**Fuel Allowance Application Form Charity Number: 236897**

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| --- | --- | --- | --- | --- |
| **Full Name** | |  | | |
| **Date of Birth** | |  | | |
| **Address including Postcode** | |  | | |
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| **How long have you lived in the Wells area?** | |  | | |
| **Please provide any relevant previous addresses within the district, with approximate dates** | |  | | |
| **Email address** | |  | | |
| **Telephone number(s)** | |  | | |
| **Do you receive Pension Credit ?** | | **Please circle**  **Yes No** | | |
| **Please explain how you would benefit from this grant and how you intend to use this grant (if successful)** | |  | | |
| **Have you applied for help from**  **the Trussell Trust who can assist with fuel cost challenges ?**  **Contact Wells Community Hospital (01328 711996) who can explain how the Trussell Trust can potentially help you.** | | **Please circle**  **Yes No** | | |
| **I hereby confirm all the details above are correct and that WUC may store my details in line with the GDPR and contact me as required.** | | | | |
| **Signature** |  | | **Date** |  |

**General Data Protection (GDPR)**

WUC take your privacy seriously. Data will be held in accordance with all GDPR regulations. Our full policy is available on our website: [wellsunitedcharities.org.uk](http://wellsunitedcharities.org.uk)

Please return this form to :

[clerk@wellsunitedcharities.org.uk](mailto:clerk@wellsunitedcharities.org.uk)

OR by post to: WUC Clerk, 10 Theatre Road, Wells-next-the-Sea. NR23 1DS