

**WESTMINSTER AMALGAMATED CHARITY  
APPLICATION FOR ASSISTANCE FOR  
INDIVIDUALS IN NEED**

<b>For office use:</b>	
<b>Date:</b>	<b>Client No:</b>
	<b>Request No:</b>
Clo <input type="checkbox"/> HH <input type="checkbox"/> HH/Clo <input type="checkbox"/> DG <input type="checkbox"/> Hol <input type="checkbox"/> Oth <input type="checkbox"/>	
<b>Completed on Benefactor:</b>	

**THIS FORM MUST BE DOWNLOADED FROM THE WEBSITE**

**BEFORE COMPLETING THE FORM:**

**APPLICANT** - Please ensure you have read and understood all the eligibility criteria as detailed on the Grants for Individuals page on the website.

**SPONSOR** - Please read the Guidance Notes on page 5 to ensure you understand your responsibilities in relation to this grant application.

**All** sections of the Application Form must be completed. Incomplete forms will not be processed and will be returned.

- Your application will need to be supported by a sponsor. This sponsor must be a recognised agency such as Social Services, Citizens Advice Bureau, Housing Association, Hostel or any registered charity working in Westminster. Your sponsor acts as the main point of contact for all parties during the grant administration process. Your sponsor will also be responsible for ensuring that any grant awarded to you is used for the purpose stated on the application form.
- Please answer the questions on pages 2, 3 and 4. If you have any difficulty, please ask your sponsor to help you.
- Your sponsor then completes pages 6 and 7.
- **Please provide copies of your latest bank statement, any savings account statement, benefits statement and pay slip (if relevant).**
- The Charity rarely makes awards over £400 and does not award grants retrospectively.
- **The information you give us in this form will be kept confidential and will not be given to any other person or organisation without your permission.**

## ABOUT YOU

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Family name: \_\_\_\_\_ Mr/Mrs/Miss/Ms/Other (please state) \_\_\_\_\_

First names: \_\_\_\_\_ Single/Married/Widowed/Other \_\_\_\_\_

Date of birth: \_\_\_/\_\_\_/\_\_\_ (day/month/year) Nationality: \_\_\_\_\_

No. and ages of children: \_\_\_\_\_

Your address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_ Post code: \_\_\_\_\_

Tel. No: \_\_\_\_\_

Is your home: Owned by the council/private rented/owned by you/sheltered housing/residential home/  
other (please state) \_\_\_\_\_

Do you live in Westminster now? Yes  No  If no, please say when you lived in the area.

From: \_\_\_/\_\_\_/\_\_\_ to \_\_\_/\_\_\_/\_\_\_ Address: \_\_\_\_\_

From: \_\_\_/\_\_\_/\_\_\_ to \_\_\_/\_\_\_/\_\_\_ Address: \_\_\_\_\_

## ABOUT YOUR HEALTH

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Do you have any serious health problems: Yes  No

If yes, please state what: \_\_\_\_\_

\_\_\_\_\_

## ABOUT YOUR OCCUPATION

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Are you: Unemployed  Employed  Training  In voluntary work

Please say what you do: \_\_\_\_\_

Is your partner: Unemployed  Employed  Training  In voluntary work

Please say what your partner does: \_\_\_\_\_

## ABOUT THE GRANT

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What do you need the grant for and why? If there is more than one item please list in order of priority.

- The majority of household items will be ordered and delivered through our designated supplier.
- If the request is for flooring, you must **include two separate quotes** for the total amount with this application.

Item 1:
Item 2:
Item 3:

Have you applied for a Local Support Payment? Yes  No

If yes, what have you requested and when do you expect to hear?

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Have you received a Local Support Payment? Yes  No

If yes, what were you given? \_\_\_\_\_

Please list any other charities to which you have applied for assistance with the above items and are awaiting the outcome:

Name of Charity	Grant amount	Outcome date

Please list any other charities from which you are in receipt of regular grants not related to the above items:

Name of Charity	Grant amount	How often

## YOUR MONTHLY INCOME

## YOUR MONTHLY EXPENDITURE

Please detail your **monthly** income and expenditure – complete all sections that apply to you.

	You	Your partner or other family member		
Wages (after tax)	£	£	Rent/mortgage	£
State Retirement Pension	£	£	Council Tax	£
Income Support	£	£	Water	£
Child Benefit	£	£	Gas	£
Working Tax Credit	£	£	Electricity	£
Child Tax Credit	£	£	Telephone/ Emergency Call System	£
Child Maintenance	£	£	Insurances	£
Spouse Maintenance	£	£	Home care, home help	£
Incapacity Benefit	£	£	Food, household items	£
Personal Independence Payment (formerly DLA)	£	£	Other major items of monthly expenditure including loans and credit cards:  _____ £ _____ _____ £ _____ _____ £ _____	
Jobseeker's Allowance	£	£		
Employment and Support Allowance	£	£		
Housing Benefit	£	£		
Other (please state)	£	£		
<b>TOTAL:</b>	£	£	<b>TOTAL:</b>	£
Please list all other members of your household and their monthly income:			YOUR SAVINGS (and those of any other members of your household)	
Relationship to you		Income (per month)	Account name:	Balance £
_____		_____	_____	_____
_____		_____	_____	_____
_____		_____	_____	_____
<b>APPLICANT'S SIGNATURE</b> (Please sign and date this form after you have completed pages 2, 3 and 4). By signing this form you are declaring that the information you have given us in this form is correct.				
Signature: _____			Date: ___/___/___	

## GUIDANCE NOTES FOR SPONSORS

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Before completing page 6, please read these guidance notes carefully and ensure that the sponsoring organisation is able to follow this grant application through to its conclusion.

1. The Charity requires that the sponsor is responsible for the following:
  - Acting as the main point of contact for all parties during the grant administration process.
  - Ensuring that the application is accompanied by a supporting statement.
  - Ensuring that the applicant has provided copies of their most recent bank statement, any other savings account statement, benefits statement and pay slip (if relevant).
  - Ensuring that the sponsor's organisation is capable of accepting and processing a grant cheque from the Charity.
  - Ensuring that the grant cheque is acknowledged by returning the receipt card to the Charity.
  - Ensuring that any grant awarded is used for the purpose stated on the application form. Any misuse of funds will result in the Charity seeking reimbursement from the sponsor's organisation. It may also jeopardise any future applications.
  - Ensuring that store receipts for the purchases made are forwarded to the Charity within 28 days of the date of purchase.

If there are any doubts about the above responsibilities then your organisation should not act as sponsor. However, if you would like to discuss any of the aspects listed above please contact the Grants Administrator before proceeding with this application.

2. Please check that the applicant has applied for all relevant state benefits. Westminster Amalgamated Charity cannot give money for a need which could be covered by local or national state funds.
3. Grants are not given for TVs, CD/DVD players, computers/software, games consoles, mobile phones, etc.
4. We do not make payment to the individual applying. Payment is made to the sponsor's organisation or directly to the retailer. If payment is being requested direct to a retailer please ensure that they will accept a cheque, e.g. Argos no longer accepts cheques.
5. The supporting statement is an essential part of the application (see page 6). Applications without a supporting statement will not be considered. Page 6 must be attached to a brief covering letter on the sponsoring organisation's headed paper and signed by the sponsor.

**Please note that applications can take 4 – 6 weeks to be processed. If the applicant's needs change, regarding the items requested, during the application process please let us know as soon as possible.**

**SPONSOR – PLEASE INCLUDE THIS PAGE IN YOUR SUPPORTING STATEMENT**

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**1. Individual's background**

**2 Family circumstances**

**3. Medical, domestic or behavioural issues**

**4. Your agency's involvement**

**5. Why assistant is sought**

**6. Why the individual cannot afford the items requested**

**THIS PAGE SHOULD BE COMPLETED BY THE SPONSOR**

**SPONSOR'S DETAILS**

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Before completing this page please ensure you have read the guidance notes on page 5 of the application form.

Title and Name: \_\_\_\_\_  
(Block capitals please)

Job Title or Role: \_\_\_\_\_

Organisation: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_ Post code: \_\_\_\_\_

Tel. No: \_\_\_\_\_

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

Cheque payable to: \_\_\_\_\_

This should be the sponsor's organisation (or designated retailer where applicable) – **not** the beneficiary.

Have you included your supporting statement? Please tick box

Are copies of the applicant's bank statement, any other savings account statement, benefits statement and pay slip (if relevant) included with this application? Please tick box

Please make sure that **all** the sections of this application form have been completed correctly before the application form is sent to us. If they are not, the form will be returned to you which will result in a delay in processing the grant.

I declare that to the best of my knowledge and belief the information contained in this form is accurate.

Sponsor's signature: \_\_\_\_\_ Date: \_\_/\_\_/\_\_

Please return your completed form to:  
The Grants Administrator, Westminster Amalgamated Charity, School House, Drury Lane, London WC2B 5SU  
Or email it to: [wac@3chars.org.uk](mailto:wac@3chars.org.uk)