

The Hull Aid in Sickness Trust

(A Registered Charity - No. 224193)

APPLICATION FORM FOR AN INDIVIDUAL GRANT

1. **Full name of applicant**

Mr/Mrs/Miss/Other:

Surname:

Forename(s):

Date of Birth .../.../....

Where the application is made for a person under the age of 16 please give the full name(s) of the parent or legal guardian:

2. **Address of Applicant**

.....

Postcode Telephone No Mobile No.....

What type of housing do you occupy? Please circle the appropriate description below:

Owner occupied/Privatey rented/Council rented/Housing Association rented/Other (please state)

3. **Dependents**

Does anyone else live with you?

YES/NO

If YES state their details below:

NAME, AGE, RELATIONSHIP TO YOU

Have you any other dependants to support living elsewhere (i.e. Wife, Husband, Children, etc.)

If YES please also state their names and ages below:

YES/NO

4. **Medical reason for application:**

Nature of illness/disability:

Applications will not be accepted without a medical certificate or document of similar evidence dated within the last 6 months.

If you are unsure whether your evidence is applicable or if you are having difficulty obtaining documentation please contact the Clerk for advice.

5. **Income:**

Please give details of **ALL weekly income** for you, and everyone living with you. (This information will be treated in the strictest confidence)

	YOU	PARTNER	OTHER
	Amount p/w	Amount p/w	Amount p/w
State Pension	£.....	£.....	£.....
Pension Credit	£.....	£.....	£.....
Private Pension	£.....	£.....	£.....
Full/Part time pay (after tax)	£.....	£.....	£.....
Income Support	£.....	£.....	£.....
Attendance Allowance	£.....	£.....	£.....
Carer's Allowance	£.....	£.....	£.....
Universal Credit	£.....	£.....	£.....
<i>Personal Independence Payment (PIP)</i>			
PIP Care Component	£.....	£.....	£.....
PIP Mobility Component	£.....	£.....	£.....
<i>Disability Living Allowance (DLA)</i>			
DLA Care Component	£.....	£.....	£.....
DLA Mobility Component	£.....	£.....	£.....
Jobseekers Allowance (JSA)	£.....	£.....	£.....
Employment and Support Allowance (ESA)	£.....	£.....	£.....
Child Benefit	£.....	£.....	£.....
Other Benefit/Income – <i>state which</i>	£.....	£.....	£.....

Expenditure:

Please give details of the following **WEEKLY** amount you actually pay **AFTER** any benefits you receive are deducted.

	Amount paid p/w	Tick if benefit received
Rent or Mortgage	£.....per week	
Council Tax	£.....per week	
Water Rates	£.....per week	
Gas & Electric	£.....per week	
Telephone	£.....per week	
Mobile Telephone	£.....per week	
Loan repayments	£.....per week	
Regular Credit Card Repayments	£.....per week	

If you wish to state any other essential regular expenditure please include below stating what it is for:

£.....
£.....
£.....
£.....
£.....

6. **Item required:**

Please let us know how you intend to use the grant, how it will benefit you, and include correct and exact costs/quotes. (The more information you can give the better. You may prefer to provide a separate sheet to allow more detail to be given.)

ITEM/S REQUIRED

COST/QUOTE

7. **Any applications to other charities etc:**

Are you applying to anyone else for the same, or other items for funding? **YES/NO**

If “YES”, please state the nature of your application, when you can expect an outcome and to whom you applied. If an application has been declined please state any known reason for this rejection.

8. **Supporting Organisation:**

Give details of the person who has issued this form and is supporting the applicant in their request for a grant:

Name of Organisation:

Address:

Telephone No.:

email:

Contact’s full name and title:

A letter of support from the named contact above must be included with this application which outlines the reason for the application and the benefit the requested item will give.

9. **Further Information:**

Please feel free to attach an additional sheet to add anything which you may wish the Trustees to take into consideration when making their decision.

10. **DECLARATION**

Please read the following declaration carefully and sign below to show your consent:

- I understand that by signing this form I give my approval for the Trust to contact me and/or anyone named in my supporting documents (or named in section 8 above) about the information I have given. I also agree to a visit being made to me in my home if the Trust’s Visitor is directed by the Trustees to do so (the Trust will always give prior notification in writing before a visit is made).
- I accept that if my application is successful and a grant is approved I must provide the Trust with a receipt/proof of purchase for the item I have requested in section 6.
- I confirm that the information provided in this application is correct and I am resident in the UK for tax purposes.

Date Signature
(Where the applicant is under the age of 16 the form should be signed by the parent or legal guardian)

**Please note the information given on this form will be stored on a computer database for a period of 7 years from the date of the last application we have received from you, but it will only be used by the Hull Aid in Sickness Trust for the purpose of this application and any future applications and may not be disclosed to any other party.*

The Hull Aid in Sickness Trust

Procedure for payment of the grant

If your application is successful the grant will be paid by means of a crossed cheque which can be made out to either the organisation that is supporting you with this application, or the supplier of the item you require. Please complete the sections below:

If this application has been issued by a supporting organisation who has agreed to make the purchase for you, do you give your permission for the cheque to be made out in the name of that organisation? YES/NO

1. If **“YES”** please state the name of the agency to whom the cheque should be made and sign to show your approval for this action:

Name of agency.....

Applicant's Signature.....

If you have answered “YES” then you do not need to complete the remainder of the form.

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2. If **“NO”** please provide the correct payee name details for the supplier of the item you require (account or sort code details are NOT required). Any grant cheques awarded will be forwarded to you or your agent to make the purchase and not sent directly to the supplier. Please ensure that the quote you have provided for the item you request is for the EXACT amount required to purchase the item.

Name of the supplier as it should appear on the cheque:

.....

Please return by post:

1. Your completed application form - ensure the declaration has been read, signed and dated to show acceptance
2. Your medical evidence as requested in Section 4
3. Your letter of support as requested in Section 9

To:

**Ms Jayne Robinson
Clerk to the Trustees,
Hull Aid in Sickness Trust,
c/o Hull CVS
The Strand, 75 Beverley Road,
Hull, HU3 1XL**

*You can also contact the Clerk on **07415105494** or **01482 595564** or **info@hullaidinsickness.co.uk***