

APPLICATION FOR FINANCIAL ASSISTANCE

Full Name

Maiden Name

Address

Telephone No.

Occupation/Former Occupation

Place and Date of Birth

Please tick appropriate box Married Widowed Single Divorced

Do you own your house? Yes/No How many people live with you

Period of Residence in Aberdeen Years Months

Please provide details of your income (state whether received weekly or monthly) and include details of pensions etc

£	Per week/month	from
£	Per week/month	from
£	Per week/month	from

Outgoings – what do you pay for

Mortgage/Rent	£	per
Council Tax	£	per
Other- please specify		

Do you have any savings – if so how much

<u>Name of Bank/Shares</u>	<u>Amount</u>
<input type="text"/>	<input type="text"/>

Please provide in the space opposite and on the reverse if necessary details of your current financial hardship and **the purpose for which funds are required**

Please sign and date this form
Your Signature _____ **Date** _____

COUNTERSIGNATURE
 (By a social worker, doctor, minister, or other person of suitable standing)

Full Name

Address

Occupation Organisation

I confirm that to the best of my knowledge and belief, the foregoing information is true and complete, and that the Applicant is a suitable candidate for financial assistance from the Trust.

Your Signature _____ Date _____

Completed Application Forms must be returned to:
Messrs Adam Cochran, 6 Bon Accord Square, Aberdeen, AB11 6XU
 (The George Crombie Trust is a registered Charity, registered no. SCO15407)