

## APPLICATION FOR RELIEF-IN-NEED GRANT ASSISTANCE

### PLEASE NOTE THIS APPLICATION FORM IS AVAILABLE IN LARGE PRINT

#### TO QUALIFY TO BE CONSIDERED FOR A GRANT YOU MUST MEET THE FOLLOWING CRITERIA:

1. Applicants should have resided in the Charity's scheme area for a minimum of 6 months.
2. The Charity will only consider **ONE** application from each household within a 12-month period. If you have applied within the last 12 months the Charity will not normally be able to assist
3. Applicants **must have exhausted all other areas of assistance** before applying to the Charity (for example, Social Fund, Budgeting Loan, Maternity Grant etc). **Proof of refusal of these areas of assistance must be shown.**
4. **Documentary Proof of Benefits must accompany all application forms**
5. **All applications to be supported by a third party**, and where possible, completed by them on behalf of the applicant. If your application cannot be supported by a third party please contact the Citizens Advice Bureau in Market Harbourough who will be able to assist you in completing your application form. Please visit their offices which are open **TUESDAYS** and **THURSDAYS** between 10 a.m. and 3.00 p.m. to see an Advisor. Alternatively call the central number **03003 301025** to arrange an appointment. **Please note this is an ANSWER SERVICE. Please leave your details and someone will call you back.**
6. **All applications must be accompanied by at least two utility bills, AND your Council Tax allocation for the current year. In addition, we require a copy of a Tenancy Agreement if you have lived at your current address for less than 6 months.**

#### **Data Protection Act 1998**

By submitting this application form and signing this declaration both the applicant and the referrer agree to the information on the form (and any attachments) being held on file and/or on computer, and may be made available to Charity Trustees and members of the Charity staff at the Market Harbourough & The Bowdens Charity office and to the relevant referring organisations (if any) stated on the application form and will be used solely for the purposes of determining the application and for monitoring the provision of grants by the Charity. All the information will be treated in the strictest confidence and not divulged to another third party, except for quality audit purposes, without the agreement of those concerned.

**No information passed to us on this form will be made available to any other parties without the applicant's consent.**

### ALL APPLICATIONS SHOULD BE ADDRESSED TO

Miss J.A. Edwards (Charity Secretary)  
The Principal Office, Market Harbourough and The Bowdens Charity  
10 Fairfield Road, Market Harbourough, Leicestershire, LE16 9QQ  
Telephone: 01858 419128  
Email: jedwards@mhbcharity.co.uk

# SECTION 1

PLEASE COMPLETE EACH SECTION FULLY- FAILURE TO DO SO MAY RESULT IN THE APPLICATION FORM BEING RETURNED AND A DECISION ON THE APPLICATION BEING DELAYED

YOU MUST COMPLETE DETAILS FOR YOURSELF AND HUSBAND/WIFE/PARTNER

## Applicant Details:

Title: Mr  Mrs  Miss  Ms  Surname \_\_\_\_\_

First Name(s) \_\_\_\_\_

Any other previous surname: \_\_\_\_\_

Date of Birth    Age \_\_\_\_\_ National Insurance No

Present Home Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_ Postcode \_\_\_\_\_

How long have you lived in your current property? \_\_\_\_\_

Is your house - Owned by yourself/Private Tenant/Housing Association/Other?  
(Please give details below – if Housing Association please give the name of the Housing Association)

\_\_\_\_\_  
(Please provide a copy of Tenancy Agreement if you have lived at this address for less than 6 months)

Previous Address (if less than 3 years at your present address -please give your reason for moving):

\_\_\_\_\_

\_\_\_\_\_ Postcode \_\_\_\_\_

Email Address: \_\_\_\_\_

Telephone (Home) \_\_\_\_\_ (Mobile) \_\_\_\_\_

Employer Name & Address: \_\_\_\_\_

## Husband/Wife/Partner Details:

Title: Mr  Mrs  Miss  Ms  Surname \_\_\_\_\_

First Name(s) \_\_\_\_\_ Last Name \_\_\_\_\_

Maiden Name \_\_\_\_\_ Previous Married Name \_\_\_\_\_

Date of Birth    Age \_\_\_\_\_ National Insurance No

Employer Name & Address \_\_\_\_\_

Please give details of any children or other adults not shown on page 2 who live in the household

Surname	First Name(s)	Date of Birth	Age	Relationship to Applicant	School/College attending

**PLEASE ENTER THE NAME, ADDRESS AND TELEPHONE NUMBER OF THE PERSON OR ORGANISATION SUPPORTING THIS APPLICATION OR COMPLETING IT ON YOUR BEHALF**

The Charity WILL contact this person for confirmation that they will support your application.

Name \_\_\_\_\_ (Mr/Mrs/Miss/Ms)

Position \_\_\_\_\_ Organisation \_\_\_\_\_  
*(Health Worker/Care Worker/Social Services Manager/Housing Manager or Citizens Advice Bureau)*

Address \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Postcode \_\_\_\_\_ Email address: \_\_\_\_\_

Telephone Nos \_\_\_\_\_

By signing below, the individual or the organisation who has assisted with the completion of this application confirms that they have had sight of the Applicant's proof of Benefits and Council Tax documentation and if possible confirms that the applicant(s) reside at the property with no other persons living in the household.

Signed \_\_\_\_\_ Dated \_\_\_\_\_

Position \_\_\_\_\_

## **SECTION 2**

Please set out simply below **WHY** you would like the Charity to assist you (*i.e. medical condition or financial pressures*):

Please set out simply below **HOW** you would like the Charity to assist you (*in order of priority – i.e. most urgent first*):

## **SECTION 3**

To assess how best the Charity can help you we need to have an idea of your financial circumstances (that is your income, outgoings and any exceptional expenses). Please complete fully the following boxes. If a box does not apply, please enter £0.00 or N/A (Not Applicable). Any sections which are left blank may result in the application form being returned to you for completion which will result in a delay in your application being considered.

### **INCOME:**

Breakdown your income so it shows how much you receive on a WEEKLY or MONTHLY basis.

<i>Please tick monthly or weekly:</i>	Monthly <input type="checkbox"/> Weekly <input type="checkbox"/>	Monthly <input type="checkbox"/> Weekly <input type="checkbox"/>
	<b>Applicant</b>	<b>Husband/Wife/Partner</b>
Wages/Salary	£	£
Universal Credit	£	£
Job Seekers Allowance	£	£
Employment Support Allowance	£	£
Working Tax Credit	£	£
Housing Benefit	£	£
Council Tax Reduction	£	£
Pension Guarantee Credit	£	£
Income Support	£	£
Bereavement Benefit	£	£
Incapacity Benefit	£	£
Industrial Disablement Benefit	£	£
Carers Allowance	£	£
Maternity Allowance	£	£
Statutory Maternity Pay	£	£
Statutory Sick Pay	£	£
Disability Living Allowance	£	£
Personal Independence payment	£	£
Disabled Persons Allowance	£	£
Attendance Allowance	£	£
Retirement Pension (State/Private)	£	£
Child Tax Credit	£	£
Child Benefit	£	£
Child Maintenance/Support	£	£
Discretionary Housing Payment	£	£
Discretionary Council Tax support	£	£
Income based Job Seeker's Allowance (JSA) only	£	£
Income related Employment & Support Allowance (ESA)		
Other Income (War/State Retirement)	£	£
Other (please specify)		
<b>MISCELLANEOUS Income</b>		
Child support from absent parent	£	£
Boarders/Lodgers	£	£
Rental income	£	£
<b>TOTAL INCOME</b>	<b>£</b>	<b>£</b>



# **SECTION 4**

Have you (or any other member of your immediate family) or anybody on your behalf previously made an application to the Market Harborough & Bowdens Charity? If so, please provide details of the date and grant offered below:

Have you applied for assistance from other potential sources of funding for this application? If so, please provide details below:

Please let us know where you heard about the Charity and supply the name and address in the spaces below:

Name \_\_\_\_\_

Address \_\_\_\_\_

## **DECLARATION**

**Any offer of grant that may be made by the Charity will be conditional upon the applicant being asked to provide detailed proof of identity (See Page 1)**

**I believe the information on this form is true and acknowledge that if a grant is made to me based upon inaccurate information the Charity reserve the right at any time in the future to pursue the recovery of the grant and to refuse any further assistance.**

Signed ..... Date .....  
**APPLICANT**

Signed ..... Date .....  
**HUSBAND/WIFE/PARTNER**