

## FORM OF AUTHORITY

**I/We give my/our explicit consent to Thorngate Trust to do the following (please tick those that apply)**

- Share the information we hold about you with other advice providers and/or relevant third parties
- Ask for specific information from a third party on your behalf
- Ask third parties to send us their information about your problem
- Ask health professionals for supporting evidence about you with regard to your problem.
- Give us permission to write to relevant third parties on your behalf
- Give us consent to share your personal information with other advice providers for the purpose of efficient appointments and referrals

Name(s)	
Address (incl post code)	
Signatures	
Date	Tel.No.

**THE THORNGATE TRUST**

**APPLICATION FOR DONATION**

**NAME OF APPLICANT:**

**ADDRESS**

**D of B**

**Tel.No:**

**e-mail:**

**SPECIFIC REASON  
FOR APPEAL**

(with dates if relevant)

**TOTAL AMOUNT REQUIRED**

£

**AMOUNT RAISED ALREADY**

(specifying broadly how raised)

£

**PARENT/SPOUSE ABILITY  
TO HELP**

give helpful indication of Income and  
Expenditure (in confidence).

**OWN INCOME**

including DSS support

Please complete attached budget

This application, together with any other helpful information regarding your appeal, should be forwarded to The Clerk, Thorngate Trust, 52 Brooklands Road, Bedhampton, Havant, Hants. PO9 3NT or [info@thorngatecharity.co.uk](mailto:info@thorngatecharity.co.uk)

NAME

ADDRESS

NUMBER IN HOUSEHOLD

\_\_\_\_\_

\_\_\_\_\_

INCOME	Weekly 7 Days	Monthly 30.5 Days
Wages - Self		
Wages - Partner		
Non Dependent Contributions		
Income support/JSA/ESA		
Working Tax Credit		
Child Tax Credit		
Child Benefit		
Disability Living Allowance		
Pensions(State & Personal)		
Pension Credit		
Housing Benefit		
Council Tax Benefit		
Maintenance/Child Support		
Any other Income		
<b>TOTAL INCOME</b>		

PRIORITY DEBTS	Arrears Owed	Monthly Offer
Rent Arrears		
Housing Benefit Overpayment		
Council Tax Arrears		
Utility Debts - Gas		
- Electricity		
- Other		
Magistrates Court Arrears		
Maintenance Arrears		
Other		
<b>TOTALS</b>		

EXPENSES	Weekly 7 Days	Monthly 30.5 Days
Mortgage		
Rent		
Council Tax		
Water Rate-Sewerage		
Water Supply		
Gas		
Electricity		
Other fuel		
Disability Living Allowance Care Costs		
Ground Rent/Service Charge		
Building/Contents Insurance		
Life Insurance/Pension Payments		
Food & Household Items		
TV Licence		
TV Rental/Cable/Satellite		
Magistrates Court Fines		
Maintenance Payments		
Travelling Expenses (Fares & fuel)		
Car Tax/Insurance/Repairs		
School Meals		
Clothing		
Laundry		
Telephone/Mobile		
Prescriptions/Dentist/Optician		
Savings & Emergencies		
Other:		
<b>TOTAL EXPENSES</b>		
<b>TOTAL INCOME as above</b>		
<b>(SHORTFALL)/BALANCE Available</b>		

CREDIT DEBTS	Balance Owed	Monthly Offer
<b>TOTAL OWED</b>		

This is an accurate record of my financial position on

Verified as correct.....

Date.....  
Signed.....

Support Agency.....