



**The Magdalen and Lasher Charity**  
**Old Hastings House, 132 High Street, Hastings,**  
**East Sussex TN34 3ET**

Tel: 01424 452646 Fax: 01424 431509 E-mail: mlc@oldhastingshouse.co.uk

Registered Charity No 211415 & 306969

## **FINANCIAL DETAILS**

**A COPY OF YOUR LATEST BANK STATEMENT AND EVIDENCE OF INCOME MUST BE SUBMITTED WITH THIS FORM.**

Full Name(s) (including title):

Address & Postcode:

Telephone No:

Date of Birth:

**If under 19, were you in receipt of free school meals or EMA?**

*(If yes, please ignore the Income and Expenses sections of this form)*

## **MONTHLY INCOME**

Please include income for ALL ADULTS living at the above named property at the time of the application:

|                                       | <b>£</b> |           |
|---------------------------------------|----------|-----------|
| Income Support / Jobseekers Allowance |          | per month |
| Disability Allowances                 |          | per month |
| Housing Benefit                       |          | per month |
| Council Tax Benefit                   |          | per month |
| Working Tax Credits                   |          | per month |
| Child Tax Credits                     |          | per month |
| Child Benefit                         |          | per month |
| Other state benefits                  |          | per month |
| Pension(s)                            |          | per month |
| Wages from employment (net)           |          | per month |
| Any other income                      |          | per month |
| <b>TOTAL</b>                          | <b>£</b> |           |

## MONTHLY EXPENSES

Please include expenses for ALL ADULTS living at the above named property at the time of the application:

| £  |           |
|--|-----------|
| Rent or mortgage repayments<br><i>Please indicate whether you are a Home-owner (H), Tenant (T) or Lodger (L)</i> | per month |
| Council Tax  | per month |
| Water Rates  | per month |
| Utilities (gas and electric)   | per month |
| Telephone / Mobile   | per month |
| House Insurance  | per month |
| Motor Costs  | per month |
| Food   | per month |
| Loan repayments  | per month |
| Any other expenses (please provide full details)   | per month |
| <b>TOTAL</b>   | <b>£</b>  |

## SAVINGS

Please include savings for ALL ADULTS living at the above named property at the time of the application:

| £  |  |
|--|--|
| Cash including money in Banks, Building Societies and National Savings |  |

**I declare that the above particulars are true.**

|                            |                          |
|----------------------------|--------------------------|
| <p>.....</p> <p>Signed</p> | <p>.....</p> <p>Date</p> |
|----------------------------|--------------------------|

**PLEASE INCLUDE A COPY OF YOUR LATEST BANK ACCOUNT STATEMENT AND EVIDENCE OF YOUR INCOME WITH THIS FORM.**