

<b>For Office Use Only</b>	
Date Received	
Benefactor Ref	
Completed date	

**Consolidated Charity of Burton upon Trent**

**Relief in Need Application Form**





**APPLICANT'S DETAILS**

SURNAME ..... TITLE.....

PREVIOUS SURNAME (if applicable) .....

FORENAMES .....

ADDRESS .....

.....

POSTCODE ..... TELEPHONE NUMBER .....

EMAIL ..... MOBILE .....

NATURE OF PROPERTY [**OWNED / RENTED / OTHER**]\*

If not owned, please state name of landlord or explain other details.

.....

HOW LONG HAVE YOU LIVED AT THE CURRENT ADDRESS .....

If less than 2 years please give previous address(es) and length of time there.

.....

.....

HOW LONG HAVE YOU LIVED IN THE AREA OF BENEFIT

.....

(as per point 2 of the covering guidelines)

DATE OF BIRTH .....

MARITAL STATUS [**MARRIED / CP / WIDOWED / DIVORCED / SEPARATED / SINGLE**]\*

OCCUPATION .....

NATIONAL INSURANCE NUMBER .....

PLEASE GIVE DETAILS OF OTHER MEMBERS OF THE HOUSEHOLD AND ANY OTHER DEPENDENTS

<u>FULL NAME</u>	<u>DATE OF BIRTH</u>	<u>RELATIONSHIP TO APPLICANT</u>
.....	.....	.....
.....	.....	.....
.....	.....	.....
.....	.....	.....

\*Please delete as appropriate



## SECOND APPLICANT'S DETAILS

SURNAME ..... TITLE.....

PREVIOUS SURNAME (if applicable)  
.....

FORENAMES .....

ADDRESS .....

.....

POSTCODE ..... TELEPHONE NUMBER.....

EMAIL ..... MOBILE .....

NATURE OF PROPERTY **[OWNED / RENTED / OTHER]\***

If not owned please state name of landlord or explain other details.

.....

HOW LONG HAVE YOU LIVED AT THE CURRENT ADDRESS .....

If less than 2 years please give previous address(es) and length of time there.

.....

.....

HOW LONG HAVE YOU LIVED IN THE AREA OF BENEFIT

.....

(as per point 2 of the covering guidelines)

DATE OF BIRTH .....

MARITAL STATUS **[MARRIED / CP / WIDOWED / DIVORCED / SEPARATED / SINGLE]\***

OCCUPATION .....

NATIONAL INSURANCE NUMBER .....

PLEASE GIVE DETAILS OF OTHER MEMBERS OF THE HOUSEHOLD AND ANY OTHER DEPENDENTS

<u>FULL NAME</u>	<u>DATE OF BIRTH</u>	<u>RELATIONSHIP TO YOU</u>
.....	.....	.....
.....	.....	.....
.....	.....	.....
.....	.....	.....

\* Please delete as appropriate



**HOUSEHOLD INCOME**

**PLEASE WORK OUT YOUR TOTAL MONTHLY INCOME**  
 (If your income fluctuates please use an average worked out over the previous 3 months)

	<b>Applicant</b>	<b>Second Applicant</b>	<b>OFFICE USE</b>
Wages			
Universal Credit			
Working Tax Credit			
Job Seekers Allowance			
Incapacity Benefit / ESA			
Disabled Persons Tax Credit			
Child Benefit			
Child Tax Credit			
Child Support Maintenance			
Other Maintenance			
State Pension			
Other Pension			
Pension Credit			
Disability Living Allowance / PIP			
Carers Allowance / Attendance Allowance			
Income Support			
Housing Benefit			
Other Income			
<b>TOTAL MONTHLY INCOME</b>			

Please give full details of any **CAPITAL** you (and the second applicant) may have (including Property, Savings, Shares, etc).

£

.....

.....

.....

**TOTAL £ .....**



<b>HOUSEHOLD EXPENDITURE</b>														
<p><b>PLEASE WORK OUT THE TOTAL MONTHLY EXPENDITURE FOR YOUR HOUSEHOLD</b>            (If your expenditure fluctuates please use an average worked out over the previous 3 months)</p>														
EXPENDITURE	£ MONTHLY	OFFICE USE												
Rent / Mortgage Payments														
Council Tax														
Water Rates														
Gas														
Electricity														
Home Telephone / Mobile														
Home / Contents Insurance														
Pension Contributions														
Life Assurance														
TV Licence														
TV Rental / Satellite Subscription														
Car Running Costs (Petrol, Insurance, Road Tax, MOT, etc)														
Other Travel Costs														
Loan & HP Repayments														
Maintenance & Court Orders														
Food														
Clothes														
Other Expenditure – please state														
<b>TOTAL MONTHLY EXPENDITURE</b>														
<p>Please give <b>full details</b> of any <b>DEBTS</b> or <b>LIABILITIES</b> you (and the second applicant) may have (including Mortgages, Loans, HP, Court Orders, Fines, etc).</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 60%; border: none;"><u>Name of Creditor</u></td> <td style="width: 40%; border: none; text-align: right;"><u>Balance owing</u></td> </tr> <tr> <td style="border: none;">.....</td> <td style="border: none; text-align: right;">.....</td> </tr> <tr> <td style="border: none;">.....</td> <td style="border: none; text-align: right;">.....</td> </tr> <tr> <td style="border: none;">.....</td> <td style="border: none; text-align: right;">.....</td> </tr> <tr> <td style="border: none;">.....</td> <td style="border: none; text-align: right;">.....</td> </tr> <tr> <td style="border: none; text-align: right;"><b>TOTAL</b></td> <td style="border: none; text-align: right;"><b>£</b> .....</td> </tr> </table>			<u>Name of Creditor</u>	<u>Balance owing</u>	.....	.....	.....	.....	.....	.....	.....	.....	<b>TOTAL</b>	<b>£</b> .....
<u>Name of Creditor</u>	<u>Balance owing</u>													
.....	.....													
.....	.....													
.....	.....													
.....	.....													
<b>TOTAL</b>	<b>£</b> .....													



## ASSISTANCE REQUIRED

**Please list the item(s) required.**

Quotations must be supplied. See Guidelines for details.

**Note: If the requested item is not available or out of stock a comparable item will be ordered in its place.**

	ITEM(S) REQUIRED - PLEASE LIST IN ORDER OF PRIORITY
1	
2	
3	
4	
5	
6	

Please explain why you need help with the items listed above. Include any information which you feel is relevant to your application.

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

**Please read the attached guidelines and sign**



CONSOLIDATED CHARITY OF BURTON UPON TRENT

## the declaration at the end of this form.

### GUIDELINES FOR RELIEF IN NEED GRANT APPLICATIONS

The scheme operates to help those in financial need with assistance to purchase essential items such as;

- White goods for example cookers, fridge freezers, washing machines, tumble dryers
- Carpets, furniture and bedding
- Mobility aids
- Official School uniforms



1. All applications must be on the correct form (RIN2020) and submitted to;  
**Mr J P Southwell, Clerk to the Trustees, Consolidated Charity of Burton upon Trent, 1<sup>st</sup> Floor, Gibraltar House, Crown Square, First Avenue, Burton upon Trent, Staffordshire, DE14 2WE.** Telephone enquiries should be made to **01283 527067**.
2. Applicants **must** live in the area of benefit which is the town of Burton upon Trent and the parishes of Branston, Stretton, Barton-under-Needwood, Tutbury, Rolleston on Dove, Tatenhill and Rangemore, plus the Parish of Outwoods including South Outwoods.
3. The maximum grant awarded will be **£600** per calendar year, and no more than three individual applications will be considered in a five-year period.
4. Your application **must** be supported by a support worker, or other suitable professional who knows you, e.g. Social Worker, Local Councillor, Probation Officer or Health Visitor. **The letter of support should contain;**
  - confirmation of the applicant's current address
  - a detailed reason why applicants need assistance
  - a list of the items that are needed, including confirmation that the items are required by the applicant.The letter **must** be on headed paper and signed by the person supporting the application. A Doctor's letter will not be accepted.
5. **Applications will be rejected if incomplete** or if all requisite **supporting documentation** has not been received.

**All grants are made entirely at the discretion of the Charity's Trustees and there is no right of appeal.**

**Data Protection Statement:** it is part of the Trustees' responsibilities to ensure that grant applicants are suitably qualified under the terms of the charity's governing document. Trustees, therefore, need to investigate the personal circumstances of applicants. The personal data supplied on this form and other information relating to the application will be held on file. **Some**



CONSOLIDATED CHARITY OF BURTON UPON TRENT

**details may be checked with relevant organisations since the charity reserves the right to investigate and verify what you write in this form,** but no details will be disclosed for any inappropriate purpose. You may have access to your personal information on request.





CONSOLIDATED CHARITY OF BURTON UPON TRENT

## **RECOMMENDED SUPPLIERS FOR RELIEF IN NEED GRANT APPLICATIONS**

### **Electrical / Gas Appliances**

**Reconditioned product(s) or basic new model(s) only. Price to include delivery, fitting and a minimum one year's guarantee.**

Recommended suppliers are;

**Note: If the item is not available or out of stock a comparable item will be ordered in its place.**

Argos	178-180 Station Street, Burton on Trent		www.argos.co.uk
Burton Domestics	Unit 10, Eton Park Industrial Estate, Derby Road, Burton on Trent	01283 567684	www.burtondomestics.com
Burton YMCA	5 Borough Road, Burton on Trent	01283 547133	
J2K Appliances	Unit 12, Eccleshall Business Park, Hawkins Lane, Burton on Trent	01283 569927	www.j2kappliances.co.uk

### **Carpets & Floor Coverings**

Itemised quote required detailing room, room size and price per square metre (or yard). Maximum allowed for bedroom, kitchen, hall, stairs, landing and lounge is £7.49 per square yard. These prices include delivery and fitting charges and VAT. Recommended suppliers are;

Micks Carpets	Curzon Street, Burton upon Trent	01283 510086	www.mickscarpets.co.uk
---------------	----------------------------------	--------------	------------------------

### **Beds, Mattresses and Furniture**

Argos	178-180 Station Street, Burton on Trent		www.argos.co.uk
Burton YMCA	5 Borough Road, Burton on Trent	01283 547133	

### **School Uniforms**

**Grants will only be awarded for official schoolwear (ie. not for underwear, socks, shirts, blouses, trousers, skirts, pumps, schoolbags, etc that could be obtained elsewhere).**

Itemised quote and itemised invoice required. Recommended stores are:

Clothing4Schools.com	Units 1, Anglesey Business Park, Burton on Trent, DE14 3LX	01283 548234	www.clothing4schools.com
----------------------	--	--------------	--------------------------

**A minimum of one quotation will be required per item.**



**CONSOLIDATED CHARITY OF BURTON UPON TRENT**

**I CERTIFY THAT ALL THE INFORMATION PROVIDED ON THIS APPLICATION FORM IS TRUE AND ACCURATE TO THE BEST OF MY KNOWLEDGE AND BELIEF.**

I AUTHORISE ANY REPRESENTATIVE OF THE CONSOLIDATED CHARITY OF BURTON UPON TRENT TO MAKE ANY ENQUIRIES FROM ANY THIRD PARTY FOR THE PURPOSE OF PROCESSING MY APPLICATION FOR FINANCIAL ASSISTANCE.

I ACCEPT THAT PERSONAL DATA SUPPLIED ON THIS FORM WILL BE HELD ON FILE. SOME DETAILS MAY BE CHECKED WITH RELEVANT ORGANISATIONS BUT NONE MAY BE DISCLOSED FOR ANY INAPPROPRIATE PURPOSE. I UNDERSTAND I HAVE ACCESS TO THIS INFORMATION ON REQUEST.

SIGNATURE ..... DATE .....  
**Applicant**

SIGNATURE ..... DATE .....  
**Second Applicant**

**Tick box to confirm that the following supporting documentation is enclosed with this application.**

- Two months recent bank statements for ALL accounts held by all applicants listed.
- Proof of wages, three pay slips or copies of benefit/universal credit documentation for all applicants if available.
- A letter of support from a support worker or other suitable professional, as detailed in point 4 of the application guidelines.
- Quotations from the attached list of recommended suppliers.

**FAILURE TO COMPLETE THIS FORM AND PROVIDE THE ABOVE SUPPORTING DOCUMENTATION WILL RESULT IN YOUR APPLICATION BEING DELAYED OR DECLINED**

Please return this form together with the supporting documentation to:

**Mr J P Southwell, Clerk to the Trustees, Consolidated Charity of Burton on Trent, 1<sup>st</sup> Floor, Gibraltar House, Crown Square, First Avenue, Burton upon Trent, Staffordshire, DE14 2WE**

**Email: [clerk@consolidatedcharityburton.org.uk](mailto:clerk@consolidatedcharityburton.org.uk)**

**Telephone: 01283 527067**