

# THE OLD AGE, WOMEN'S and INDIGENT LADIES' FUNDS

In connection with

The Presbyterian Church in Ireland  
Church House, Belfast BT1 6DW

## **APPLICATION FORM**

**(FOR ANNUAL AND/OR EXCEPTIONAL NEEDS GRANTS)**

To be eligible for a grant from these Funds an applicant would normally meet some of the following criteria:

- *living at home*
- *income would be less than £12,000 or €17,500 per annum*
- *applicant is in receipt of Income Support, Attendance Allowance or Pension Credit in Northern Ireland or Family Income Supplement, Carers Allowance or similar benefits in Republic of Ireland*
- *savings would not be in excess of £16,000 or €20,000*
- *under the pastoral care of a congregation of the Presbyterian Church in Ireland*
- *not receiving significant financial assistance from other family members*
- *having medical needs that require extra expenditure*

**FOR OFFICE USE ONLY:**

Date received	Application No.	Roll No.	Approval Date	Grant/Donation Authorised

## QUESTIONS TO BE ANSWERED BY THE APPLICANT

An accurate and full answer must be given to each question.

If any section does not apply, write n/a

**Note:** The questions as to means and financial position are to enable the Board to make a fair assessment of each claim and to ensure an equitable distribution from the Funds between beneficiaries. The answers will be treated as strictly confidential.

### SECTION 1 PERSONAL DETAILS

Name \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Date of Birth \_\_\_\_\_ Age \_\_\_\_\_

Status    Single        Widow        Separated   

          Married        Widower        Divorced   

### SECTION 2 HOME CIRCUMSTANCES:

(i) Do you own your home?    Yes     No

(ii) Do you rent your home?    Yes     No

(iii) Do you qualify for Housing Benefit or Rate Rebate?    Yes     No

### IMMEDIATE FAMILY MEMBERS

(a) Living with you \_\_\_\_\_

(b) Living elsewhere \_\_\_\_\_

Please enter any financial support under Section 4

### SECTION 3 CONGREGATIONAL INFORMATION

CHURCH WITH WHICH CONNECTED \_\_\_\_\_

# SECTION 4 FINANCIAL CIRCUMSTANCES

## 4.1 INCOME

Please detail below your monthly income and  
Indicate £ or €

£ OR €\*

\* DELETE AS  
APPROPRIATE

### EARNINGS AND PENSIONS

Earnings - Self

Earnings - Spouse

State Pension - Self

State Pension Spouse

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### OCCUPATIONAL PENSION

Self

Spouse

\_\_\_\_\_  
\_\_\_\_\_

### OTHER INCOME

Financial help from members of family

Income from savings/investments

Income from other sources

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### SOCIAL SECURITY BENEFITS

Income Support

Sickness/Invalidity Benefit

Attendance Allowance

Mobility Allowance

Other

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

BENEFIT REF NO.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### TOTAL INCOME

=====

## 4.2 EXPENDITURE

What are your actual monthly payments

Rent

Mortgage

Rates

Other Household expenses (heat, light, oil)

Other Expenses

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### TOTAL EXPENDITURE

=====

## SECTION 5 SAVINGS:

Do you have capital/investments of more than  
£16,000 (€20,000).

Yes  No

If Yes, please state full amount

\_\_\_\_\_

(DO NOT INCLUDE THE VALUE OF YOUR HOUSE)

## SECTION 6 SPECIAL CIRCUMSTANCES:

Are there any special circumstances such as ill health, disability or other ailments which cause extra expenditure? If so give details.

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## SECTION 7 APPLICATION

What type of grant are you applying for (please tick appropriate box)

Annual Grant

Exceptional Needs Grant\*

(\*please also complete additional application form)

I am a member of the Presbyterian Church in Ireland, and wish to apply for a grant from one of the above funds. The details of my case are fully and truthfully stated in the answers to the questions 1 – 6 on the foregoing pages. I understand that all grants are made at the discretion of the Directors of the Funds and ongoing entitlement may be subject to review.

Signed .....  
(applicant)

Date .....

## SECTION 8 REPORT BY MINISTER

This should confirm, as far as possible, the applicant's statement and should contain any other information relevant to the applicant's circumstances e.g., how long applicant is known to Minister and, where appropriate, the former occupation.(please use continuation sheet if necessary)

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

Minister of .....

**This application, when completed, must be forwarded by Applicant's Minister to: The Secretary, The Old Age, Women's and Indigent Ladies' Funds, Church House, Belfast. BT1 6DW**

# PRESBYTERIAN CHURCH IN IRELAND

## OLD AGE FUND, WOMEN'S FUND & INDIGENT LADIES' FUND

### GUIDELINES FOR APPROVAL OF GRANTS

The object of the Funds is to help aged or infirm members of the Presbyterian Church in Ireland who are in need of financial support.

Applicants who meet some of the following criteria would normally receive a grant from the Funds:

- living at home
- income would be less than £12,000 or €17,500 per annum
- applicant is in receipt of Income Support, Attendance Allowance or Pension Credit in Northern Ireland or Family Income Supplement, Carers Allowance or other benefits in Republic of Ireland
- savings would not be in excess of £16,000 or €20,000
- under the pastoral care of a congregation of the Presbyterian Church in Ireland
- not receiving significant financial assistance from other family members
- having medical needs that require extra expenditure

#### Specific Criteria:

Old Age Fund	No person under 60 years of age shall be eligible for assistance except in special circumstances to be determined by the Board
Presbyterian Women's Fund	Applicants must be female
Indigent Ladies' Fund	Applicants must be resident in Republic of Ireland

# **PRESBYTERIAN CHURCH IN IRELAND**

**OLD AGE FUND, WOMEN'S FUND & INDIGENT LADIES' FUND**

## **Exceptional Needs Grants**

### **Criteria**

Consideration will be given for a one off grant for

- (i) a range of activities and/or
- (ii) to assist in the purchase of equipment and services.

These items are those that are not normally covered by normal statutory benefits, allowances or grants. All payments will be restricted to a maximum grant in each of the categories. Existing beneficiaries are eligible to apply but Applicants do not need to be recipients of an annual grant.

The Maximum grant available in any one year shall not exceed the Annual Grant paid to beneficiaries.

### **Travel Allowances**

- To enable individuals to visit a close relative in hospital or in their own home.
- To enable individuals to attend the funeral of a close relative.

### **Laundry and Household Equipment**

- To assist households where there is a need for constant washing of clothes and bedding as a consequence of a medical condition.
- For the purchase of a washing machine or dryer.
- To assist in the installation of shower or temperature control devices.
- The purchase of other household items that is essential for the welfare and health of the individual – microwave – heaters – cookers etc.

### **Specialist Medical / Disability Aids and Equipment**

- To assist in the purchase of wheelchair, walking aid, bath aids and similar as recommended by Medical, Nursing or Occupational Therapy staff.
- To assist in the fitting of safety equipment, hand rails, alarms, safety guards etc, as recommended by Occupational Therapy.
- To assist in the purchase of specialist furniture, chairs, foot rests, beds etc.

### **Security and Safety**

- To assist with the installation of Burglar Alarm as recommended by Crime Prevention or Community Safety.
- To purchase and fit a smoke alarm.
- To assist in the installation of a Personal Alarm / Call System linked to a national call centre - Age Concern etc.

### **Energy and Environment**

- Purchase of long life light bulbs.
- Draft proofing and insulation of homes.
- Replacement boilers and heating appliances.

### **Respite Care**

- Payment for a maximum of two weeks Respite Care or period of convalescence.

**Note: Application may also be made for other items and services outside these categories.**

# EXCEPTIONAL NEEDS GRANTS

NAME \_\_\_\_\_

Please provide details of the nature of the financial assistance you require under the appropriate heading below, including the weekly costs incurred.

1. **Travel Costs**  
(Detail reason for travel and estimated cost)
  
2. **Laundry & Household Equipment**  
(Outline why the equipment is required and an estimated cost and installation costs)
  
3. **Specialist Medical / Disability Aids & Equipment**  
(Detail equipment required, the estimated cost and request from GP, Nurse or Occupational Therapist)



4. **Security and Safety Equipment**  
(Detail the alarm or locks required and estimated cost and installation cost.)
  
5. **Energy & Environmental**  
(Detail insulation, draught exclusion that has to be carried out. Estimated cost and Grant already applied for?)
  
6. **Respite Care**  
(Outline dates required and estimated costs. Name of Home / Unit where Respite has been reserved)
  
7. **Other Exceptional Needs (detail as required)**

This form **must** be attached to the application form together with letter from relevant medical authority.