

CRAIGCROOK MORTIFICATION

Scottish Charity Number: SCO 01648

Application for a Pension



Full Name

Full Address

.....

Post Code

Telephone Number

Email Address (if any)

The Trustees of Craigcrook Mortification have powers to grant pensions to men and women born in Scotland or have resided in Scotland for not less than 10 years and are over 60 years old and are in need of assistance.

The Trustees wish to support those living independently in their own homes, rented accommodation or sheltered housing. Assistance is not normally given to those living with relations or in nursing homes.

This application form should be returned to:-

**Fiona M M Watson CA
17 Melville Street
Edinburgh
EH3 7PH**

Questions	Answers			
<p>1. Name</p> <p>Name and Address of Applicant</p> <p>Present or, if retired, former occupation</p>				
<p>2. Residence</p> <p>Date and place of Birth</p> <p>Number of years resident in Scotland</p> <p><i>A Certificate of Birth or Baptism, or evidence to satisfy the Trustees must be produced.</i></p>				
<p>3. Status (single, married, with partner, widow(er), divorced)</p> <p>If married/with partner, state age, occupation and income of spouse or partner</p> <p>Widow(ers) should state spouses or partners profession or occupation</p>				
<p>4. Household</p> <p>Particulars of other members of household</p> <p>Details of family living elsewhere who make a contribution</p>	Relationship	Age	Occupation	Contribution

Questions	Answers
<p>5. Income</p> <p>State Applicant's income from any of the following (state whether weekly, monthly or annually):</p> <ul style="list-style-type: none"> a) State retirement pension including pension credit b) Work Pension c) Sickness Benefit d) Disability Allowance e) Supplementary Allowance f) Dividends and Interest (including bank interest) g) Charitable Trusts (state which trusts) h) Any other source 	
<p>6. Capital</p> <p>State Applicant's capital</p> <ul style="list-style-type: none"> a) Investments b) Balances with Banks or Building Societies c) Other 	
<p>7. Housing Expenses</p> <p>State amount of:-</p> <ul style="list-style-type: none"> a) Rent b) Mortgage Payments c) If house is owned by applicant, amount of council tax payable 	

Questions	Answers
<p>8. Bank Account details <i>(This information is required for the payment of pensions)</i></p> <p>a) Name of bank and branch</p> <p>b) Sort Code</p> <p>c) Account number</p>	

9. **Next of Kin**
(This information is required in case we are unable to contact you)

Name

Address

Post Code

Telephone Number

Email address (if any)

Relation to applicant (e.g. son, daughter, sister, brother, etc.)

DECLARATION

I confirm that the information given is correct to the best of my knowledge and I agree that the Trustees of the Mortification may make such enquiries as are necessary.

I have contacted my referee and authorised him/her to give such information as you require for the purposes of assessing this application.

Signature of Applicant Date

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Reference re application for a Pension

The following person has applied for a pension from this Trust and has given your name as a referee. Please complete this form and return it to the applicant who in turn will forward the application form and this reference to the Clerk & Factor.

Applicant's details:

Name

Address

Post Code

Reference of a Minister of Religion, a Doctor, Bank Manager, a Lawyer, or other professional person

Name in block capitals

Designation

Address

.....

Telephone number

Email address.....

How long have you known the applicant?

In what capacity or connection?

.....

I confirm that I believe that the applicant is in need of assistance.

Signature Date

Fiona M M Watson CA
17 Melville Street
Edinburgh
EH3 7PH