

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, along with a recent copy of your current account bank statement showing at least **one month's worth of transactions**, via email to: office@stgilesandstgeorge.org.uk. Should you require more information or help, please contact the Clerk on 07960 691436.

Or, post your application and bank statement to:

Grants Officer, St Giles & St George, Vestry House,
60 St Giles High Street, London, WC2H 8LG.

Please let us know if you wish your bank statement to be returned.

Once we receive your application, the Grants Officer will be in touch to discuss your application in more detail. They will need to know the following information to support your application:

- Confirmation of income and expenditure; for example: 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:			
Forename/s:			
Address:			
Including postcode			
How long have you lived here?			
If less than three years, please give previous address			
Email address:			
Home Tel No:		Mobile Tel No:	
Date of Birth:		Nationality:	
Do you speak English:	Yes	No	
Status	single married/co-habiting divorced/separated widowed		
Employment Status	Employed Full-Time Employed Part-Time Self Employed Unemployed Retired Studying		
Is your home:	Owned by you	Council owned	Housing Association
	Sheltered Housing	Residential home	Private Landlord

Children

Name and age:		School:	
Name and age:		School:	
Name and age:		School:	
Name and age:		School:	
Name and age:		School:	
Name and age:		School:	
Name and age:		School:	
Please list anyone else that lives with you, apart from the children detailed above.			

Income Details

Please provide 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, state the total amount received by you both and tick both “who receives” boxes.

Income	Amount £	How often is it received	Who receives? Applicant or Partner
Salary – after deductions		<input type="checkbox"/> weekly <input type="checkbox"/> 2 weeks <input type="checkbox"/> 4 weeks <input type="checkbox"/> monthly	<input type="checkbox"/> Applicant <input type="checkbox"/> Partner
Job Seekers Allowance		<input type="checkbox"/> weekly <input type="checkbox"/> 2 weeks <input type="checkbox"/> 4 weeks <input type="checkbox"/> monthly	<input type="checkbox"/> Applicant <input type="checkbox"/> Partner
Income Support		<input type="checkbox"/> weekly <input type="checkbox"/> 2 weeks <input type="checkbox"/> 4 weeks <input type="checkbox"/> monthly	<input type="checkbox"/> Applicant <input type="checkbox"/> Partner
Universal Credit		<input type="checkbox"/> weekly <input type="checkbox"/> 2 weeks <input type="checkbox"/> 4 weeks <input type="checkbox"/> monthly	<input type="checkbox"/> Applicant <input type="checkbox"/> Partner
Employment Support Allowance (ESA)		<input type="checkbox"/> weekly <input type="checkbox"/> 2 weeks <input type="checkbox"/> 4 weeks <input type="checkbox"/> monthly	<input type="checkbox"/> Applicant <input type="checkbox"/> Partner
Personal Independence Payment (PIP)		<input type="checkbox"/> weekly <input type="checkbox"/> 2 weeks <input type="checkbox"/> 4 weeks <input type="checkbox"/> monthly	<input type="checkbox"/> Applicant <input type="checkbox"/> Partner
Tax Credit – Child or Working		<input type="checkbox"/> weekly <input type="checkbox"/> 2 weeks <input type="checkbox"/> 4 weeks <input type="checkbox"/> monthly	<input type="checkbox"/> Applicant <input type="checkbox"/> Partner
Carer's or Attendance Allowance		<input type="checkbox"/> weekly <input type="checkbox"/> 2 weeks <input type="checkbox"/> 4 weeks <input type="checkbox"/> monthly	<input type="checkbox"/> Applicant <input type="checkbox"/> Partner
Child Benefit		<input type="checkbox"/> weekly <input type="checkbox"/> 2 weeks <input type="checkbox"/> 4 weeks <input type="checkbox"/> monthly	<input type="checkbox"/> Applicant <input type="checkbox"/> Partner
State Pension		<input type="checkbox"/> weekly <input type="checkbox"/> 2 weeks <input type="checkbox"/> 4 weeks <input type="checkbox"/> monthly	<input type="checkbox"/> Applicant <input type="checkbox"/> Partner
Pension Credit		<input type="checkbox"/> weekly <input type="checkbox"/> 2 weeks <input type="checkbox"/> 4 weeks <input type="checkbox"/> monthly	<input type="checkbox"/> Applicant <input type="checkbox"/> Partner
Employment/Private Pension		<input type="checkbox"/> weekly <input type="checkbox"/> 2 weeks <input type="checkbox"/> 4 weeks <input type="checkbox"/> monthly	<input type="checkbox"/> Applicant <input type="checkbox"/> Partner
Child Maintenance		<input type="checkbox"/> weekly <input type="checkbox"/> 2 weeks <input type="checkbox"/> 4 weeks <input type="checkbox"/> monthly	<input type="checkbox"/> Applicant <input type="checkbox"/> Partner
Other - please specify:		<input type="checkbox"/> weekly <input type="checkbox"/> 2 weeks <input type="checkbox"/> 4 weeks <input type="checkbox"/> monthly	<input type="checkbox"/> Applicant <input type="checkbox"/> Partner

Do you receive Housing Benefit: Yes No

Do you receive Council Tax Benefit: Yes No

What savings do you have: £_____

Expenditure Details

Please provide 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 <u>after</u> benefits)		<input type="checkbox"/> weekly <input type="checkbox"/> 2 weeks <input type="checkbox"/> 4 weeks <input type="checkbox"/> monthly
Council Tax (How much you pay <u>after</u> benefits)		<input type="checkbox"/> weekly <input type="checkbox"/> 2 weeks <input type="checkbox"/> 4 weeks <input type="checkbox"/> monthly
Electricity		<input type="checkbox"/> weekly <input type="checkbox"/> 2 weeks <input type="checkbox"/> 4 weeks <input type="checkbox"/> monthly
Gas		<input type="checkbox"/> weekly <input type="checkbox"/> 2 weeks <input type="checkbox"/> 4 weeks <input type="checkbox"/> monthly
Water		<input type="checkbox"/> weekly <input type="checkbox"/> 2 weeks <input type="checkbox"/> 4 weeks <input type="checkbox"/> monthly
Telephone – Land line/broadband rental & calls		<input type="checkbox"/> weekly <input type="checkbox"/> 2 weeks <input type="checkbox"/> 4 weeks <input type="checkbox"/> monthly
Telephone – Mobile		<input type="checkbox"/> weekly <input type="checkbox"/> 2 weeks <input type="checkbox"/> 4 weeks <input type="checkbox"/> monthly
TV & Satellite packages eg: Sky, Virgin Media		<input type="checkbox"/> weekly <input type="checkbox"/> 2 weeks <input type="checkbox"/> 4 weeks <input type="checkbox"/> monthly
Child minding costs		<input type="checkbox"/> weekly <input type="checkbox"/> 2 weeks <input type="checkbox"/> 4 weeks <input type="checkbox"/> monthly
Insurances (contents, car, appliances, etc – please state):		<input type="checkbox"/> weekly <input type="checkbox"/> 2 weeks <input type="checkbox"/> 4 weeks <input type="checkbox"/> monthly
Other (please state)		<input type="checkbox"/> weekly <input type="checkbox"/> 2 weeks <input type="checkbox"/> 4 weeks <input type="checkbox"/> monthly
Other (please state)		<input type="checkbox"/> weekly <input type="checkbox"/> 2 weeks <input type="checkbox"/> 4 weeks <input type="checkbox"/> monthly

Do you have any debts: Yes No If “Yes” how much: £

Who is it owed to:

How is it being repaid (amount and frequency):

Have you taken debt advice: Yes No

If “Yes” who from:

Reason for Application

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

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Have you <u>or a family member</u> received a grant from this Charity before? Yes No
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If yes, please give details (how much, what for and when):
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Have you applied to any other charity or organisation for help with this? Yes No
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If yes, please give details of who and the outcome:

If someone helped you complete this form, please provide their contact details.

Name	
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Organisation or relationship	
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Phone Number	
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Email	
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Would you prefer us to discuss your application with them on your behalf? Please sign to consent to this.

Yes No Signature:

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

Privacy Notice

By completing and returning this application I understand the following:

- If my application is not eligible, I will be notified and the application will be securely destroyed.
- If my application is eligible, you will use the information I have provided to assess and 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 basic 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 (*above line*) **Signature** (*above line*) **Date** (*above line*)

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 (*above line*) **Signature** (*above line*) **Date** (*above line*)