

South Islington Mothers and Babies Fund
42 Queen Square, London WC1N 3AQ
Charity No. 229304

1. COMPOSITION OF FAMILY

CHILDREN AGED 5 OR UNDER

One parent family? YES/NO

Name Sex D.O.B.

Name _____

a) _____ M/F _____

Full Address _____

b) _____ M/F _____

Postcode _____

c) _____ M/F _____

Phone No _____

d) _____ M/F _____

Has applicant received previous grant from SIMBF?

YES/NO

2. FAMILY INCOME AND EXPENDITURE

Is family on Income Support or Family Credit?

YES/NO (If yes, please tick Yes and go to Q.3)

INCOME

EXPENDITURE

Wages _____

Rent _____

Child Benefit _____

Council & Water Rates _____

One Parent Benefit _____

Gas _____

Unemployment Benefit _____

Electricity _____

Invalidity Benefit _____

Food _____

Sickness Benefit _____

Other Shopping _____

Housing Benefit _____

TV Rental/Licence _____

Maintenance _____

Clothes _____

Other _____

Other _____

TOTAL _____

TOTAL _____

3. REFERRAL AGENCY – Any grant will be paid to referee

Agency:
Name of Referee _____

Other Charities approached:
a) _____

Occupation _____

Agency _____

b) _____

Full Address _____

c) _____

Postcode _____

Telephone _____

Referee must state the length of time family known to them and whether they have seen the home/need described.

_____ Years

Yes/No (please circle)

continued overleaf

Outline of background to case and reasons for application (continue on separate page if necessary)

Cost of Item(s)/Purpose of Request

The fund is quite small and funding may only be available for certain items requested. Please, therefore, list items and cost. See covering letter for guidance on grant amounts. Grants for individuals would not normally exceed £200.00

Item	Cost
_____	£ _____
_____	£ _____
_____	£ _____
_____	£ _____
	TOTAL £ _____

Signature of Referee _____

Date _____

Amount requested _____

Please return the completed form to:

**Clerk to the Administration Committee
South Islington Mothers & Babies Fund
Mary Ward Centre
42 Queen Square
London WC1N 3AQ**
