

PART 3

**Wigan & Leigh Housing - Tenant Participation Annual/Starter/
Discretionary Grant**

13

Please give the names and addresses of the following group members

Chairperson

Name

Address

.....
.....

Secretary

Name

Address

.....
.....

Treasurer

Name

Address

.....
.....

14

Finance

Please tell us when your last accounts were audited

Date:

Who by:

FOR OFFICE USE ONLY

Tenant Participation Officers Statement in support of the application

.....
.....
.....

Tenant Participation Manager

Signature

Date

.....

Director of Housing Management

Signature

Date

.....

.....

Disclosure of information

Wigan Council and other partner agencies are working in partnership to promote a co-ordinated approach to the processing and award of grants to voluntary and community bodies. Information contained in this application or submitted in support of the application will be stored on a central database and will be available to all Departments of the Council and to other partner agencies.

The information will be used to facilitate the co-ordinated processing of applications, promote grant aid programmes, share information and network with the voluntary and community sector. Information relating to your organisation's name, contact person, contact telephone number, meeting place and your activities will be made available on the Internet.

Submitting this form indicates that your organisation consents to this sharing of information.

Please note that two signatures are required for the completion of the form. The first should be the person making the application and the second the Chairperson or any other member of the Management Committee.

I declare that the information given in this form and supporting documents is correct to the best of my knowledge.

1. Signed	<input type="text"/>	Print name	<input type="text"/>
Position	<input type="text"/>	Date	<input type="text"/>
2. Signed	<input type="text"/>	Print name	<input type="text"/>
Position	<input type="text"/>	Date	<input type="text"/>

Have you any communication needs ?

text phone sign language braille mini-com

This form can be made available in different ethnic languages or other formats. Please telephone 01942 776155 leaving your telephone number and language. We will then arrange for an interpreter to call you.

یہ فارم مختلف اقلیتی زبانوں اور صورتوں (فارمیٹس) میں درخواست کرنے پر فراہم کیا جاسکتا ہے۔ براہ مہربانی ٹیلی فون نمبر: 01942 776155 پر رابطہ قائم کر کے اپنا ٹیلی فون نمبر اور زبان کا نام چھوڑ دیں پھر ہم آپ کے ساتھ رابطہ قائم کرنے کے لئے مترجم کا انتظام کریں گے۔

Urdu

ચિનતી કરવાથી આ ફોર્મ અન્ય એથનિક ભાષાઓ અને અન્ય ફોર્મેટોમાં (રીતોથી) ઉપલબ્ધ કરી શકાશે. મહેરબાની કરીને 01942 776155 ઉપર ટેલીફોન કરો અને તમારો નંબર તથા ભાષા જણાવો. ત્યાર પછી એક સંસ્કરણદાર (કુભાષિયા) તમારો સંપર્ક સાધે તે માટેની અવસ્થા અમે કરીશું.

Gujurati

這份表格可以提供不同語文或其他形式的版本。請致電 01942 776155 留下你的電話號碼和所需語文。我們便會安排一名傳譯員來與你聯絡。

Cantonese

بإمكان توفير هذه لاستمارة عبد الطلب لبعات الجماعة السكانية المختلفة أو بالصيغ لأحرى رحو لإتصال بالهاتف على الرقم 01942 776155 واطركو رقم هاتفكم ولعنكم وسوف نقوم بمدد بترتيب لترحم شفوي لكي يتصل بكم

Arabic