

**Office use only.**

Date received:

Decision:

Date:

Minute number:

Percy Barton House  
33-35 Dawes Road  
London SW6 7DT  
Tel: 020 7386 9387

## Application for Assistance for Relief in Need

**CONFIDENTIAL – TO BE USED BY PERSONAL APPLICANTS TO THE CHARITY**

### GUIDANCE NOTES

Please read the notes on the last page and fill in every question on the form clearly in black ink. It is important that the Trustees have a clear idea of what you need and confirmation that you cannot get help from anywhere else.

#### 1. YOUR NAME, ADDRESS AND DETAILS

1. Surname \_\_\_\_\_ (Mr/Mrs/Miss/Ms)

First names \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

Telephone (or a number on which you can be contacted) \_\_\_\_\_

2. Age \_\_\_\_\_ Date of Birth \_\_\_\_\_

3. How long have you lived in Fulham? \_\_\_\_\_ years \_\_\_\_\_ months

Your previous address if you have been here less than two years

\_\_\_\_\_

\_\_\_\_\_

4. Present employment (if you are currently unemployed or retired please give details of any previous employment and dates)

\_\_\_\_\_

\_\_\_\_\_

**2. YOUR PARTNER'S DETAILS (if applicable)**

Name \_\_\_\_\_

Age \_\_\_\_\_ Date of Birth \_\_\_\_\_

Present employment (if currently unemployed or retired please give details of your partner's previous employment and dates)

\_\_\_\_\_

**3. DETAILS OF CHILDREN STILL LIVING AT HOME OR FOR WHOM YOU ARE RESPONSIBLE**

	Full Name	M/F	Age	Date of Birth	Name of school, college or their occupation
1.	_____	_____	_____	_____	_____
2.	_____	_____	_____	_____	_____
3.	_____	_____	_____	_____	_____
4.	_____	_____	_____	_____	_____
5.	_____	_____	_____	_____	_____
6.	_____	_____	_____	_____	_____

Do you get any support or financial assistance from your children's other parent? \_\_\_\_\_ If no, please give reason(s) \_\_\_\_\_

\_\_\_\_\_

**4. DETAILS OF PEOPLE (OTHER THAN CHILDREN) LIVING WITH YOU**

	Name	Relationship	Age	Date of Birth	Occupation
1.	_____	_____	_____	_____	_____ <input type="checkbox"/>
2.	_____	_____	_____	_____	_____
3.	_____	_____	_____	_____	_____

**5. ARE YOU OR ANYONE IN YOUR FAMILY ILL OR DISABLED?**

Name	Date of Birth	Illness or disability
_____	_____	_____
_____	_____	_____

**6. ACCOMMODATION (please tick the boxes which apply to you)**

House	<input type="checkbox"/>	Flat	<input type="checkbox"/>		
1. Council	<input type="checkbox"/>	4. Owner Occupied	<input type="checkbox"/>	7. Hostel	<input type="checkbox"/>
2. Housing Assoc.	<input type="checkbox"/>	5. Shared Accom.	<input type="checkbox"/>	8. B&B Hotel	<input type="checkbox"/>

3. Privately Rented  6. Sheltered Housing

Is the accommodation permanent?  or temporary?

Other (please state) \_\_\_\_\_

**7. WHAT ARE YOU ASKING THE CHARITY FOR?**

List of items  
in order of  
importance.

\_\_\_\_\_ cost \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Total:** \_\_\_\_\_

**Estimates:** Please note that we require estimates for floor coverings (carpet and vinyl only, no more than £7.99 per square yard for carpet and £8.99 for vinyl), for decorating materials (please obtain an estimate from Homebase) and for blinds or curtains (Argos catalogue).

**8. PLEASE TELL THE TRUSTEES WHY YOU NEED THE CHARITY'S HELP**

## 9. FINANCIAL DETAILS

### 1. Weekly Income \*

**Take home pay:** Your own £.....  
 Your partner's £.....  
 Children living at home £.....  
 Contribution from other  
 members of household £.....  
 Sick pay £.....  
 Maternity pay £.....

#### **Benefits**

Attendance allowance £.....  
 Child benefit £.....  
 Disability living allowance £.....  
 Disability working allowance £.....  
 Family tax credit £.....  
 Guardian's allowance £.....  
 Incapacity benefit £.....  
 Income Support £.....  
 Invalid care allowance £.....  
 Job seekers' allowance £.....  
 Maternity allowance £.....  
 Severe disability allowance £.....  
 State retirement pension £.....  
 Widows' benefit £.....  
 Pension credit £.....

#### **Other income**

Maintenance payments £.....  
 Partner's or own  
 occupational pension £.....  
 Interest from savings £.....

#### **Child Support**

Other £.....

**Total** £.....

- please include your partner's income.

### 2. Weekly Expenditure

Rent (after housing benefit) £.....  
 Mortgage £.....  
 Board & lodging payments £.....  
 Council tax (after benefit) £.....  
 Water rates £.....

Car £.....  
 Carers/ home help £.....  
 Childminding/ nursery fees £.....  
 Clothing £.....  
 Debt repayments; please  
 match with figure given  
 for no.11 £.....  
 Electricity £.....  
 Food £.....  
 Garage £.....  
 Gas £.....  
 Insurance: life, household  
 contents etc. £.....  
 Laundry £.....  
 Telephone £.....  
 Travel £.....  
 TV Licence £.....  
 TV/ Video hire £.....

#### **Other**

£.....  
 £.....  
 £.....  
 £.....  
 £.....

**Total** £.....

**10. SAVINGS**

Total amount of savings £ \_\_\_\_\_

**11. DEBT REPAYMENTS**

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

2. Please list any debts that are directly deducted from your benefits.

Debt	Weekly payment	Outstanding period for deduction
.....	.....	.....
.....	.....	.....
.....	.....	.....

3. Have you had any advice on your debts? \_\_\_\_\_

If yes, please say from whom \_\_\_\_\_

**12. SOCIAL FUND**

1. Are you eligible to apply for a social fund grant or loan for any of the items requested in this application? Yes/No \_\_\_\_\_ Have you applied? \_\_\_\_\_

2. If yes, please give details:

Grant:

Items	Grant
_____	_____
	<b>Total</b> _____

Loan:

Items allowed	Amount awarded	Period of debt	Weekly payment
_____	_____	_____	_____

Total \_\_\_\_\_

3. If you were refused a grant or loan please give the reason: \_\_\_\_\_  
\_\_\_\_\_

4. If you refused to accept a loan please give the reason: \_\_\_\_\_

**13. HELP FROM OTHER PEOPLE**

1. Do you have a Social Worker, CPN, Housing Officer, Health Visitor or any other person who is helping you or a member of your family at the present time?

2. If yes, please give their name and where they work \_\_\_\_\_  
\_\_\_\_\_

3. Have you applied to any other charities or organisations for financial help? Yes/No

4. If yes, please give details:

Name of charity or department	Items requested	Amount	Result
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

5. How did you hear about Dr Edwards & Bishop King's Fulham Charity? \_\_\_\_\_  
\_\_\_\_\_

6. Have you had any previous grants from Dr Edwards & Bishop King's Fulham Charity?  
If so, please give details: dates and items granted \_\_\_\_\_  
\_\_\_\_\_

**14. DECLARATION – Requirement of the Data Protection Act 2002. All information held is for the purpose of this application and will be treated confidentially in accordance with the Data Protection Act.**

I confirm that I have read the form and I consent to Dr Edwards & Bishop King's Fulham Charity maintaining this information for the purpose of considering an award.

Signed by the applicant: \_\_\_\_\_

**I confirm that all the details I have given in this form are correct.**

Applicant's full name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

***Please complete the attached equal opportunities monitoring form.***

# 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:  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 GUIDANCE NOTES FOR PERSONAL APPLICANTS

This form can only be used by 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 of Hammersmith Road between Edith Road and Addison Bridge (postcodes SW6, part of W14 and part of W6). *A map showing the Charity's boundaries and a list of eligible streets is on the website at [www.debk.org.uk](http://www.debk.org.uk).*

1. Please give complete details of current or previous employment history including any service in HM Forces, also membership of a trade union or professional association (even if retired). You 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 Trustees to know what is most urgently needed.
3. We do not normally require estimates for everyday household items. We do need estimates for floor coverings (carpet up to £6.99 per square yard and vinyl £7.99 per square yard) and specific details for each room/area requested. Estimates for decorating materials should be obtained from Homebase.
4. The Charity gives grants in the form of purchase orders to specified shops or cheques made out to suppliers.
5. Please give as full a description of your needs as possible, saying what is needed and why. Continue on a separate sheet if necessary. Grants **cannot** be given for:
  - ▶ *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*
  - ▶ *The Charity does not normally make grants for debts or household bills*
  - ▶ *No grants can be given for any items 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, you must, if eligible, apply to the Social Fund for a grant first. If you are only offered a loan, you can proceed with an application to the charity before accepting it if you can show that you cannot afford to repay it.
7. Unless you are asking for an education grant, you will be visited at home by a representative of the Charity who will discuss your application with you and ask to see evidence of your income (eg. benefits letter from DWP, recent bank statement, pay slip) or other relevant confirmation of your financial circumstances.
8. Your application will normally be considered by the Trustees within four weeks of a home visit. All grants are made at the Trustees' discretion after full consideration of each application and you cannot appeal against their decision. You may re-apply after one year or as recommended by Trustees.
9. Applicants for education/training for employment grants should apply to the office for the relevant application form.

**Please contact the Charity on 020 7386 9387 should you require further information or details of local suppliers.**