



THIS FORM MUST BE COMPLETED IN FULL

DATE:

| | | |
|---|--|-----------------------|
| Parent(s) Name: | | Date of Birth: |
| Address: | | Tel No: |
| Postcode: | | Mobile: |
| Please List all your Children's Names: | | Date of Birth: |
| 1 | | |
| 2 | | |
| 3 | | |
| 4 | | |
| 5 | | |

Weekly Wage £ _____ **(You & Partner) - wage/salary slip to be provided**

Weekly Income Support £ _____ **(To include any other Benefits received from Social Security, not including Rent)**

Maternity Grant / Benefit £ _____

Maintenance £ _____

GROSS WEEKLY INCOME £ _____

Weekly Rent **Paid by You:** - £ _____ **Paid by Income Support:** £ _____

NETT WEEKLY INCOME £ _____

Married Single Parent Living with Partner Child with Special Needs

Please tick as appropriate

NB - False declarations may result in immediate rejection of your Claim

| Items Required: | Child's Name: | Shop: | Price: |
|-----------------|---------------|-------|--------|
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

TOTAL REQUESTED: £

"We collect, hold and in limited circumstances share your personal data in accordance with our Privacy Notice which can be accessed on our website: www.varietyjersey.org.je." We must be advised of any change in your circumstances.

Signature of Parent:

| |
|-----------------------------|
| For Office Use Only: |
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