



Alchemy Charitable Trust  
For those in exceptional need

## Application for Assistance

Applications for a financial grant are available to individuals and families in West Kent and Sussex providing they meet the criteria outlined.

Like every charity, **ACT** has limited funds available for distribution and we are not in a position to approve every application received. If further information is required the Trust Administrator will contact you.

**ACT** will write to all applicants informing them of the Trustees' decision and details of the grant, if awarded within 60 days from receipt of application. We regret we are unable to provide specific reasons or provide feedback on individual applications where a grant is not awarded.

### Applicants for support need to:

- be facing exceptional need.
- have done everything they can for themselves and show that they have been unable to obtain funding from any other source.
- **be supported by a person who knows the applicant in a professional capacity such as a social worker, health worker, minister of religion, police officer, teacher or Citizens Advice Bureau advisor.**

If you believe you may be eligible to apply for support from ACT please complete the application form as fully as you can, pass it to your referring professional for their agreement and send it to us. To add further information or if you require more space, please use separate sheets of paper and attach to this form.

If you need help in completing this form, please email the Trust Administrator at: [enquiries@alchemyct.org](mailto:enquiries@alchemyct.org)

---

### Section 1: Applicant Information

Name of applicant or person requiring assistance:

Age:

Name of person completing form (if different from applicant)

Relationship to applicant:

Address (including Post Code)

Email:

Landline:

Mobile:

How long have you been living in Sussex or West Kent?

How did you hear about ACT?



Alchemy Charitable Trust  
For those in exceptional need

## Section 2: Requested Assistance

Please state the financial amount of grant funding required

£

**Please provide as much information as possible including background information leading up to your current circumstances to assist the Trustees in making a decision (Continue on a separate sheet if required)**

(Note: If you are applying for assistance to purchase a medical service/equipment we will require confirmation from a suitably qualified person that the item is appropriate to meet your needs and that the Local Authority and Health Authority cannot provide the item or funding).

## Section 3: Other Funding Applications

Have applications been made to other organisations, social fund, or charitable funders for this need?

Yes

No

If Yes, please list each benefit received and amount below:

|   | Funder                   | Sum requested | Outcome | Sum Received |
|---|--------------------------|---------------|---------|--------------|
| 1 |                          |               |         |              |
|   | if declined brief reason |               |         |              |
| 2 |                          |               |         |              |
|   | if declined brief reason |               |         |              |

## Section 4: Household Information

Accommodation:

Council tenant  Owner occupier  Housing association  Private rented

Part owner  Shared ownership  Refuge/Hostel  Other (please specify)  .....

Please fill in the following, ticking the necessary boxes where required for each person in your household.

|   | Relationship    | Age       | Illness or disability | employed | Self employed | Unemployed | retired | education |
|---|-----------------|-----------|-----------------------|----------|---------------|------------|---------|-----------|
|   | <i>daughter</i> | <i>12</i> | <i>none</i>           |          |               |            |         |           |
| 1 |                 |           |                       |          |               |            |         |           |
| 2 |                 |           |                       |          |               |            |         |           |
| 3 |                 |           |                       |          |               |            |         |           |
| 4 |                 |           |                       |          |               |            |         |           |
| 5 |                 |           |                       |          |               |            |         |           |
| 6 |                 |           |                       |          |               |            |         |           |



Alchemy Charitable Trust  
For those in exceptional need

## Section 5: Financial Information

In order for the Trustees to fairly consider each application it is important that we know the financial circumstances for each applicant. We realise that this is sensitive information but without it we are not in a position to determine where need is greatest. We hope that you will understand this. **Please complete below income and expenditure information and provide copies of proof of income:**

**INCOME** Please confirm whether the information is **per week** or **per month (delete one)**

| <b>INCOME</b>   | <b>Applicant</b> | <b>Partner</b> |
|---|------------------|----------------|
| Wages/salary you take home after tax and other deductions | £                | £              |
| Pensions  | £                | £              |
| Incapacity benefits or ESA                                | £                | £              |
| JSA   | £                | £              |
| Working Tax Credits                                       | £                | £              |
| DLA or PIP  | £                | £              |
| Income support  | £                | £              |
| Child tax credits   | £                | £              |
| Child benefit   | £                | £              |
| Family Tax Credit   | £                | £              |
| Statutory pay such as maternity or SSP                    | £                | £              |
| Housing/Council Tax Benefit                               | £                | £              |
| Universal Credit  | £                | £              |
| Other benefits or income                                  | £                | £              |
| <b>TOTAL INCOME (A)</b>                                   | <b>£</b>         | <b>£</b>       |

**SAVINGS** Please state if you have any savings

|                         |          |
|-------------------------|----------|
| <b>Savings accounts</b> | <b>£</b> |
| <b>ISA's</b>            | <b>£</b> |
|                         | <b>£</b> |
| <b>TOTAL</b>            | <b>£</b> |

**DEBTS** Please state all debts you have below and provide details of when these debts occurred in space provided.

|                         |          |  |
|-------------------------|----------|--|
| <b>Credit cards</b>     | <b>£</b> |  |
| <b>Rent Arrears</b>     | <b>£</b> |  |
| <b>Mortgage arrears</b> | <b>£</b> |  |
| <b>Overdrafts</b>       | <b>£</b> |  |
| <b>Other</b>            | <b>£</b> |  |
| <b>TOTAL</b>            | <b>£</b> |  |



Alchemy Charitable Trust  
For those in exceptional need

**EXPENSES** Please confirm whether the information is **per week** or **per month (delete one)**

|  |          |
|--|----------|
| <b>Mortgage</b>                              | <b>£</b> |
| <b>Rent</b>                                  | £        |
| <b>Council tax</b>                           | £        |
| <b>Utilities (gas/electricity etc)</b>       | £        |
| <b>Groceries/food etc</b>                    | £        |
| <b>Mobile or fixed line phone</b>            | £        |
| <b>Travel (car/bus etc)</b>                  | £        |
| <b>Clothing/footwear</b>                     | £        |
| <b>TV licence</b>                            | £        |
| <b>Socialising/leisure</b>                   | £        |
| <b>Credit card repayments</b>                | £        |
| <b>Store card repayments</b>                 | £        |
| <b>Arrear repayments</b>                     | £        |
| <b>Car loan repayments</b>                   | £        |
| <b>Payday lender repayments</b>              | £        |
| <b>Bank loan repayments</b>                  | £        |
| <b>Other debt repayments</b>                 | £        |
| <b>Fines ( if repayment schedule agreed)</b> | £        |
| <b>Insurance (car, home)</b>                 | £        |
| <b>Child Support/Maintenance</b>             | £        |
| <b>Other miscellaneous expenses</b>          | £        |
| <b>TOTAL (B)</b>                             | £        |

**SUMMARY**

|                            |   |
|----------------------------|---|
| <b>Total Income (A)</b>    | £ |
| <b>Total Expenses (B)</b>  | £ |
| <b>Net surplus/deficit</b> | £ |

Please provide any additional information to support your grant request below and attach a copy of your benefit statement if available.



Alchemy Charitable Trust  
For those in exceptional need

## Section 6: Authorisation

**IMPORTANT: Incomplete and unsigned application forms will NOT be considered.**

Was this form completed by the applicant? Yes  No

If 'no' please provide the name and job title of the person who completed the form:

In signing this form, each signatory confirms that the information on this form is correct to the best of their knowledge and belief.

**Data Protection:** The information you provide in this application form will be held and processed in accordance with the Data Protection Act 1998 and will be used by Alchemy Charitable Trust to enable us to carry out grant processing, analysis, auditing, accounting and evaluation. We may need to discuss the information on this form with your professional referee, other agencies and organisations. However we need your consent to do this. By completing this form you are consenting to Alchemy Charitable Trust recording and sharing relevant personal information about you/the applicant.

**Name of applicant or person applying on their behalf**

**Signature of applicant or person applying on their behalf**

**Date**

**Name of referring professional**

**Professional capacity in which you know this applicant**

**Email address of referring professional**

**Signature of referring professional**

**Date**

Please scan and email the completed application form to [enquiries@alchemyct.org](mailto:enquiries@alchemyct.org) or send to

The Trust Administrator  
**Alchemy Charitable Trust**  
Redshield Business Solutions  
Suite 3, 1-3 Warren Court  
Park Road  
Crowborough  
East Sussex  
TN6 2QX



Alchemy Charitable Trust  
For those facing exceptional need  
**www.alchemyct.org**