

## CONSOLIDATED CHARITY OF BURTON UPON TRENT

Registered Charity No 239072

[www.consolidatedcharityburton.org.uk](http://www.consolidatedcharityburton.org.uk)

### GUIDELINES FOR RELIEF IN NEED GRANT APPLICATIONS

The Consolidated Charity of Burton upon Trent recognises that many people can find themselves in difficult financial circumstances, often through no fault of their own. Whilst the State provides a wide range of benefits and support there are some instances where people need help and the State cannot assist.

This scheme operates to provide relief for those in need by reason of youth, age, ill-health, disability, financial hardship or other disadvantage. It provides people with help to purchase essential items such as;

- Cookers, fridge freezers, washing machines and tumble dryers
- Carpets, furniture and bedding
- Mobility aids
- School uniforms

**The Charity will not award grants to clear debt.**

**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.

1. All applications must be on the correct form (RIN2017) 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. Forms must be fully completed and signed by all applicants. If you are unable to provide any of the information requested you must clearly explain the reason why on the application form.
3. Applicants must live in the area of benefit. This is the town of Burton upon Trent or the neighbouring parishes of Branston, Outwoods or Stretton. This has now been extended to include including Barton under Needwood, Rolleston on Dove, Rangemore and Tutbury. **The maximum grant awarded will be £600 per calendar year from the date of application.**
4. Details of all household income and expenditure must be calculated on a monthly basis and totalled up. **Applications will not be considered if this information is not provided correctly.**
5. Your application must be supported by a support worker or other suitable professional who knows you, e.g. Social Worker, 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.**

6. Because funds are limited the application must list the items required in order of priority. The application must also be accompanied by quotes for the items requested. A list of recommended suppliers is provided overleaf.
7. **Applications will be rejected if incomplete** or if all requisite supporting documentation has not been received.
8. You must explain on the application form why the State has not been able to provide the items you need.

## 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
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### 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:

Pupils Schoolwear	35 West Street, Swadlincote	224512
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**

## RELIEF IN NEED APPLICATION CHECKLIST

**BEFORE SUBMITTING YOUR APPLICATION TO THE CONSOLIDATED CHARITY, PLEASE ENSURE YOU HAVE COMPLETED AND INCLUDED THE FOLLOWING INFORMATION:**

Completed the applicant's details, together with the spouse or partner's details where appropriate.

Completed details of the applicant's monthly income, together with the spouse or partner's income details if applicable.

Enclosed proof of wages or benefits received for the applicant, spouse, or partner.

Completed details of the total household expenditure.

Enclosed proof of expenditure for the applicant, spouse, or partner. This should include bank statements/post office account statements for two months, proof of gas, electricity and water payments or confirmation that these are paid by pre-paid meter, payments cards etc.

Listed the items required in order of priority and explained why help is needed with the items listed.

Obtained a letter of support from a support worker or other suitable professional, as detailed in point 5 of the guidelines to the application form.

Signed and dated the form.

Provided two quotations per item from our list of recommended suppliers.

**IF ANY OF THE ABOVE BOXES ARE NOT TICKED, THERE MAY BE A DELAY IN THE PROCESSING OF YOUR APPLICATION.**

# CONSOLIDATED CHARITY OF BURTON UPON TRENT

## APPLICATION FOR RELIEF IN NEED GRANT

### APPLICANT'S DETAILS

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

PREVIOUS SURNAME (if applicable)  
.....

FIRST NAME  
.....

OTHER NAMES .....

ADDRESS .....

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

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 .....

(Burton upon Trent, Branston, Outwoods, Stretton, Barton under Needwood, Rolleston on Dove, Rangemore or Tutbury)

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:-

FULL NAME

DATE OF BIRTH

RELATIONSHIP TO YOU

.....	.....	.....
.....	.....	.....
.....	.....	.....
.....	.....	.....

\* 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 .....

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 .....

(Burton upon Trent, Branston, Outwoods, Stretton, Barton under Needwood, Rolleston on Dove, Rangemore or Tutbury)

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

# APPLICANT'S INCOME

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

Evidence of all income received must be supplied  
 (eg. Last three payslips, copy of benefit books, letters of entitlement, etc.)

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		
<b>TOTAL MONTHLY INCOME</b>		

If you are not claiming any benefits to which you are entitled please state why not.

.....  
 .....

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

£

.....  
 .....  
 .....

**TOTAL**    £ .....

## SPOUSE OR PARTNER'S INCOME

### PLEASE WORK OUT YOUR TOTAL MONTHLY INCOME

(If your income fluctuates please use an average worked out over the previous 3 months)

Evidence of all income received must be supplied

(eg. Last three payslips, copy of benefit books, letters of entitlement, etc.)

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		
<b>TOTAL MONTHLY INCOME</b>		

If you are not claiming any benefits to which you are entitled please state why not.

.....  
 .....

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

£

.....  
 .....  
 .....

**TOTAL £** .....



## TOTAL HOUSEHOLD EXPENDITURE

**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**		
<b>TOTAL MONTHLY EXPENDITURE</b>		

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).

Name of Creditor

Balance owing

.....

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.....

.....

**TOTAL**                      £ .....

Please give details of any pets you keep.

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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.

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

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\* please delete as appropriate

**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

**FAILURE TO COMPLETE THIS FORM IN FULL 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)**