, dividends interest, annuities, Building Society, Bank Deposits etc.
- 20. How long have you lived in any of the places specified at the beginning of the form. Give details of length of residence
- 21. State for what reason you apply for financial relief and give all relevant information which will assist the Trustees when considering your application.
 (Please continue on a separate sheet if necessary)
- 22. The Trustees reserve the right to make such further enquiries as they think fit to enable them to give full consideration to your application and your completed application form will be construed as authorising the Trustees to make such further enquiries.

	DECLARE ISWERS AR		THE	BEST	OF	MY	KNOWL	.EDGE	AND	BELIEF	THE
SIGNATUR	E OF APPL	ICANT:									

Canvassing by or on behalf of Applicants renders them liable to disqualification.

All information contained in the form is strictly confidential. Applicants must however appreciate that the information will be made available to the Trustees in order to assess need.

The paper must be returned fully filled up and signed to

Mrs Kerris Owen
The Clerk to the Trustees
Parish Office
St Peter's Church
The Cross
Chester
CH1 2LA

otherwise the application cannot be entertained at the next meeting of the Trustees.