



Cardiff and the Vale of Glamorgan

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## George Hill-Snook Charity for the Aged

### Application Form

Registered Charity No. 213285

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For the benefit of people who are resident in the City and County of Cardiff and who are at least 60 years of age

*Completed forms should be returned by 1st of the month to:*

The Trustees - George Hill-Snook Charity for the Aged  
91-93 Caerphilly Road  
Birchgrove  
Cardiff  
CF14 4AE  
Tel: 029 2052 1052

## *Notes To Sponsors*

1. The application form (available from Age Concern Offices) must be completed in full. Missing details will delay consideration of the application. Fax copies of the application form will not normally be accepted.
2. The application form must be completed by a sponsor acting on behalf of the applicant and with their expressed consent. A quotation should be attached where appropriate. If the application is successful, sponsors will have the responsibility for ensuring that the transaction is completed, to include the collection of goods and the arrangements for the delivery of services and payment. Where possible a copy of the receipt should be sent to the address on the front of this application form.
3. Grants are made in the form of a cheque, payable to the supplier of goods or services. Under NO circumstances will cheques be issued payable to the applicant. Cheques will be sent to sponsors unless other arrangements are made.
4. Grant applications will be welcomed for the purchase or a contribution to the purchase of:
  - (a) essential furniture and personal items such as fridges, washing machines, cookers, some other electrical goods, beds, bedding and essential clothing.
  - (b) household repairs and security fittings.
  - (c) disability aids and minor adaptations and repairs
5. Grants are NOT available for the following:
  - (a) a contribution to ongoing debt
  - (b) revenue costs which are likely to recur and where a longer term solution is required
  - (c) the provision of non-essential items
  - (d) a contribution towards costs that should reasonably be the responsibility of Local Authorities or Government Departments

The above are examples only. If necessary please discuss your application with an Age Concern representative. Quotations for all purchases must be provided on letter headed paper and must include the VAT element. **Under no circumstances must work be carried out or orders placed before the grant is approved.** Firm agreement must be obtained for meeting any costs above the grant awarded and the methods of payment established before any work starts or any order is placed.

*Please Read The Notes To Sponsors*

CLIENT'S DETAILS

SURNAME: \_\_\_\_\_ OTHER NAMES: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

\_\_\_\_\_ TEL. NO: \_\_\_\_\_

IS THIS APPLICANT AT LEAST 60 YEARS OF AGE? YES/NO

HOW MUCH ARE YOU APPLYING FOR \_\_\_\_\_

IS THIS THE TOTAL AMOUNT? YES/NO

IS A QUOTATION ATTACHED? YES/NO

IF NOT, WHY? \_\_\_\_\_

IF THE GRANT DOES NOT COVER THE WHOLE APPLICATION, HOW WILL THE EXCESS BE MET?

TO WHOM SHOULD THE CHEQUE BE MADE PAYABLE?

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PLEASE GIVE DETAILS OF APPLICANT'S

STATE PENSION £ \_\_\_\_\_ \*WEEKLY/MONTHLY

ADDITIONAL PENSION £ \_\_\_\_\_ \*WEEKLY/MONTHLY

MEANS TESTED BENEFITS £ \_\_\_\_\_ \*WEEKLY/MONTHLY

OTHER INCOME £ \_\_\_\_\_ \*WEEKLY/MONTHLY

CAPITAL VALUE OF SAVINGS £ \_\_\_\_\_ \*WEEKLY/MONTHLY

**For Office Use Only - Do Not Write Below This Line**

DATE CONSIDERED: \_\_\_\_\_ APPROVED / REFUSED

AMOUNT APPROVED: £ \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

CHEQUE NO: \_\_\_\_\_

George Hill-Snook Charity for the Aged. \_\_\_\_\_

