

**Application for Annual Grant**

Craigcrook Mortification provides grants for men and women over the age of 60 who were born in Scotland or have resided in Scotland for not less than 10 years who appear to be in poor circumstances. Beneficiaries currently receive £1,230 per annum payable in half-yearly instalments.

Craigcrook Mortification is a charity registered in Scotland under charity number SC001648.

**Application Guidance**

Please complete the below 7 sections. You will also need to provide photographic ID e.g. bus pass and a reference from an appropriate professional person e.g. Minister of Religion, a Doctor, Bank Manager, a Lawyer (references from friends and family will not be accepted).

If you have any questions, please contact Craigcrook Mortification’s administrators on 0131 220 3249.

**Completed applications should be returned to:**

Sophie Mills

Signet Library

Parliament Square

Edinburgh

EH1 1RF

smills@wssociety.co.uk

# Part 1: Applicant Details

Full Name

##  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Full address & post code

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Telephone

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Email Address

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# Part 2: Applicant's Background

Applicant date of birth

 **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Applicant place of birth

## \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Number of years lived in Scotland

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Relationship status — Please circle your answer

Single Married Living with partner Widower Divorced

If married/ living with partner, please state: the age, occupation, and income of your spouse/ partner

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# Part 3: Applicant's Household

Please provide details of members of your household in the sections below

How many people live in your household?

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In the following boxes, please answer these questions concerning the members of your household:

1. What is the occupation of the member of your household?
2. What is the age of the member of your household?
3. What is the occupation (if any) of the member of your household?
4. What is the financial contribution of the member of your household?

If you need more space, please feel free to use the back of this sheet and reference Part 3.

Household members

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# Part 4: Applicant's Employment History

Is the applicant retired? Please circle your answer.

Yes No

What is your current or previous occupation?

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Are your currently working or doing any voluntary roles?

Yes No

If so, please state the occupation/ role

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# Part 5: Income and Capital

Please state the applicant's income in this section. Listed forms are below for your guidance. Each should be listed in their full without state deductions (i.e. universal credit that is used to cover the cost of rent or mortgage should be listed before deduction.) There will be space later in the application for an explanation if the applicant's income is deducted from.

Please ensure you circle each form of income's frequency (i.e. do you receive payments weekly, fortnightly, monthly, annually, or N/A) and state the amount of each form of income in pounds.

1. State retirement including pension credit:

Weekly Fortnightly Monthly Annually Not applicable

Amount received for state retirement including pension credit:

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1. Work pension

Weekly Fortnightly Monthly Annually Not applicable

Amount received for work pension

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1. Sickness Benefit

Weekly Fortnightly Monthly Annually Not applicable

Amount received for sick benefit

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1. Disability Allowance

Weekly Fortnightly Monthly Annually Not applicable

Amount received for disability allowance

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1. Universal Credit

Weekly Fortnightly Monthly Annually Not applicable

Amount received in universal credit **before** deductions

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1. Supplementary Allowance

Weekly Fortnightly Monthly Annually Not applicable

Amount received of supplementary allowance

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1. Private Pensions

Weekly Fortnightly Monthly Annually Not applicable

Amount received of private pension

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1. State benefits (e.g., child benefit, disability, incapacity, mobility allowance, income support, etc.)

Weekly Fortnightly Monthly Annually Not applicable

Amount received of state benefits

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1. Dividends and Interest (including bank interest)

Amount received from dividends and interest

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1. Please state any other source of income not listed above, answering the frequency of payments in the space below e.g. charitable grants

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1. **Please use the following space to state the applicant's capital. If none, please state so.**

Total held in investments

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Total balances with banks or building societies

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Other

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**Part 6. Outgoing and Expenses**

Please state applicant's outgoing monthly expenses, including bills and other dependents or regular costs.

If one or more of your expenses is covered by a grant, pension fund, or any other source of income, please 1) list their cost in full and 2) state how much the applicant pays out of pocket (if any).

Additional bills can be listed under point 7 e.g. phone, internet, wastewater charge for septic tank, etc.

1. Rent or mortgage — circle which.

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1. Council Tax

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1. Utilities e.g. gas/ electric **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**
2. Insurance

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1. Transport (including car payments/ petrol and regular transport costs)

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1. Food/ Groceries

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Any other expenses you would like the trustees to consider

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If you listed a form of income that endures deductions for bills (i.e. universal credit that is deducted from to cover a rent or mortgage), please use this space to explain how much you receive to spend and how much is deducted. This space should also be used if you feel there was inadequate room or an expense, income, or form of capital you would like to expand upon.

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# Part 7. Next of Kin/ Power of Attorney

This information is required in case we are unable to contact you

Name

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Address

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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Telephone number

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Email address (if any)

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Relationship to applicant (e.g. daughter, son, sibling, etc.)

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**Declaration**

The information you provide in this application form will be held and processed in accordance with the Data Protection Act 2018 and the EU General Data Protection Regulation (GDPR) and will be used by the Craigcrook Mortification to carry out grant processing, analysis, auditing, accounting and evaluation. The information on this form will not be used for any other purpose, and we will not discuss the information on the form with any other agencies or organisations. Our [privacy policy](https://static1.squarespace.com/static/56f01377c2ea5144e9b7cbfb/t/659591ffbc0f522fb940291e/1704301056183/231019%2BPrivacy%2Bnotice.pdf) is available on request.

I confirm that the information given is correct to the best of my knowledge and I agree that the Trustees of Craigcrook Mortification may make such enquirers as are necessary.

I have contacted my reference and authorised them to give such information as you require for the purposes of assessing this application.

Signature of applicant

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Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_



**Scottish Charity Number: SC001648**

**Reference re application for an annual grant**

The following person has applied for a grant from this Trust and has given your name as a referee. Please complete this form and return it to the applicant who in turn will forward the application form and this reference to the Clerk & Factor (Sophie Mills, smills@wssociety.co.uk, Signet Library, Edinburgh, EH1 1RF).

**Applicant’s details:**

Full Name

………………………………………………

Full Address & Post Code

………………………………………………

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**Referee details:**

Full Name

………………………………………………

Full Address & Post Code

………………………………………………

………………………………………………

Job title

………………………………………………

Contact (email and telephone number)

………………………………………………

………………………………………………

How long have you known the applicant

………………………………………………

**I confirm that I believe that the applicant is in need of financial assistance.**

Signed Date

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