

Walberswick Common Lands Charity

Registered Charity No 206095

Initial meeting with applicant for benefit.

Date of meeting.....

Attending Trustees.....

Name of applicant.....Date of birth.....

Address.....

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Applicants own house? YES/NO

Dependants YES/NO

Details.....

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Weekly expenditure:-

Sources of income:-

(NB check applicant is receiving all state & other benefit entitlements)

Could/does applicant receive financial help from family members YES/NO

Savings/Capital

What contribution could the Charity make towards specific items to assist and what is the approximate cost.

Additional information:-

Signed by two Trustees

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Signed by applicant.....

Date.....

