

## Application for a Fuel (or other) Grant

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.

I wish to apply for a grant for:

1) Fuel     2) Essential Household Items     3) School Journey     4) School uniform

Please give your details below in capital letters.

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

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

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

You must provide details of income for everyone who lives at this address and attach proof of income. 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.

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	£	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> If you do not send this, we cannot allow for these payments, so your grant may be lower.	
Do you, or anyone who lives with you, have any savings above £6,000?	Yes/No
If Yes, please state total amount	£

Office Use only

Documents checked & assessed: UC/ESA    Payslip    CTC/WTC    Bank Statement    DLA/AA  
CA    SP/PC    HB    Other \_\_\_\_\_    Signed \_\_\_\_\_

### 1) Fuel Grant to help with the cost of electricity and gas

Trustees meet to approve fuel grants every 2 months, in January, March, May, July, September and November. **You should send in an application form by the end of the previous month** at the latest. You will be notified of the Trustees' decision at the end of the month, when any money awarded should already have been credited to your fuel account.

Name of Electricity Supplier	Account number	Do you have a pre-payment meter? Yes/No
Name of Gas Supplier	Account number	Do you have a pre-payment meter? Yes/No

**You must send a copy of a recent bill or statement from your energy supplier(s) showing your account number(s).** We cannot process your grant unless you do send these.

We will split your grant equally between electricity and gas, unless you tell us otherwise.			
Electricity	%	Gas	%

### 2) Grant for Essential Household Items

Trustees meet weekly to consider grants for essential household items. 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 may need to visit you at home to assess your situation and verify the need.**

What type of property?	House/Flat/Other (please circle)	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)			

### 3) School Journey Grant

Children who are in their penultimate or final year at junior school may be **part-funded** to enable them to participate in the school journey arranged before they transfer to secondary school. The parent(s) are expected to pay half the cost of the journey. In cases where PGL covers part of the cost, the charity will top this up so that half of the journey cost is covered. The grants are paid directly to your child's school and returned to the charity if for whatever reason your child is unable to attend.

**Which school does your child/children currently attend?**

Name of Child	Name of School
---------------	----------------

Are they eligible for free school meals?	Yes/No
--	--------

#### 4) School Uniform Grant

Which school does your child/children currently attend?

Name of Child	Name of School
---------------	----------------

Please provide a copy of the acceptance letter from your chosen Secondary School.

Name of School	Confirmed Start Date
----------------	----------------------

Please indicate which supplier you have chosen to purchase the school uniform from. If your application is successful, you will receive a gift card for your chosen supplier. Refunds are strictly prohibited.

Please select your chosen supplier

Stevenson- Twickenham		Christ's School – Direct	
School Days- Whitton		Grey Court – School Zone	
Other (please specify)			

Please note the grant is a contribution towards your child's first school uniform. Parents are expected to cover all additional costs. We will not fund repeat school uniforms.

**Trustees cannot consider your application unless you have completed all relevant 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/Leaflet    School    Previous Applicant    Other \_\_\_\_\_

I confirm that the information is correct to the best of my knowledge and I accept that you may need to share relevant information with the fuel supplier, household goods supplier, school(s) and uniform supplier, as appropriate. I consent to you processing and storing the data supplied on this form in order for this application to be considered.

<b>Signature:</b>	<b>Date:</b>
-------------------	--------------

#### 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:	

Post your form to the address on page 1