Sonning \& District Welfare Trust
a helping hand for Earley, Woodley, Charvil, Sonning, Eye \& Dunsden and Sonning Common

## Confidential application form

| Your name |
| :--- | :--- | :--- |
| Date of birth |
| Address |
| Telephone number |
| Name of parent or guardian (if you are under 16) Email |
| Reason for your application |
| Please continue overleaf if necessary |

## Present financial circumstances

(If you are under 25 and in full time education please enter the details of your parent's income)

| Income per week | per month | Expenditure per week | per month |
| :---: | :---: | :---: | :---: |
| Mother's/father's earnings | £ | Rent/Mortgage | £ |
| Partner's earnings | £ | Council Tax | £ |
| Universal Credit | £ | Utility bills | £ |
| Income Support | £ | Food | £ |
| Family Credit | £ | Clothing | £ |
| Jobseeker's Allowance | £ | Entertainment | £ |
| Child Benefit | £ | Other | £ |
| Employment Support Allowance | £ | Total | $£ 0$ |
| Attendance Allowance | £ |  |  |
| Personal Independence Payment | £ | Details of savings |  |
| Invalid Care Allowance | $£$ | Building Society accounts | £ |
| Statutory Sick Pay | £ | Bank accounts | £ |
| Pension State/Occupational | £ | Other | £ |
| Total | $£ 0$ | Total | $£ 0$ |

Additional information about your circumstances

Additional information about your claim

