



For office use	Date:
Client No.	Req No.
Clo <input type="checkbox"/> HH <input type="checkbox"/> HH/Clo <input type="checkbox"/> DG <input type="checkbox"/> HoI <input type="checkbox"/> Oth <input type="checkbox"/>	

INDIVIDUAL APPLICATION FORM

THIS FORM MUST BE DOWNLOADED FROM THE WEBSITE TO ENSURE THAT LATEST VERSION IS USED. PLEASE DO NOT USE A PHOTOCOPY OF A BLANK FORM AS IT MAY NOT BE UP TO DATE.

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

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

Do you have any serious health problems: Yes No

If yes, please state what: _____

ABOUT YOUR OCCUPATION

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

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?

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)	£	£		
TOTAL:	£	£	TOTAL:	£
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 £
_____	_____		_____	_____
_____	_____		_____	_____
_____	_____		_____	_____
<p>APPLICANT’S SIGNATURE (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.</p> <p>Signature: _____ Date: __/__/__</p>				

GUIDANCE NOTES FOR SPONSORS

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.

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

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