NTCG WEST CROYDON
New Testament Church of God West Croydon
183 Handcroft Road | London
CR0 3LF
Bishop Claion Grandison
Senior Pastor | BTh
Mrs Dawn Bowen
Secretary
+44 (0) 208 689 6266
info@ntcgwc.org.uk
http://ntcgwc.org.uk

# NTCG West Croydon Care – Application Review

| | | |
|---|---|---|
| Date Received: | Telephone Number: 0208 689 6266 | Email address: carefund@ntcgwc.org.uk |
| | | |

This is an emergency fund please be aware that the maximum award available on application is up to £500, you will be signposted to other areas of additional information, resources and support.

| **1. Please tell us about yourself and your family** | | |
|---|---|---|
| First Name: | Surname: | |
| Address: | Email: | Mobile No: |
| Single: ○ | Married: ◉ | Number of dependents: |
| Total number of people in the household: | | |
| Children ages: | Adults ages: | |
| Number of working adults in household: | | |

| **2. Please tell us about your employment status** | | | |
|---|---|---|---|
| Currently employed | Yes ○ | Full time ◉ | Part time ○ |
| Currently employed | No ◉ | As result of Covid -19 ◉ | Non Covid-19 related ○ |
| Have you been furloughed | | How long for? | |

| **3. Name of employer:** |
|---|

| **4. Are you in receipt of benefits?** | Yes ◉ | No ○ |
|---|---|---|

If yes please provide details of your benefits including frequency and amount in section 19.

| **5. Is your spouse/partner employed?** | | | |
|---|---|---|---|
| Currently employed | Yes ○ | Full time ○ | Part time ◉ |
| | No ◉ | As result of Covid - 19 ◉ | None Covid-19 related ○ |

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| |
|---|
| 6. **Name of spouse/partner employer**: |

| | | |
|---|---|---|
| **7. Are you a member/regular attendee of NTCG West Croydon?** | Yes ◉ | No ○ |

| | | |
|---|---|---|
| **8. Which best describes your attendance at church?** | | |
| Frequent (every week) ○ | Seldom (special events) ○ | Occasionally ○ |

| | | |
|---|---|---|
| **9. In your opinion, which description best fits your current financial situation?** | | |
| Short term emergency ○ | Short term problem ◉ | Long term problem ○ |

| | |
|---|---|
| **10. The total amount of your request is** | £ |

| |
|---|
| **11. What is it for?** |

| |
|---|
| **12. Total household weekly income =** |

| |
|---|
| **13. Total household weekly expenditure =** |

| |
|---|
| **14. Are you receiving any other means of financial support?** |

| |
|---|
| **15. Briefly explain your needs and what led you to seek assistance (continue on separate sheet if needed)** |

| | | |
|---|---|---|
| **16.** Are you willing to receive or be referred for financial counselling? | Yes ◉ | No ○ |

| |
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| **We will be praying for you and providing counsel where needed** |

| | | | |
|---|---|---|---|
| **17.** Bank details: | Name of bank | Sort code: | Account number: |

| |
|---|
| **18.** Signature: |

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| **19. Additional Information** |
|---|
| |

| Official Use Only |
|---|

Care Fund Panel (Chair) Signature……

| Approved via email/text ☐ | Need more information ☐ | Denied ☐ |
|---|---|---|