

TELEPHONES FOR THE BLIND FUND

Registered Charity No. 255155

STATEMENT OF INCOME AND EXPENSES

Name of Applicant in full MR/MRS/MISS

MARRIED/SINGLE/WIDOW/WIDOWER (delete as applicable)

SAVINGS Applicant

..... Other Family

INCOME

	Weekly Amount	
	Applicant	Other Family
Employment		
Income Support		
Disability Living Allowance Care / Mobility		
Retirement Pension		
Attendance Allowance		
Other Benefits <i>(Please specify)</i>		
Grants from Voluntary Organisations etc. <i>(Please specify)</i>		
Any other income <i>(Please specify)</i>		
Total Income		

EXPENDITURE

	Weekly Amount	
	Applicant	Other Family
Rent (after deduction of housing benefit)		
Council Tax (after deduction of rebate)		
Gas		
Electricity		
Water		
Food and Household		
Fares including taxis		
Other expenses (<i>Please specify</i>)		
Total Expenses		

As sponsoring Officer, [Social, Support, or Rehabilitation Worker], I believe the above statements to be true.

Signed

Name

Position

Organisation

Email

Telephone

Please scan & return copy of completed Forms, by email to: info@tftb.org.uk

If you need to use postal service, please ensure we have an email address to contact!

Mr Mark Richardson, Chairman, TFTB
 77 Deerings Road, REIGATE,
 Surrey, RH2 OPT