

CONFIDENTIAL GRANT APPLICATION

Application Checklist

Employment

To ensure the charity assists those who have worked for a qualifying company (as per point 2 of the application form), please send any of the following:

(please tick to confirm what you are returning)

- A letter from your current or most recent employer (on letter headed paper)
- An occupational pension advice slip
- Any other official document which confirms the number of years you have worked in the industry

If you do not have any of the above documents:

- Please complete and sign the form (on page 9), which we can send to HM Revenue & Customs in order to obtain your employment records. Please note: this may delay the application process.

Income

If you are in receipt of any income-related benefits we will need to see proof. Please tick if enclosed:

- Proof of all income-related benefits (e.g. Pension Credit, Housing Benefit, Council Tax Benefit)

Address

Please send us a proof of residence:

(please tick to confirm what you are returning)

- Utility Bill
- Telephone bill
- Council Tax Bill
- Other, please state: _____

Quotes

If you require assistance for a specific item or works to be carried out, please provide us with at least two quotes. Please tick if enclosed.

- At least two quotes for specific assistance

Other items

Please tick if any of the following documents have been enclosed with you application.

- Supporting Doctor's/Specialist medical report, if applicable
- Financial statement(s) to verify current level of debt
- Offer letter(s) for grant(s) from other sources
- Supporting notes from another organisation/sponsor
- Any other documentation that may assist the Trust in reviewing your application

If you send us any original documents, we will photocopy them for our records and return the originals to you.

GRANT APPLICATION FORM

PLEASE COMPLETE IN BLOCK LETTERS

Date of application:

Office Use Only: Ref. No: _____

How did you know about The Rainy Day Trust?

1. PERSONAL DETAILS

Full Name	
Address	
Telephone number	
Mobile Telephone number	
Date of Birth	
Marital Status	
Full Name of Partner	
Date of Birth of Partner	
Date of Marriage/Civil Ceremony	
Please give detail of your next of kin: Full Name & Address	
Telephone number of next of kin	
Mobile Telephone number of next of kin	
Relationship to applicant of next of kin	

Particulars of sons and daughters (including adults) and dependants

Name	Age	Living at home or away	Relationship to applicant	Employed/unemployed or at school university

2. EMPLOYMENT DETAILS		
Were you or your spouse ever employed within the manufacturing, retailing or wholesaling of products relating to the Hardware, DIY, Housewares, Builders Merchants, Ironmongery, Pottery & Glass, Brushware or allied trades? YES / NO (Please delete as appropriate)		
Are you currently employed?	YES / NO Please delete as appropriate If you are retired or unemployed, go to Past employment.	
If yes please provide details:		
Name & Address	If more, continue on a separate sheet	
Type of Business and products manufactured or distributed		
Position Held		
Date of employment:	From:	To:

PAST EMPLOYMENT		
Name & Address of Past Employer: (most recent first)		
Type of Business and products manufactured or distributed		
Position Held		
Date of employment:	From:	To:

Name & Address of Past Employer:		
Type of Business and products manufactured or distributed		
Position Held		
Date of employment:	From:	To:

Name & Address of Past Employer	If more, continue on a separate sheet	
Type of Business and products manufactured or distributed		
Position Held		
Dates of employment:	From:	To:

3. HEALTH			
What is your general state of health? (Please tick the appropriate Box)	Good	Average	Below Average
Please describe any significant health problems or disabilities. Please enclose doctors / specialists medical report if applicable.			

4. HOUSING			
Do you currently reside in a (please tick appropriate box)			
House/Bungalow	Flat	Other	
Please complete if you are a <u>home owner</u>:			
Value of property:	Year of purchase	Amount of mortgage outstanding	Remaining term on mortgage
£			
Please complete if you <u>rent</u> your home: (please tick the relevant box)			
Privately Owned?	Council Owned?	Housing Association?	Sheltered Accommodation?
Please confirm the name(s) on tenancy agreement: _____			

5. FINANCIAL STATEMENT (see over) NOTES a. Please enter the net weekly/monthly income after tax etc. Amounts should be stated in terms of a weekly figure if possible. However, monthly or annual figures are acceptable if these are all that is available. Please indicate accordingly. b. Information is needed for both the applicant and the applicant's partner (if any) and any other household income/expenditure. c. Capital and Income from it – Total value(s) of all capital holdings/savings held by applicant and partner individually and/or jointly MUST be declared in the section indicating that to which the applicant has free access and that, which is in trust and only provides income. Income from savings should be shown in the Income column. d. In expenditure, include (where appropriate) weekly/monthly repayments made towards outstanding debts.
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INCOME PER WEEK/MONTH (please confirm)	APPLICANT	PARTNER (if applicable)	FOR OFFICE USE ONLY:
Net Earnings			
Working Tax Credit			
State Retirement / Widows pension			
Occupational ex-employer Pension/ Personal Pension			
Pension Credit			
Income Support			
Job Seekers Allowance			
Incapacity Benefit			
Severe Disablement Allowance			
Attendance Allowance			
Disability Living Allowance – Mobility			
Disability Living Allowance – Care			
Charitable Income			
Child Benefit			
Child Tax Credit			
TOTAL			

Other Income (e.g. Family contribution, investment income, bank/building society interest, tax credits) <u>PLEASE SPECIFY:</u>	APPLICANT	PARTNER (if applicable)	FOR OFFICE USE ONLY:
TOTAL BALANCE (1)			

I confirm that I also receive:

Housing benefit (please confirm: Full benefit / Part benefit)

Council Tax benefit (please confirm: Full benefit / Part benefit)

SAVINGS	APPLICANT	PARTNER (if applicable)	JOINT (If applicable)
Bank Account Balance			
Building Society Account Balance			
National Savings			
Other savings/investments			
TOTAL			

ROUTINE EXPENDITURE PER WEEK/MONTH (please delete)	APPLICANT	PARTNER (if applicable)	FOR OFFICE USE ONLY:
Mortgage			
Rent - Amount paid by applicant			
Board & Lodging (Residential Home or Nursing Home Fees)			
Council Tax - Amount paid by applicant			
Home Help			
Water Rates			
Electricity/Gas			
Telephone			
TV (inc TV Licence)/Satellite/Cable/Broadband			
Insurance (buildings/contents, life, etc.)			
Housekeeping (inc food, newspapers, laundry, cleaning materials, pocket money etc.)			
Car expenses (inc. insurance, tax, petrol, maintenance, MOT)			
Travel costs (taxis, public transport, etc.)			
Debt repayments (total amount as detailed below)			
Home maintenance (if home owner)			
Social and cultural participation			
Other expenses <u>PLEASE SPECIFY:</u>			
TOTAL BALANCE (2)			

OFFICE USE ONLY: Do not complete			
Income (1)			
Less Expenditure (2)			
Balance =			

DEBTS			
Indicate the total amount of outstanding debts e.g. mortgage, bank loan, overdraft, credit cards, hire purchase, or any overdue bills that do not relate to the current period. Please enclose financial statement/s to verify current level of debt.			
ITEM	TO WHOM OWED	AMOUNT OUTSTANDING	AMOUNT PAID OFF EACH MONTH
Total paid off each month (should match 'Debt repayments' above)			£

DECLARATION & DATA PROTECTION

- I declare that the information I have provided is, to the best of my knowledge, correct.
- I understand the information I have provided will be used to process this application for assistance.
- I agree that the details on this form may be passed in confidence to other agencies, including the Benefits Agency and other charities, in the course of this application.
- I authorise the Rainy Day Trust to approach, where appropriate, other agencies, including the Benefits Agency, current and previous employers and other charities, on my behalf.
- I confirm I have received a copy of the Society's Statement on Data Protection in accordance with the Data Protection Act 1998.

Signed _____ **Date** _____

DATA PROTECTION STATEMENT

DATA PROTECTION ACT 1998

We know privacy is important to you and so we promise to respect your personal information. We will only request necessary information from you at the time of your application, subsequent reviews and in providing additional charitable benefits to you in pursuing the objectives of the Trust.

Information is collected lawfully and in accordance with the Data Protection Act 1998.

We will try to ensure that your details are accurate and kept up to date. Personal data processed shall not be kept for longer than is necessary for that purpose.

Any personal data that is saved is held safely on our main computer and manual filing system, with security systems preventing unauthorised access and we always ensure it is treated confidentially.

The personal data you provide may be passed, in confidence, to other agencies, including the Benefits Agency and other charities, in the course of this application.

We do not pass our beneficiary mailing list to any other commercial organisation for marketing purposes.

In accordance with the Data Protection Act 1998 we have to obtain consent from beneficiaries to process your personal information in relation to your application for assistance, subsequent reviews and in providing additional charitable benefits to you. This consent is referred to on the Grant Application Form.

**HM REVENUE & CUSTOMS REQUEST
BENEVOLENCE GRANT**

Request to HMRC for Employment Records

Please complete all sections

National Insurance Number:

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Title (Mr/Mrs/Miss/Ms/Other):

Full Name:

Any previous/Maiden Name:

Date of Birth:

Full Address:

Post Code:

I authorise HM Revenue & Customs to release details of my employment records to:

Martina Farragher
Charity Administrator
Rainy Day Trust
Federation House
10 Vyse Street
Birmingham
B18 6LT

Signature: _____

(Please sign here)

Date: _____

(Please date here)