**Application for Individual Grant**

We aim to help people who live in our area of benefit AND who need extra financial support. We give grants to help buy essential household items – typical grants are for kitchen appliances, furniture, flooring and clothing.

Usually, if we make a grant, we will arrange for one of our preferred partners to supply the goods. In some cases, we will make a payment direct to the retailer. We do not make grants in cash, to clear debts, meet rent arrears or for goods already purchased.

If you think you may be eligible for help, please complete the application form and return it **via email** (not by post) to: [office@stgilesandstgeorge.org.uk](file:///C%3A%5CUsers%5CAudrey%5CDesktop%5Coffice%40stgilesandstgeorge.org.uk). Should you require more information or help, please contact the Clerk on 07960 691436.

**During lockdown**, when we receive your application, the Grants Officer will be in touch to discuss your application in more detail.

During that **contact**, the Grants Officer will need to know the following information to support your application:

* Confirmation of income and expenditure; for example, a recent bank statement, benefit statements or pay slips, rent and council tax statements from your local authority, your recent utility bills (gas, water and electricity);
* Documentation for other regular expenses such as childcare costs.

**We normally need about 20 working days to process your application.**

**Personal Information**

|  |  |
| --- | --- |
| Title: | [ ]  Mr [ ]  Mrs [ ]  Miss [ ]  Ms |
| Surname: | Click or tap here to enter text. |
| Forename(s): | Click or tap here to enter text. |
| Address (including postcode) | Click or tap here to enter text. |
| How long have you lived here? | Click or tap here to enter text. |
| If less than three years, please give your previous address | Click or tap here to enter text. |
| Email address: | Click or tap here to enter text. |
| Home Tel No: | Click or tap here to enter text. | Mobile no: | Click or tap here to enter text. |
| Date of birth: | Click or tap here to enter text. | Nationality: | Click or tap here to enter text. |
| Do you speak English: | [ ]  Yes [ ]  No |
| Status | [ ]  Single [ ]  Married/Co-habiting[ ]  Divorced/Separated [ ]  Widowed |
| Employment Status | [ ]  Employed full-time [ ]  Employed part-time[ ]  Self-employed [ ]  Studying[ ]  Unemployed [ ]  Retired |

**Children**

|  |  |  |  |
| --- | --- | --- | --- |
| Name & age: | Click or tap here to enter text. | School: | Click or tap here to enter text. |
| Name & age: | Click or tap here to enter text. | School: | Click or tap here to enter text. |
| Name & age: | Click or tap here to enter text. | School: | Click or tap here to enter text. |
| Name & age: | Click or tap here to enter text. | School: | Click or tap here to enter text. |
| Name & age: | Click or tap here to enter text. | School: | Click or tap here to enter text. |
| Name & age: | Click or tap here to enter text. | School: | Click or tap here to enter text. |
| Name & age: | Click or tap here to enter text. | School: | Click or tap here to enter text. |
| Please list anyone else that lives with you, apart from the children detailed above. | Click or tap here to enter text. |

**Income Details**

Please supply details of all sources of income for you & your partner. If there are other working-age adults in the household, we expect to be told of their employment & income status when the Grant Officer contacts you. If both of you receive the same type of payment, put the total amount received by you both, and tick both “Who receives” boxes.

|  |  |  |  |
| --- | --- | --- | --- |
| **Income** | **Amount£** | **How often is it received?** | **Who received?Applicant or Partner** |
| Salary (after deductions) | Click or tap here to enter text. | [ ]  weekly [ ]  2 weeks[ ]  4 weeks [ ]  monthly | [ ]  Applicant[ ]  Partner |
| Job Seekers Allowance | Click or tap here to enter text. | [ ]  weekly [ ]  2 weeks[ ]  4 weeks [ ]  monthly | [ ]  Applicant[ ]  Partner |
| Income Support | Click or tap here to enter text. | [ ]  weekly [ ]  2 weeks[ ]  4 weeks [ ]  monthly | [ ]  Applicant[ ]  Partner |
| Universal Credit | Click or tap here to enter text. | [ ]  weekly [ ]  2 weeks[ ]  4 weeks [ ]  monthly | [ ]  Applicant[ ]  Partner |
| Employment Support Allowance (ESA) | Click or tap here to enter text. | [ ]  weekly [ ]  2 weeks[ ]  4 weeks [ ]  monthly | [ ]  Applicant[ ]  Partner |
| Personal Independence Payment (PIP) | Click or tap here to enter text. | [ ]  weekly [ ]  2 weeks[ ]  4 weeks [ ]  monthly | [ ]  Applicant[ ]  Partner |
| Tax Credit -Child or Working | Click or tap here to enter text. | [ ]  weekly [ ]  2 weeks[ ]  4 weeks [ ]  monthly | [ ]  Applicant[ ]  Partner |
| Attendance Allowance | Click or tap here to enter text. | [ ]  weekly [ ]  2 weeks[ ]  4 weeks [ ]  monthly | [ ]  Applicant[ ]  Partner |
| Child Benefit | Click or tap here to enter text. | [ ]  weekly [ ]  2 weeks[ ]  4 weeks [ ]  monthly | [ ]  Applicant[ ]  Partner |
| State Pension | Click or tap here to enter text. | [ ]  weekly [ ]  2 weeks[ ]  4 weeks [ ]  monthly | [ ]  Applicant[ ]  Partner |
| Pension Credit | Click or tap here to enter text. | [ ]  weekly [ ]  2 weeks[ ]  4 weeks [ ]  monthly | [ ]  Applicant[ ]  Partner |
| Employment/Private Pension | Click or tap here to enter text. | [ ]  weekly [ ]  2 weeks[ ]  4 weeks [ ]  monthly | [ ]  Applicant[ ]  Partner |
| Child Maintenance | Click or tap here to enter text. | [ ]  weekly [ ]  2 weeks[ ]  4 weeks [ ]  monthly | [ ]  Applicant[ ]  Partner |
| Other (please specify):Click or tap here to enter text. | Click or tap here to enter text. | [ ]  weekly [ ]  2 weeks[ ]  4 weeks [ ]  monthly | [ ]  Applicant[ ]  Partner |
| Do you receive Housing Benefit? | [ ]  Yes [ ]  No |
| Do you receive Council Tax benefit? | [ ]  Yes [ ]  No |
| What savings do you have? | £Click or tap here to enter text. |

**Expenditure Details**

Please supply details of regular outgoings. **Do not include food, clothing or travel** costs unless you have a medical condition or there are special circumstances which means you incur additional costs for these items.

|  |  |  |
| --- | --- | --- |
| **Outgoings** | **Amount£** | **How often is it paid?** |
| Rent(how much you pay **after** benefits) | Click or tap here to enter text. | [ ]  weekly [ ]  2 weeks[ ]  4 weeks [ ]  monthly |
| Council Tax(how much you pay **after** benefits) | Click or tap here to enter text. | [ ]  weekly [ ]  2 weeks[ ]  4 weeks [ ]  monthly |
| Electricity | Click or tap here to enter text. | [ ]  weekly [ ]  2 weeks[ ]  4 weeks [ ]  monthly |
| Gas | Click or tap here to enter text. | [ ]  weekly [ ]  2 weeks[ ]  4 weeks [ ]  monthly |
| Water | Click or tap here to enter text. | [ ]  weekly [ ]  2 weeks[ ]  4 weeks [ ]  monthly |
| Telephone(landline/broadband rental & calls) | Click or tap here to enter text. | [ ]  weekly [ ]  2 weeks[ ]  4 weeks [ ]  monthly |
| Mobile phone | Click or tap here to enter text. | [ ]  weekly [ ]  2 weeks[ ]  4 weeks [ ]  monthly |
| TV & satellite packages(eg: Sky, Virgin Media) | Click or tap here to enter text. | [ ]  weekly [ ]  2 weeks[ ]  4 weeks [ ]  monthly |
| Child-minding costs | Click or tap here to enter text. | [ ]  weekly [ ]  2 weeks[ ]  4 weeks [ ]  monthly |
| Insurances (contents, car, appliances, etc)Please state: Click or tap here to enter text. | Click or tap here to enter text. | [ ]  weekly [ ]  2 weeks[ ]  4 weeks [ ]  monthly |
| Other (please state)Click or tap here to enter text. | Click or tap here to enter text. | [ ]  weekly [ ]  2 weeks[ ]  4 weeks [ ]  monthly |
| Other (please state)Click or tap here to enter text. | Click or tap here to enter text. | [ ]  weekly [ ]  2 weeks[ ]  4 weeks [ ]  monthly |
| Do you have any debts? | [ ]  Yes [ ]  No If yes, how much? £Click or tap here to enter text. |
| Who is it owed to? | Click or tap here to enter text. |
| How is it being repaid? | £Click or tap here to enter text. |
| Have you taken debt advice? | [ ]  Yes [ ]  No |
| If yes, who from? | Click or tap here to enter text. |

**Reason for Application**

Please explain why you are making this application. Tell us about your circumstances and what it is you are applying for (eg: cooker, washing machine, fridge-freezer, beds, school uniform, etc).

|  |
| --- |
| Click or tap here to enter text. |
| Have you or a family member received a grant from this Charity before? [ ]  Yes [ ]  No |
| If yes, please give details (how much, what for, and when): |
| Click or tap here to enter text. |
| Have you applied to any other charity or organisation for this current matter? [ ]  Yes [ ]  No |
| If yes, please give details of who and the outcome: |
| Click or tap here to enter text. |
| If you have been helped by a third party to complete this form, please provide contact details and advise if you are happy for us to contact them to discuss the application on your behalf. |
| Name: | Click or tap here to enter text. |
| Organisation or relation: | Click or tap here to enter text. |
| Phone number: | Click or tap here to enter text. |
| Email address: | Click or tap here to enter text. |
| Yes, I consent to this charity making contact and discussing the application with them on my behalf. |
| [ ]  Yes [ ]  No Signature: |

**PLEASE REVIEW AND SIGN AS APPLICABLE BOTH DECLARATIONS ON THE BACK PAGE**

**Privacy Notice**

**By completing and returning this application I understand the following:**

• If my application is not eligible to be considered, I will be notified, and the application & its contents will be securely destroyed.

• If my application is eligible for consideration, you will use the information I have given to process my grant application.

• You will store the information I have provided securely.

• You will keep an electronic copy of my application for 7 years to comply with legal requirements, and after that time you will destroy it.

• You will keep some details of my application electronically for analysis and informing future applications.

• I can ask the Clerk to see the information (in paper and/or electronic form) which the St Giles & St George Alms charity holds about me, and to be corrected if necessary.

I declare that the information I have given on this form is correct and complete.

**Name of applicant: Signature: Date:**

**Sharing information**

Sharing information in your application with other related charities could help us secure alternative or additional funding for you. In order to do so, we would need to share some of the details of your application with them. With your permission, we would like to be able to share:

• your name and address

• your personal circumstances

• your financial circumstances

• whether you have a medical condition (but not, unless it is relevant, the precise nature of that medical condition)

• whether we have made a decision on your application.

It will not affect your application to us if you do not give us permission to discuss your application with other charities. However, if we cannot share your details, we may not be able to progress an application with other related charities. If you give us permission to talk to other charities about your application, please sign below - **you can withdraw your permission at any time.**

I give St Giles & St George Alms charity permission to share information about my application with other related charities in order to decide if I might be eligible for a grant from those charities.

**Name of applicant: Signature: Date:**