

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**, by email to: office@stgilesandstgeorge.org.uk. Or post to:

Grants Officer
St Giles & St George
60 St Giles High Street
London
WC2H 8LG

Please let us know if you wish your bank statement to be returned. Should you require more information or help, please contact the Clerk on 07960 691436.

Once we receive your application and bank statements, the Grants Officer will contact you to discuss your application in more detail and arrange a home visit. They may ask for more information such as:

- Bank statements for other bank accounts you hold;
- Bank statements for other adult members of the household;

Application forms and bank statements will be securely kept under password protection.

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

PERSONAL INFORMATION

Title	Mr	Mrs	Miss	Ms	Mx
First or Given Name					
Surname					
Address (including postcode)					
Email address					
Home phone			Mobile Number		
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		
	Studying/Training		Other:		
Your home	Owned by you		Private Landlord		
	Council owned		Housing Association		
	Hostel		Staying with family		

Please list anyone else that lives with you, apart from the children detailed below	
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CHILDREN

Name	School Year	School

INCOME DETAILS

Do you receive benefits? Tick all that apply

Universal Credit
Personal Independence Payment (PIP)
Carer's Allowance or Attendance Allowance
Child Benefit
State Pension or Private Pension
Pension Credit

What savings do you have? £

Do you or your partner have any other income?

Salary
Child maintenance
Other, please specify:

MONEY OWING

Do you have any debts: Yes No If "Yes" how much? £

Who is it owed to:

How is it being repaid (amount/frequency):

Have you taken debt advice: Yes No

If "Yes", who from:

REASON FOR APPLICATION

Please tick item(s) you need help with:

White goods

- cooker, fridge freezer, washing machine

Clothing & Shoes / School Uniform

- for school uniform, please include proof of attendance/offer of a place

Furniture

- bed, sofa, table & chairs, storage

Flooring

- we need a formal flooring quote with your name, address & VAT included

Please explain why you are making this application. Tell us about your circumstances and what you are applying for.

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Have you applied to any other charity/organisation to help with this request?	Yes	No
If yes, please give details of the organisation and the outcome		
Have you applied to the Crisis & Resilience Fund (Camden/Westminster)?	Yes	No

If someone helped you to complete this form, please provide their contact details	
Person's name	
Organisation or relationship	
Phone number	
Email address	
Would you prefer us to discuss your application with them on your behalf?	Yes No
Please sign to consent to this. Signature:	

PLEASE REVIEW AND SIGN 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 the precise nature of that medical condition unless it is relevant)
- 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)