

## Individual Grants: Application for Essential Household Items

You may apply for a grant if you live in Hampton, Hampton Wick, Hampton Hill, Teddington, Twickenham, Whitton, the Mill Farm and Edgar Road estates.

### Part 1 Please give your details below in capital letters.

Title: Mr/Mrs/Miss/Ms		Date of birth:
First name:		Home tel no:
Surname:		Mobile:
Address		
Postcode:		
Email:	Single/married/living with partner/widowed	

### Please list names and dates of birth of everyone else who lives at the above address.

Name in capital letters	Date of birth	Name in capital letters	Date of birth

### Please give details of income for everyone who lives at this address:

Type of income	Amount	Type of income	Amount
State Pension	£	Wage/Salary	£
State Pension	£	Wage/Salary	£
Private Pension	£	Working Tax Credit	£
Pension Credit	£	Job Seekers Allowance	£
Attendance Allowance	£	Employment & Support Allowance	£
DLA Care / PIP daily living component	£	Child Benefit	£
DLA / PIP Mobility	£	Child Tax Credit	£
Carers Allowance	£	Universal Credit	£
Income Support	£	Other income	£

Does Housing Benefit / Universal Credit pay towards your rent and/or council tax? How much?	£
<b>You must provide a copy of your Housing Benefit decision letter, Universal Credit Statement or evidence of rent/mortgage paid.</b>	
Do you, or anyone who lives with you, have any savings above £6,000?	Yes/No
If Yes, please state total amount	£

**You must provide proof of income for everyone who lives at this address. Copies are acceptable. Full time students should provide a copy of their student status letter.** Trustees cannot consider a grant unless you do provide these documents. Please enclose a stamped addressed envelope if you want these documents returned.

**Please turn over**

## **Part 2 Grants for Essential Household Items**

Trustees meet weekly to consider grants for essential household items except over a two-week period at Christmas when our office is closed. **If you do not have essential items like a sofa**, the Trustees can award you a referral to the Richmond Furniture Scheme, which stocks good quality second-hand furniture. The charity will pay the Furniture Scheme directly for the items awarded. **If you do not have a cooker, fridge, washing machine or a bed**, the Trustees can award you with a basic model from our local supplier. **You will need to send us a supporting letter from your social or other support worker with this application form, plus your refusal letter from the Local Assistance Scheme (if applicable), otherwise we will need to visit you at home to assess your situation and verify the need.**

Where do you live? (Please circle)	House/Flat/Other	How many bedrooms?	
Who is your landlord		Do you need a fridge?	Yes/No
Do you need a washing machine?	Yes/No	Do you need an electric cooker?	Yes/No
Do you need any other items of furniture? (Please specify)			

**I confirm that the information is correct to the best of my knowledge and I accept that you will need to share my information with your supplier(s). I consent to you processing and storing my data in order for my application to be considered.**

Signature	Date
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**Trustees cannot consider your application unless you have completed all the above parts of this form and enclosed documents giving details about the income of everyone living at your address.**

Where did you hear about us?

- Website  Facebook  Friend/relative  Civic Centre  Library  Citizens Advice  
 Advert  School  Previous Applicant  Other: \_\_\_\_\_

## **Part 3 Authorising another person to talk to us on your behalf**

**If you would like another person (e.g. a relative, friend or a support worker) to speak to Hampton Fund on your behalf regarding your application, please fill in and sign the section below:**

I give the person named below permission to speak on my behalf to Hampton Fund about my application and give Hampton Fund permission to furnish the said person with the information they ask for. A note will be made on my file regarding this authorisation and I understand that this permission will be valid until I withdraw it in writing.

Name of person you would like to authorise to speak on your behalf	
Their relationship to you	Their contact telephone number
Applicant signature	Date