

## CONFIDENTIAL REQUEST FOR FINANCIAL HELP

Date of Application:

How did you hear about the Rainy Day Trust?

### DETAILS OF THE GRANT for which this application applies

Please describe the main purpose of the grant and specific reasons for applying to the Society for help. This should include costs of specific items, e.g., house repairs or equipment costs. Please supply 2 quotes for each item.

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### OTHER CHARITIES

Please enter details of other Charities, Trusts and/or Local Authorities approached in the last 2 years - and amounts granted. If a grant has been offered by another party, please include their letter of confirmation.

Organisation	Date	Result/Amount Granted

### HAVE YOU APPLIED TO THE RAINY DAY TRUST PREVIOUSLY?

If yes, please give details:

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### WELFARE ORGANISATIONS

Please complete if you are a welfare organisation applying on behalf of someone else's behalf:

Name of Agency:	Case Worker:			
Address:				
Tel No:	Email:			
How did you know about the Trust?				
Please confirm if correspondence should be sent to:				
	You		Direct to applicant	

### PERSONAL INFORMATION

Full Name:			
Date of Birth:		Marital Status:	
Current Address:			
Tel No:		Mobile No:	

EMERGENCY CONTACT/SPOUSE			
Next of Kin:	Name:		Relationship:
	Address: (if differs from above)		
	Tel No:		Mobile No:

DEPENDANTS (CHILDREN/ADULTS)			
Name:			
Age:			
Living at Home/Away:			
Relationship to applicant:			
Employed/unemployed/in education:			

### HEALTH

What is your general state of health? <i>(please tick relevant box)</i>	Good	Average	Below Average
Please describe any significant health problems or disabilities (include Partner's health problems/disabilities if applicable) * If you require assistance towards the cost of a disability-related item, such as a riser/recliner chair or Electronically Powered Vehicle (EPV) please provide us with your Occupational Therapist report to support this application			

### HOUSING

Do you currently reside in a <i>(please tick box)</i>	House/Bungalow	Flat	Other
Please complete if you are a <b>homeowner</b> :	Value of property £	Year of purchase	Amount of outstanding mortgage £
Please complete if you <b>rent</b> your home (please tick the relevant box)	Privately owned		Please confirm the name(s) on tenancy agreement
	Council Owned		
	Housing Association		
	Sheltered Accommodation		

## EMPLOYMENT DETAILS

Were you or your spouse/partner ever employed within the manufacturing, retailing or wholesaling of products relating to the Hardware/DIY, Housewares, Builders Merchants, Pottery & Glass, Brushware or allied trades? **YES / NO**  
*(please delete as appropriate)*

Are you currently employed, unemployed or retired? **YES/NO** *(please state-if retired please go to past employment)*

If employed, please provide details:

Name & Address of Employer:				
Type of business and products manufactured/distributed/sold:				
Position Held:				
Date of employment:	From:		To:	

### PAST EMPLOYMENT

Name & Address of Past Employer:				
Type of business and products manufactured/distributed/sold:				
Position Held:				
Date of employment:	From:		To:	

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Type of business and products manufactured/distributed/sold:				
Position Held:				
Date of employment:	From:		To:	

Name & Address of Past Employer:				
Type of business and products manufactured/distributed/sold:				
Position Held:				
Date of employment:	From:		To:	

### PROOF OF EMPLOYMENT

Proof of employment is required before your application can be processed. Please see page 6 for further details.

INCOME			
INCOME PER WEEK/MONTH <i>(please indicate)</i>	APPLICANT	PARTNER <i>(if applicable)</i>	OFFICE USE ONLY
State Retirement/Widows pension			
Occupational ex-employer/personal pension			
Pension Credit			
Net Earnings (salary)			
Working Tax Credit			
Carers Allowance			
Job Seekers Allowance			
Employment and Support Allowance			
Incapacity Benefit			
Income Support			
Severe Disablement Allowance			
Attendance Allowance			
Disability Living Allowance - Mobility (lower/higher rate)			
Disability Living Allowance - Care (lower/middle/higher rate)			
Personal Independence Payment <i>(replaces DLA)</i>			
Any Charitable Income			
Child Benefit			
Child Tax Credit			
<b>TOTAL</b>			

Other Income (e.g., family contribution, investment, bank/building society interest) <b>PLEASE SPECIFY:</b>	APPLICANT	PARTNER <i>(if applicable)</i>	OFFICE USE ONLY
<b>TOTAL INCOME</b>			

I confirm that I also receive:				
Housing Benefit	Full		Part	
Council Tax Benefit	Full		Part	

SAVINGS			
SAVINGS	APPLICANT	PARTNER <i>(if applicable)</i>	JOINT <i>(if applicable)</i>
Bank Account Balance			
Building Society Account Balance			
National Savings			
Other Savings/investments			
<b>TOTAL</b>			

EXPENDITURE			
ROUTINE EXPENDITURE PER WEEK/MONTH ( <i>please indicate</i> )	APPLICANT	PARTNER ( <i>if applicable</i> )	OFFICE USE ONLY
Mortgage			
Rent - amount paid by applicant			
Board & lodging (Residential/Nursing Home fees)			
Council Tax - amount paid by applicant			
Home Help			
Water Rates			
Electricity/Gas			
Telephone			
TV (inc 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 PLEASE SPECIFY:			
<b>TOTAL EXPENDITURE</b>			

<b>DEBTS</b>	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.		
<b>ITEM</b>	<b>TO WHOM OWED</b>	<b>AMOUNT OUTSTANDING</b>	<b>AMOUNT PAID OFF PER MONTH</b>
Total paid off each month (should match 'Debt Repayments' above)			£

**The last three month's bank statements for all bank, building society or Post Office accounts held by yourself and, if applicable, your partner must be provided for your application to be processed.**

OFFICE USE ONLY - DO NOT COMPLETE	APPLICANT	PARTNER ( <i>if applicable</i> )	OFFICE USE ONLY
Income (1)			
Less Expenditure (2)			
Balance			

## DECLARATION AND 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.

<b>Signed Main Applicant:</b>	Date:
<b>Signed Partner (if applicable):</b>	Date:

### DATA PROTECTION STATEMENT 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.

## APPLICATION CHECKLIST

<b>Employment:</b>					
<b>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 the relevant box):</b>					
A letter from your employer (on headed paper), which confirms your length of service					
Wage slips or P60's which confirm your length of service					
An occupational pension advice slip, which confirms your length of service					
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 section overleaf which we can send to HM Revenue & Customs in order to obtain your employment records. Please note this may delay the application					
<b>Income:</b>					
<b>The last three month's bank statements for all bank, building society or Post Office accounts held by yourself and, if applicable, your partner must be provided for your application to be processed.</b>					
<b>Address:</b>					
<b>Please send us proof of residence (please tick to confirm what you are returning):</b>					
Utility Bill		Telephone Bill		Council Tax Bill	
Other					
<b>Quotes:</b>					
<b>If you require assistance for a specific item or works to be carried out, please provide at least 2 quotes.</b>					
At least 2 quotes are enclosed for specific assistance (Please tick if enclosed)					
<b>Other Items:</b>					
<b>Please tick relevant box if any of the following documents have been enclosed with your application:</b>					
Supporting Doctor's/Specialist medical report, if applicable*					
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					
<b>If you send us any original documents we will photocopy them for our records and return the originals to you.</b>					

\* If you require assistance towards the cost of a disability-related item, such as a riser/recliner chair or Electronically Powered Vehicle (EPV) please provide us with your Occupational Therapist report to support this application. If you have been charged a fee for this report, please enclose your receipt with your application and we shall reimburse you for the cost, where possible.

**HM REVENUE & CUSTOMS REQUEST BENEVOLENCE GRANT**

Request to HMRC for Employment Records

To: Records Retrieval Service (RRS)  
HM Revenue & Customs  
BP8003  
Benton Park View  
Newcastle upon Thames  
NE 98 1ZZ

<b>National Insurance Number:</b>	
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<b>Title:</b>		<b>Date of Birth:</b>	
<b>Full Name:</b>			
<b>Full Address:</b>			
		<b>Post Code:</b>	

<b>Any Previous/Maiden Name:</b>	
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I authorise HM Revenue & Customs to release details of my employment records to: Rachael Overland, Rainy Day Trust, c/o Connect Assist, 9 Cefn Coed Parc, Nantgarw, Cardiff, South Glamorgan CF15 7QQ	
<b>Signature:</b>	<b>Date:</b>