



CONFIDENTIAL REQUEST FOR FINANCIAL HELP

Date of Application:	How did you hear about the Trust?
----------------------	-----------------------------------

PERSONAL INFORMATION

Full Name:			
Partner Name:			
Date of Birth:		Marital Status:	
Address:			
		Post Code:	
Telephone Number:		Mobile Number:	
Number of dependents living with you.	Adults:		Children:

DETAILS OF THE ASSISTANCE/GRANT THAT YOU NEED

Please tell us about your needs and your reasons for applying to the Trust for help. Please let us know the costs of the items that you need, especially for house repairs or equipment; two quotes are needed before your application can be considered. If you need more space, please continue on another sheet.

HEALTH

Please tell us about your health if you feel that it is relevant to your application. If you are requesting funding for special aids or equipment, please indicate if it has been recommended by a health professional.

HOUSING

Please tell us about where you live (please tick)	Own outright or mortgage	Rent	Sheltered/semi sheltered	Residential home

EMPLOYMENT DETAILS

Please confirm that you, or your partner, have been employed within the home improvement sector for one unbroken period of 12 months or more, and write the name and address of the qualifying employer in the box below.

Name and address of qualifying employer:

Type of business and products manufactured, distributed or sold:

Dates of employment in company named above:

From:

To:

PROOF OF EMPLOYMENT

We will need to see proof of employment within the home improvement sector so please provide us with copies of pay slips, a P60, a P45 or pension statements from a qualifying employer. All original documents will be returned to you.

OTHER EMPLOYMENT

Please tell us about other industries that you or your partner have worked in as we may be able to identify other forms of support for you.

INCOME

INCOME £ PER WEEK/MONTH	Applicant	Partner	Office use only
State pension	£	£	
Occupational or personal pension	£	£	
Welfare benefits	£	£	
Net salary or earnings	£	£	
Other (please specify)	£	£	
Attachment of earnings	£	£	
TOTAL (a):	£	£	
Other income such as family contribution, bank or building society interest, or investment income (b):	£	£	
TOTAL INCOME (a) + (b)	£	£	

HOUSING AND COUNCIL TAX BENEFIT

Please confirm (tick) if you receive either of the following benefits:

Housing Benefit	Full	<input type="checkbox"/>	Part	<input type="checkbox"/>
Council Tax Benefit	Full	<input type="checkbox"/>	Part	<input type="checkbox"/>

SAVINGS

Savings	Applicant	Partner	Joint
Bank account balance	£	£	£
Building society account balance	£	£	£
National savings	£	£	£
Other savings/investments	£	£	£
TOTAL:	£	£	£

The last 3 months' bank statements for all bank, building society and Post Office accounts held by yourself and, if applicable, your partner must be provided to support your application.

EXPENDITURE

Routine expenditure per week/month:	Applicant	Partner
Mortgage	£	£
Rent	£	£
Board & lodging or residential home fees	£	£
Council Tax	£	£
Home help/carer	£	£
Gas and electricity	£	£
Water	£	£
Telephone inc mobile	£	£
TV inc license, broadband, satellite.	£	£
Insurance (life, buildings, contents)	£	£
Housekeeping (inc food, cleaning, clothes, laundry)	£	£
Car expenses (inc petrol, servicing, insurance, tax, MoT)	£	£
Debt repayments (as below)	£	£
Travel costs (bus, train)	£	£
Social and entertainment	£	£
Home maintenance	£	£
Other: (please specify)	£	£
	£	£
	£	£
	£	£
TOTAL EXPENDITURE:	£	£

DEBTS

Please let us know of any outstanding debts, for example mortgage, bank loan, overdraft, credit cards, hire purchase, or any overdue bills and arrears that do not relate to the current period. If you have a financial statement to verify these debts, please enclose it.

Item	To Whom Owed	Amount Outstanding	Amount Paid per Month
		£	£
		£	£
		£	£
		£	£
		£	£
Total debt repayments per month:			£

NET FINANCIAL POSITION - OFFICE USE ONLY

	Applicant	Partner
TOTAL INCOME:	£	£
LESS TOTAL EXPENDITURE:	£	£
BALANCE:	£	£

OTHER CHARITY ASSISTANCE

Have you applied to the Rainy Day Trust before? If so, please give details:	
Have you applied to other charities within the last 12 months. If so, please give details.	Organisation/Date/Amount awarded

WELFARE ORGANIZATIONS

Please complete if you are a welfare organization applying on behalf of someone else.

Name of Agency:		Caseworker:	
Address:			
Tel No:		E-mail:	
How did you know about us?			
Should correspondence be sent to:		You	Applicant
Please confirm that you have the applicant's consent to contact us.		Yes/No	

DECLARATION AND DATA PROTECTION

RAINY DAY TRUST DATA PROTECTION AUTHORISATION

We know that privacy is important to you and promise to respect your personal information. We will only request information that we need to process your application for assistance. We will only contact you with information regarding assistance that may help you and will never pass your data to another organisation without your permission.

All personal data will be saved securely either electronically or filed in paper form. We will use up-to-date security systems to prevent access to your data. Out of date information will be securely destroyed.

You have the right to request to see any and all information held on you at any time by submitting a Subject Access Request in writing.

I authorise the Rainy Day Trust to hold and process my data as part of the application and assessment decision for the award of a grant or providing me with other support services.

I authorise the Rainy Day Trust to pass my personal data to Connect Assist, their authorised caseworking partner in order to assess my application only.

I agree to receive periodic updates from the Trust which may include information on the Trust and other services that may help me.

I agree to the Rainy Day Trust holding my bank details so that they make payments direct to my bank account where applicable.

I acknowledge that the Rainy Day Trust will hold records of my awards and grants for up to 7 years to meet their obligations to Her Majesty's Revenue and Customs.

I acknowledge that the Rainy Day Trust will never pass my personal details to another organization or person without my express permission.

1. I declare that the information provided on this form is correct to the best of my knowledge.
2. I acknowledge that I can exercise my Right to be Forgotten or withdraw my consent to hold my data at any time.
3. I confirm that I have read and understood the Trust's Data Protection Statements above, am aware that I can request a copy of the Privacy Policy and have authorised the processing of my personal data in accordance with **those boxes ticked above**.

Signed Applicant:

Date:

Signed Partner:

Date:

Please return to:

Rainy Day Trust
 C/o Connect Assist
 9 Cefn Coed Parc
 Nantgarw
 Cardiff
 South Glamorgan
 CF15 7QQ

Tel: 0203 192 0486