

Office use only.
Date received:
Decision:
Date:
Minute number:

Percy Barton House
33-35 Dawes Road
London SW6 7DT
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Application for Assistance for Relief in Need

CONFIDENTIAL: FOR USE BY STATUTORY OR VOLUNTARY AGENCIES ONLY

THIS FORM MUST BE COMPLETED IN BLACK INK OR TYPED
Please return hard copies to us. Do not email.
GUIDANCE NOTES INCLUDED

1. DETAILS OF APPLICANT

1. Surname _____ (Mr/Mrs/Miss/Ms) First name/s _____
Address _____
_____ Telephone _____
2. Age _____ Date of Birth _____ Number of years resident in Fulham _____
3. Occupation:

2. DETAILS OF PARTNER (if applicable)

Name _____ Age _____ Date of Birth _____
Occupation:

3. DETAILS OF CHILDREN STILL LIVING AT HOME

Full Name M/F Age Date of Birth Name of School/College/Occupation

Does the applicant receive any financial assistance from the child/ren's other parent? _____
If no, please give reason(s) _____

4. DETAILS OF ANY OTHER MEMBERS OF THE HOUSEHOLD

Name Relationship Age Date of Birth Occupation

5. HEALTH PROBLEMS OR DISABILITIES WHICH AFFECT ANYONE LISTED ON THE FORM.

Name Date of Birth Illness or disability

6. ACCOMMODATION: *please tick all relevant boxes.*

- House Flat Permanent Temporary
1. Council 2. Owner Occupied 3. Privately rented 4. Housing Assoc.
5. Shared Accom. 6. B&B Hotel 7. Hostel 8. Sheltered Housing
9. Other (*please state*)

7. GRANT REQUESTED: *Please list items in order of priority* **(See Note 2)**

Total estimated cost: _____

Estimates enclosed? (floor coverings and decorating materials only) **(See Note 3)**

Yes No Details _____

Cheque(s) to be made payable to: _____ **(See Note 4)**

(Please note: cheques will not be made payable to individual clients)

8. PLEASE GIVE A SUMMARY OF THE REASON YOU ARE REQUESTING A GRANT
It is crucial that you support your application with relevant information. **(See Note 5)**

9. FINANCIAL DETAILS

1. Weekly Income

Take home pay	£.....
Benefits:	
Attendance allowance	£.....
Child benefit	£.....
Disability living allowance :	
Care	£.....
Mobility	£.....
Disability working allowance	£.....
Family tax credit	£.....
Guardian's allowance	£.....
Incapacity benefit	£.....
Income Support	£.....
Invalid care allowance	£.....
Job seekers' allowance	£.....
Maternity allowance	£.....
Pension credit	£.....
Severe disability allowance	£.....
State retirement pension	£.....
Widows' benefit	£.....
Other income:	
Child Support	£.....
Maintenance payments	£.....
Applicant or partner's occupational pension	£.....
Other	£.....
Total	£.....

2. Weekly Expenditure

Rent (after housing benefit)	£.....
Board & lodging payments	£.....
Council tax (after benefit)	£.....
Water rates	£.....
Carers/ home help	£.....
Childminding/ nursery fees	£.....
Clothing	£.....
Debt repayments; please match with figure given for no.10	£.....
Electricity	£.....
Food	£.....
Gas	£.....
Laundry	£.....
Telephone	£.....
Travel	£.....
TV Licence	£.....
TV/ Video hire	£.....
Other	£.....
	£.....
	£.....
	£.....
Total	£.....

10. DEBT REPAYMENTS

	Creditor	Total owed or borrowed	Period of debt	Balance left to pay	Weekly payment
Rent or mortgage
Council tax
Water rates
Gas
Electricity
Telephone
Hire purchase
Credit company
Friend
Catalogue/ club
Bank overdraft/loan
Social Fund
Other
				TOTAL

11. SOCIAL FUND

(See Note 6)

If eligible, has the applicant applied to the Social Fund for any of the items requested from the Charity? Yes No

If the applicant has applied, what was the result? _____

If the applicant has **not** applied to the Social Fund, please state why

12. IS THE APPLICANT ELIGIBLE FOR HELP FROM ANY OTHER STATUTORY FUND?

Section 17 Leaving Care Grants Family Fund (children with disabilities only)

If yes, please state what help has been given: _____

13. PREVIOUS APPLICATIONS TO THE CHARITY

Has the applicant applied to the Fulham Charity before? Yes No

If yes, when was the last application?

14. OTHER CHARITIES

Have you applied to any other charity on behalf of this applicant?

Name of the charity or agency	Items requested	Amount	Result/Pending	Grant awarded
_____	_____	_____	_____	_____

15. HOW LONG HAS THE APPLICANT BEEN KNOWN TO YOUR AGENCY?

_____ years _____ months

16. HOME VISIT

(See Note 7)

Has the applicant been visited at home in connection with this application? Yes No

Date of visit:

17. DECLARATION: This is a requirement of the Data Protection Act 2002. All information is held for the purpose of this application and will be treated confidentially in accordance with the Act. (The agency should ensure that the applicant has read the form, and when he/she agrees that all the information given is accurate and is used for the above purpose, the applicant should sign and date the form below.)

Applicant's Signature _____ **Date:** _____

18. CONFIRMATION

(See Note 8)

1. I confirm that the facts given in this application are correct

Name _____ (Mr/Mrs/Ms) _____

Position _____ Tel: _____

Agency _____

Address _____

_____ Email: _____

Signature _____ Date: _____

2. Name of supervisor or manager _____ Position _____

Signature _____ Date: _____

DR EDWARDS AND BISHOP KING'S FULHAM CHARITY

EQUAL OPPORTUNITIES MONITORING FORM

Please tick boxes or give figures as appropriate:

1. Personal details:

Applicant's age:

Members of household aged:

Male over 16: Male under 16:

Female over 16: Female under 16:

2. Reasons for needing the Charity's help:

Homelessness: Domestic violence:

Under 21 years of age: Asylum seeker:

Long-term illness: Mental health problems:

Single parent: Other (please give details)

3. Does the applicant consider himself/herself to have a disability?:

No: Yes: Registered:

Eligible for registration but not registered: Not known:

4. Ethnic origin as defined by the applicant:

White: British Irish

Other: _____

Mixed: White/Black Caribbean

White/Black African

White/Asian

Other: _____

Asian or Asian British: Indian Pakistani

Bangladeshi Other: _____

Black or Black British: Caribbean African

Other: _____

Chinese or other ethnic group: Chinese Other: _____

RELIEF IN NEED APPLICATIONS – AGENCY GUIDANCE NOTES

This form must not be completed by the applicant but by you and your agency on the applicant's behalf.

PLEASE USE BLACK INK, RETURN THE HARD COPY TO THE CHARITY, DO NOT EMAIL.

This form can only be used for residents of Fulham. Fulham is the area of the borough south of Chancellors Road, Yeldham Road and Margravine Gardens, north of Gliddon Road and a few streets south Hammersmith Road between Edith Road and Addison Bridge. This includes postcodes SW6, part of W14 and part of W6. ***Please check the map showing the Charity's boundaries and a list of eligible streets at www.debk.org.uk***

1. Please give complete details of current or previous employment history including any service in HM Forces, also members of a trade union or professional association (even if now retired). The applicant may be eligible for help from an appropriate benevolent fund.
2. ***If you are asking for more than one item, please list them in order of priority.*** The Charity may not be able to help with everything on the list so it is important for the Trustees to know what is most urgently needed.
3. We do not normally require estimates for everyday household items. We do require estimates for floor coverings (carpet up to £6.99 per square yard and vinyl £7.99 per square yard) and need specific details for each room/area requested. Estimates for decorating materials should be obtained from Homebase. Please contact the Charity should you require further information or details of local suppliers we use.
4. The Charity gives grants in the form of purchase orders to specified shops or cheques made out to a supplier. Cash grants are given only if there is no other option and only on condition that receipts are returned to the Charity.
5. Please give as full a description of the applicant's needs as possible, saying what is needed and why. Continue on a separate sheet if necessary or enclose a covering letter. Grants cannot be given for the following:
 - ▶ *Rent or mortgage arrears*
 - ▶ *Council tax or water rate arrears*
 - ▶ *The payment of fines and other Court orders*
 - ▶ *The reimbursement of any purchase or expense incurred in anticipation of a grant from the Charity*
 - ▶ *The Charity does not normally make grants for debts or household bills*
 - ▶ ***No grants can be given for any item requested which can be provided by a statutory agency.***

Grants are given on condition that they are used for the items agreed by the Trustees. The Trustees will request the return of grants not used for the purpose for which they were intended.

6. Because the Charity is not permitted to subsidise statutory provision, the applicant must, if eligible, apply to the Social Fund for a grant first. If the applicant is only offered a loan, you can proceed with an application to the charity before the applicant accepts money from the Social Fund if he/she cannot afford to repay.
7. The Trustees will not normally give a grant unless the applicant has been visited at home by your agency. This does not apply to requests for education grants, which must be accompanied by a confirmation letter from the applicant's school, college or university.
8. This section must be filled in clearly so the Charity knows who to contact when a decision has been made. Managers who counter-sign forms are asked to read them before signing to make sure that the form has been filled in as accurately as possible.