

PRIVATE AND CONFIDENTIAL

THE EMANUEL HOSPITAL CHARITABLE TRUST

(A Registered Charity No. 206952)



APPLICATION FOR A PENSION/GRANT

Please read the terms and conditions set out on the back page before completing the application form

Section A

Full name.....

Address.....
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Date of birth.....

Telephone number

How long have you lived at the above address?
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If less than two years what was your previous address?

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Please give details of your current state of health

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Please give **full** details of your current income including that of your partner (if applicable)

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Please provide details of your total home expenses, including rent, mortgage, rates and other outgoings etc.

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Please provide **full** details of your capital assets, savings and investments including that of your partner (if applicable)

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(Copies of your certificates of birth and evidence of your income **must** accompany this application form i.e. copies of any certificates/letters of any benefits that you may receive)

If requesting Relief of Need (a grant) please also complete Section B.

Section B

Please provide details of your total income from all sources, including state benefits, pensions, interest, dividends etc.

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Please provide details of your total home expenses, including rent, mortgage, rates and other outgoings, etc.

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Please provide full details of assistance requested

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Please confirm that you are unable to receive this assistance from statutory and/or social services provisions and that it would not affect any existing benefits which you may receive

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Please give details of any previous assistance from the Trust

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Please provide any details of any other relevant information
which may influence the Trustees decision

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I certify that the above particulars are true to the best of my
knowledge.

Signature of applicant

Date

Please return the completed application form to:

Georgina Denis
Emanuel Hospital Charitable Trust
Town Clerk's Office
P.O. Box 270
Guildhall
London EC2P 2EJ

Internal Use

Date of receipt:

Date considered by Trustees:

Approved

Rejected

Additional comments:

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EMANUEL HOSPITAL CHARITABLE TRUST

Pensioners must meet the following criteria:-

- be not less than 60 years of age
- residing or have resided in either the City of London, London Borough of the City of Westminster, the Royal Borough of Kensington and Chelsea or the London Borough of Hillingdon for at least two years immediately prior to this application
- be able to demonstrate a need for financial support (the Trustees will require evidence of your current financial income i.e. copies of any certificates/letters of any benefits that you receive)

Applications **must** be accompanied by two written testimonials and a copy of a birth certificate

At least one of the two written testimonials confirming your eligibility and need for assistance from the Emanuel Hospital Charity must be from someone other than a friend or relative, e.g. a social services worker, representative of Age Concern or a Citizens' Advice Bureau.

The pension paid to each pensioner is currently £1,200 per annum. Pensions are paid monthly and are not transferable.

In the event of the income of the Charity not being sufficient to pay the pensions in full, reduced pensions may be paid.

Pensioners must notify the Clerk of any change in their circumstances, e.g. address, income, without delay.