



CONSOLIDATED CHARITY OF BURTON UPON TRENT

GUIDELINES FOR RELIEF IN NEED GRANT APPLICATIONS

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

- Cookers, fridge freezers, washing machines and tumble dryers
 - Carpets, furniture and bedding
 - Mobility aids
 - Official School uniforms
1. All applications must be on the correct form (RIN2019) and submitted to;
Mr J P Southwell, Clerk to the Trustees, Consolidated Charity of Burton upon Trent, 1st 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 a detailed reason why applicants need assistance and should clearly state the items that are needed.** 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 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 or basic new model only.

Price to include delivery, fitting and a minimum one year's guarantee.

Recommended suppliers are;

Argos	178-180 Station Street, Burton upon Trent	
Burton Domestic	Unit 10 Eton Park Industrial Estate, Derby Road, Burton upon Trent	567684
Burton YMCA	5 Borough Road, Burton on Trent	547133
Read Domestic Appliances	158 Waterloo Street, Burton upon Trent	567191

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 £7.49 per square yard. These prices include delivery and fitting charges and VAT. Recommended suppliers are;

Mick's Carpets	Curzon Street, Burton upon Trent	510086
----------------	----------------------------------	--------

Beds, Mattresses and Furniture

Argos	178-180 Station Street, Burton upon Trent	
YMCA Happy Homes	5 Borough Road, Burton upon Trent	547133

School Uniforms

Itemised quote and itemised invoice required. Recommended stores are:

Clothing4Schools.com	Units 1 & 2, Crown Industrial Estate, Anglesey Road, Burton on Trent	548234
----------------------	---	--------

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)

AT LEAST TWO QUOTATIONS WILL BE REQUIRED PER ITEM WITH THE EXCEPTION OF CARPETING WHERE ONLY ONE IS REQUIRED



APPLICANT'S DETAILS

SURNAME **[MR / MRS / MISS / MS]***

PREVIOUS SURNAME (if applicable)

FIRST NAME

OTHER NAMES

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 RESIDENT IN AREA OF BENEFIT

(as per point 3 of the covering guidelines)

DATE OF BIRTH

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

OCCUPATION

NATIONAL INSURANCE NUMBER

DO YOU LIVE WITH A SPOUSE OR PARTNER ? **[YES / NO]***

(If yes please ensure pages 2 & 4 are fully completed)

PLEASE GIVE DETAILS OF YOUR CHILDREN AND ANY OTHER DEPENDANTS:-

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

*Please delete as appropriate



SPOUSE OR PARTNER'S DETAILS

SURNAME **[MR / MRS / MISS / MS]***

PREVIOUS SURNAME (if applicable)
.....

FIRST NAME

OTHER NAMES

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 RESIDENT IN AREA OF BENEFIT

(as per point 3 of the covering guidelines)

DATE OF BIRTH

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

OCCUPATION

NATIONAL INSURANCE NUMBER

PLEASE GIVE DETAILS OF YOUR CHILDREN AND ANY OTHER DEPENDANTS:-

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

* Please delete as appropriate



CONSOLIDATED CHARITY OF BURTON UPON TRENT

APPLICANT'S INCOME		
<p>PLEASE WORK OUT YOUR TOTAL MONTHLY INCOME (If your income fluctuates please use an average worked out over the previous 3 months)</p> <p>Evidence of all income received must be supplied (eg. Last three payslips, copy of benefit books, letters of entitlement, etc.)</p>		
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		
TOTAL MONTHLY INCOME		
<p>If you are not claiming any benefits to which you are entitled please state why not.</p> <p>.....</p> <p>.....</p>		
<p>Please give full details of any CAPITAL you may have (including Property, Savings, Shares, etc).</p> <p style="text-align: right; margin-right: 50px;">£</p> <p>.....</p> <p>.....</p> <p>.....</p> <p style="text-align: right;">TOTAL £</p>		



CONSOLIDATED CHARITY OF BURTON UPON TRENT

SPOUSE OR PARTNER'S INCOME		
<p>PLEASE WORK OUT YOUR TOTAL MONTHLY INCOME (If your income fluctuates please use an average worked out over the previous 3 months)</p> <p>Evidence of all income received must be supplied (eg. Last three payslips, copy of benefit books, letters of entitlement, etc.)</p>		
INCOME	£ MONTHLY	OFFICE USE
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		
TOTAL MONTHLY INCOME		
<p>If you are not claiming any benefits to which you are entitled please state why not.</p> <p>.....</p> <p>.....</p>		
<p>Please give full details of any CAPITAL you may have (including Property, Savings, Shares, etc).</p> <p style="text-align: right; margin-right: 100px;">£</p> <p>.....</p> <p>.....</p> <p>.....</p> <p style="text-align: right; margin-right: 100px;">TOTAL £</p>		



CONSOLIDATED CHARITY OF BURTON UPON TRENT

PLEASE WORK OUT THE TOTAL MONTHLY EXPENDITURE FOR YOUR HOUSEHOLD
(If your expenditure fluctuates please use an average worked out over the previous 3 months)
 Evidence of expenditure must be supplied for all items marked **

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**		
TOTAL MONTHLY EXPENDITURE		

Please give **full details** of any **DEBTS** or **LIABILITIES** you (and your Partner or Spouse) may have (including Mortgages, Loans, HP, Court Orders, Fines, etc).

<u>Name of Creditor</u>	<u>Balance owing</u>
.....
.....
.....
.....
TOTAL	£

Please give details of any pets you keep.



CONSOLIDATED CHARITY OF BURTON UPON TRENT

<p>.....</p> <p>.....</p>

ASSISTANCE REQUIRED

Please list the item(s) required.
Quotations must be supplied. See Guidelines for details.

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

Staffordshire County Council administers a Local Assistance Scheme and the DWP provides Short Term Advances and Budgeting Loans. Please state why these schemes have not provided you with the help you need.

.....

.....

.....

.....

.....

Have you applied to any other organisations for assistance ? **[YES / NO]***
Please give details.

.....

.....

.....

.....

* please delete as appropriate



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
Spouse or Partner

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

Two months recent bank statements for ALL accounts for the applicant, spouse or partner.

Proof of wages, three pay slips or copies of benefit/universal credit documentation for the applicant spouse or partner.

Proof of gas, electricity and water payments or confirmation that these are paid by pre-paid meter, payment cards etc.

A letter of support from a support worker or other suitable professional, as detailed in point 5 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, 1st Floor, Gibraltar House, Crown Square, First Avenue, Burton upon Trent, Staffordshire, DE14 2WE

Email: clerk@consolidatedcharityburton.org.uk

Telephone: 01283 527067