



For office use	Date:
Client No.	Req No.
IGS 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 THE 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 our website.

CONSENT

- Please ensure you have read the Privacy Policy which is displayed on the Grants page on our website and is available to download with this form.
- Please sign and date below to indicate that you give consent for the Charity to process and store your personal information, (including any health-related data), disclosed on this application form:

Signed: _____ Date: _____

- Your application will need to be supported by a sponsor. This sponsor must be a recognized 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 3, 4 and 5. If you have any difficulty, please ask your sponsor to help you.
- Your sponsor then completes pages 7 and 8.
- **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.

SPONSOR

- Please read the Guidance Notes on page 6 to ensure you understand your responsibilities in relation to this grant application.

CONSENT

- Please ensure you have read the Privacy Policy which is displayed on the Grants page on our website and is available to download with this form.
- Please sign and date below to indicate that the applicant has given you permission to pass on the information contained in this application form:

Signed: _____ Date: _____

- **All** sections of the Application Form are required as the information helps to build up a picture of the beneficiary's circumstances and to identify the level of need. The collection of this information will reinforce the applicant's case when put to Trustees for approval.
- If for any reason, the application does not progress to being considered by the Grants Committee, the application form and all supporting documentation will be destroyed and you will be informed in writing of this action.

ABOUT YOU

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

First names: _____

Date of birth: ___/___/___ (day/month/year) No. of dependent children: _____

Your address: _____

Post code: _____

Tel. No: _____

Is your home: Owned by the council/privately 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, please **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 and your partner/ members of household (if applicable).

	You	Your partner		
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 any other members of your household and their monthly income – please don't use their name; simply state your relationship such as brother, sister, father, mother, son, daughter, friend etc.			YOUR SAVINGS (and those of any other members of your household)	
Relationship to you	Income (per month)		Account name:	Balance £
_____	_____		_____	_____
_____	_____		_____	_____
_____	_____		_____	_____
APPLICANT'S SIGNATURE (Please sign and date this form after you have completed pages 3, 4 and 5). 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

Before completing page 7, 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. Requests for furniture, white goods, kitchen equipment and small household items will be provided through our chosen supplier (C Supplies Ltd.) and delivered direct to the beneficiary. If the request is for flooring, a cheque will be made payable to the sponsor's organisation or a selected retailer.
5. The supporting statement is an essential part of the application (see page 7). Applications without a supporting statement will not be considered. Page 7 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 up to 4 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

This information is needed as it helps to build up a picture of the beneficiary's circumstances and to identify the level of need. This information will be treated as sensitive and will not be shared with anyone other than the members of our Grants Committee.

1. Individual's background

2 Family circumstances

3. Medical, domestic or behavioural issues

4. Your agency's involvement

5. Why assistance is sought

6. Why the individual cannot afford the items requested

SPONSOR'S DETAILS

Before completing this page please ensure you have read the guidance notes on page 6 of the application form.

CONSENT

Please sign and date below to indicate that you give consent for this Charity to process and store the information disclosed on this page.

Signed: _____

Date: _____

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 read and understood the Privacy Policy? Please tick box

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