**APPLICATION FOR GENERAL FINANCIAL ASSISTANCE**

**Egham United Charity is an individual and personal ‘relief in need’ Charity which gives grants to families, couples and individuals in difficult times. Where possible, our preference is for grant applications to come from referral agency workers and professionals who are working to promote better wellbeing for their clients. This form has therefore been designed to be completed by a Referee on behalf of the individual in need.** *If you do not have a Referee and wish to apply to the Charity direct please contact the Secretary on**eghamunitedcharity@outlook.com* *or telephone 07434 364 596 to request a different form.*

**PART 1: REFEREE DETAILS**

|  |  |
| --- | --- |
| Name |  |
| Agency |  |
| Address |  |
| Phone |  |
| Email |  |

**PART 2: APPLICANT DETAILS**

|  |  |
| --- | --- |
| Name |  |
| Address |  |
| Phone |  |
| Email |  |
| Age |  |
| No. of years' residence in area of benefit *(Egham, Englefield Green, Hythe or Virginia Water)* |  |
| Marital status |  |
| Are there any other members of the household? |  |
| Is there any illness or disability within the family? |  |

**PART 3: DETAILS OF THE HELP NEEDED**

|  |
| --- |
| **Please outline below the help that the applicant requires, the reasons for this approach to the Trustees and any other factors the Trustees should take into account**. *If you have already discussed this application with one of our Trustees, please let us know who you spoke to.* |
|  |
| If this application includes the purchase of any goods/products, please provide full details of the item(s) you wish to purchase including price, supplier and web link if appropriate. **Should you require larger household items (beds, carpets or white goods) or laptops/computing equipment please contact the Secretary for details of our preferred suppliers.** |  |
| To whom should payment be made if the application is successful (please provide bank details). **In the event of your being unable to take payment and administer the grant through your agency, please contact the Secretary before sending us your application form.** |  |
| Total amount requested from the Charity |  |

**PART 4: DETAILS OF THE APPLICANT’S CURRENT FINANCIAL SITUATION**

|  |  |
| --- | --- |
| Is the applicant in receipt of state benefits *(e.g. Universal Credit, Employment and Support Allowance, Child Tax Credit etc)?* | **[ ]  YES** By answering ‘YES’, you are confirming that you have seen evidence of the applicant’s entitlement to benefit. We therefore do not require any further details about the applicant’s income and expenditure at this time. *Please note that the charity reserves the right to request full income and expenditure information if the request for funds is greater than £750.***[ ]  NO** If you answered ‘NO’, please support the applicant to complete the income and expenditure table on the final page of this form.  |
| What is the applicant’s current total debt (including credit cards, overdrafts, other loans etc)? |  |
| Has the applicant asked for assistance from any other service providers or charities? If yes, what was the result? |  |

**PART 5: Personal data**

Egham United Charity are committed to protecting your privacy and the privacy of the applicant, and will only use personal data that we collect on this form in line with all applicable laws, including the General Data Protection Regulation (GDPR). Our full Data Policy can be viewed at [www.eghamunitedcharity.org](https://www.eghamunitedcharity.org/) or a paper copy can be requested by contacting the Secretary. **By signing this form you hereby grant Egham United Charity authority to process the personal data contained within it for the purpose of obtaining a grant of money, goods or services**. Please be aware that you can withdraw your consent at any time – see the full Data Policy for further information.

|  |  |
| --- | --- |
| Signature (referee) |  |
| Signature (applicant) |  |
| Date |  |

Please send the completed application to: **The Secretary, Egham United Charity, c/o Gladstone House, 77 – 79 High Street, Egham, Surrey TW20 9HY** or email to eghamunitedcharity@outlook.com. *Please be aware that any applications sent via email are not secure and are sent at your own risk – more information can be found in our Data Policy.*

**PART 6: INCOME AND EXPENDITURE**

**YOU ONLY NEED TO COMPLETE THIS PART 6 IF THE APPLICANT IS NOT IN RECEIPT OF STATE BENEFITS (as outlined in Section 4).**

**INCOME AND CAPITAL**

*(if none, write ‘none’)*

|  |  |  |
| --- | --- | --- |
| Wages/Earnings after tax: |  |  |
| Self | £ | (monthly) |
| Spouse | £ | (monthly) |
| Pension | £ | (monthly) |
| Income from Savings | £ | (monthly) |
| Contributions from family members / lodgers | £ | (monthly) |
| Child maintenance | £ | (monthly) |
| Benefits *(please give details below)* |  |  |
|  | £ | (monthly) |
| Do you own your own house? | YES / NO |  |
| Do you have a mortgage? | YES / NO |  |
| Building Society deposits / Savings | £ |  |

**OUTGOINGS AND DEBTS**

*(if none, write ‘none’)*

|  |  |  |
| --- | --- | --- |
| Rent/Mortgage | £ | (monthly) |
| Council Tax | £ | (monthly) |
| Heat and Light | £ | (monthly) |
| Water | £ | (monthly) |
| TV / Broadband | £ | (monthly) |
| Transport | £ | (monthly) |
| Household *(e.g. food, clothing etc)* | £ | (monthly) |
| Insurance | £ | (monthly) |
| Telephone *(mobile/landline)* | £ | (monthly) |
| Other main costs *(please give details below* |  |  |
|  | £ | (monthly) |