**Lower Heyford and Caulcott Community Fund**

**APPLICATION FOR GRANT -PERSONAL**

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| **APPLICANT’S NAME & ADDRESS :** |
| **TELEPHONE CONTACTS : EMAIL :** |
| **ARE YOU THE HOUSE OWNER** Yes/No or **DO YOU PAY RENT** Yes/No |
| **OCCUPATION (or please say if you are retired):** |
| **HOW LONG HAVE YOU LIVED IN THE VILLAGES:** |
| **WHAT ARE YOU APPLYING FOR:** |
| **WHY DO YOU NEED IT :** |
| **HOW MUCH WILL IT COST** (Please provide written estimates or cost details) : |
| **HOW MUCH ARE YOU REQUESTING FROM LHRNC :** |
| **HAVE YOU APPLIED TO OTHER SOURCES FOR HELP :** Yes / No**If so please give details** |

*ANY OTHER SUPPORTING INFORMATION THAT MAY HELP YOUR APPLICATION CAN BE SET OUT IN A SHORT LETTER TO ACCOMPANY THIS FORM. PLEASE NOTE THAT IF A GRANT IS APPROVED AND IF APPROPRIATE, YOU WILL BE REQUIRED TO PROVIDE A RECEIPT(S) FOR THE SPECIFIED AMOUNT OR GREATER.*

**I DECLARE THAT THE INFORMATION GIVEN IN THIS APPLICATION IS TRUE TO THE BEST OF MY KNOWLEDGE**

Signature of Applicant…………………………………………………..

Date…………………………………………………………………………

Please return application form to either

*Mrs Hazel Stoddart, 1 Knapton’s Croft, Lower Heyford, Oxfordshire OX25 5NR, Email:* *hazelstoddart@me.com* *or*

*Dr Liz Goodwin, Yggdrasill, Freehold St, Lower Heyford, Oxfordshire OX25 5NS, Email:* *liz\_goodwin@ymail.com*

*AppForm November 2020*