**Tavistock Town Council**

***Working for the local community***

**JESSIE ANN ALFORD CHARITY**

**APPLICATION FOR A GRANT – CHRISTMAS 2024**

Please complete all sections of the form below, and sign and date the document;

|  |  |
| --- | --- |
| APPLICANT’S NAME: |  |
| APPLICANT’S AGE: |  |
| APPLICANT’S FULL ADDRESS INCLUDING POSTCODE: |  |
| TELEPHONE NUMBER: |  |
| PLEASE CONFIRM IF YOU ARE WIDOWED OR A SPINSTER: |  |
| PLEASE CONFIRM YOUR WEEKLY INCOME: | £ |
| DETAIL ANY OTHER INCOME OR ASSISTANCE WITH BILLS RECEIVED: | £ |
| TOTAL AMOUNT OF SAVINGS: | £ |
| WEEKLY EXPENDITURE (PAID BY THE APPLICANT) ON THE FOLLOWING: |  |
| * RENT:
 | £ |
| * COUNCIL TAX:
 | £ |
| * ELECTRICITY/GAS BILLS:
 | £ |
| * WATER RATES:
 | £ |
| * FOOD:
 | £ |
| * OTHER EXPENDITURE (PLEASE PROVIDE DETAILS):
 | £ |
| PLEASE DETAIL ANY OTHER RELEVANT INFORMATION WHICH WOULD ASSIST IN YOUR APPLICATION: |  |

I confirm that the information provided above is accurate:

Signed………………………………………………………

Date………………………………………………………….

**The information provided on this form is strictly confidential and is used by the Trustees to decide upon the recipients of the Charity each year**

**Please return the completed form to:**

Mrs J Smallacombe, The Assistant to the Town Clerk, Tavistock Town Council, Town Council Offices, Drake Road, Tavistock, Devon PL19 0AU

**No later than Friday 29th November 2024**

Please note – should you have any queries with regards the completion of this application form, or your eligibility to receive a Grant, please call the Assistant to the Town Clerk on 01822 613529 during office hours.

Privacy – to view a copy of the Council’s Privacy Notice visit – [www.tavistock.gov.uk](http://www.tavistock.gov.uk)