



INDIVIDUAL APPLICATION FORM

LIFE WITHOUT LIMITS FUNDING PROGRAMME

Individual Application Form

Please read the **Life Without Limits Funding Guidelines** that can be found on our website carefully before completing this application form.

If you need this form in an alternative format, please contact us using the details on the back page.

Please answer all questions.

1. Applicant Details

Full Name:

Title:

Full Home Address:

Telephone Number:

Email Address:

Occupation:

Age:

2. Spouse/Partner/Parent Details

Full Name:

Title:

Full Home Address:

Telephone Number:

Email Address:

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3. Any Other Dependant Details

Full Name:

Relationship:

Date Of Birth:

4. About Your Disability

Please use the space below to tell us about your disability?

5. Financial Information

Total amount requested:

Please explain what you plan to use the funding for:

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Your Accommodation

Is your accommodation:

A Private Rental

Your Own Home

Social Housing

How much are your rent/mortgage payments?

Please select any utility bills that are included in your rent:

Electricity

Gas

Water

Heating

Regular Household Expenses

Please state if frequency is weekly, four-weekly, monthly, quarterly, or annually.

Description	Frequency:	Amount £:
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

Regular Expenses Relating To Your Disability

Please state if frequency is weekly, four-weekly, monthly, quarterly, or annually.

Description	Frequency:	Amount £:
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

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Your Income

Please state if frequency is weekly, four-weekly, monthly, quarterly, or annually.

	Frequency:	Amount £:
Jersey Old Age Pension	<input type="text"/>	<input type="text"/>
UK Pension	<input type="text"/>	<input type="text"/>
Occupational Pension	<input type="text"/>	<input type="text"/>
Private Pension Funds	<input type="text"/>	<input type="text"/>
Income Support (incl. LTIA, STIA, Rent Assistance etc)	<input type="text"/>	<input type="text"/>
Family Allowance	<input type="text"/>	<input type="text"/>
Child Care Allowance	<input type="text"/>	<input type="text"/>
Transport Allowance	<input type="text"/>	<input type="text"/>
Education Allowance	<input type="text"/>	<input type="text"/>
Earnings	<input type="text"/>	<input type="text"/>
Maintenance	<input type="text"/>	<input type="text"/>
Any Other Income	<input type="text"/>	<input type="text"/>
Impairment Component:	<input type="text"/>	<input type="text"/>

Provide details of your Impairment Level Award: (e.g. Personal Care Level 1, 2, 3 or 4)

Please provide details of all assets including bank accounts, property, savings etc.

Y **N**

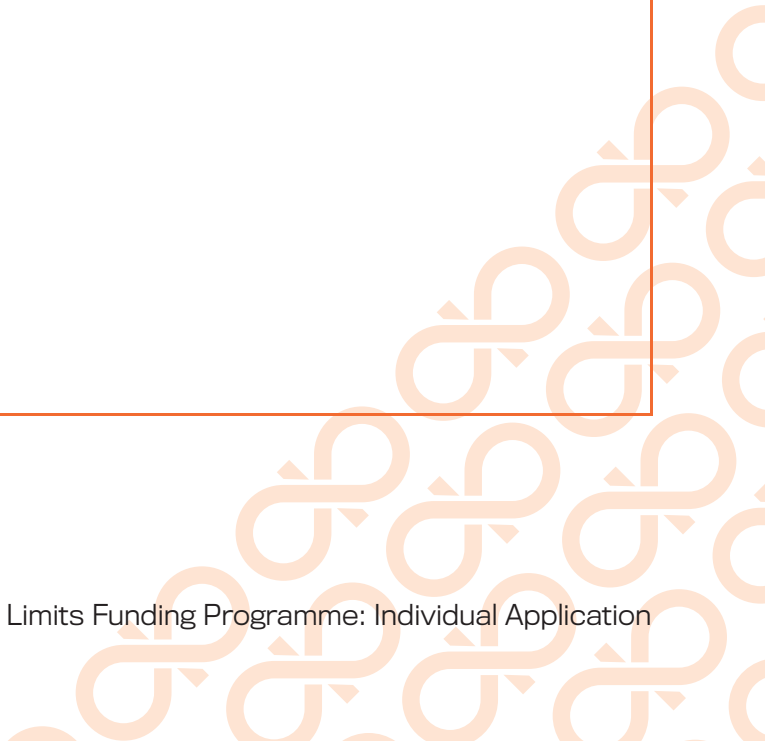
Have you ever applied for funding from Enable Jersey before?

If yes, please specify

6. Further Details

Please add any additional information which may help your application:

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7. Declaration

The information you provide on this application is confidential and will be used solely for the purpose of assessing suitability for financial support from Enable Jersey.

We may need to verify the information you provide by liaising directly with your Sponsor, the Social Security Department, Andium Homes and/or the Health and Social Services Department.

We may also share your information with other charities if you have requested help in coordinating funding.

By signing this form you consent to your information being verified for these purposes.

Please contact us if you would like to see a copy of our Privacy Policy.

I certify that the information supplied in this application is a true and accurate detail of my current financial situation and that I have declared all income and assets that I have.

Your signature:

Date:

Print Name:

**Please Return
Your Completed
Form To:**

Enable Jersey
Office 102, Regus Building
Liberation Station
St Helier
JE2 3AS

01534 485740
info@enablejersey.org
www.enablejersey.org

**LIFE
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Life Without Limits Funding Programme: Individual Application



8. Sponsor Details and Declaration

Your application must be sponsored by either your Doctor, Health Visitor, Social Worker or a similar professional.

Full Name:

Occupation:

Telephone Number:

Email Address:

How do you know the applicant:

How long have you known the applicant:

Please provide your comments:

If more space is required, please provide an accompanying letter.

Sponsor Signature:

Date:

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