



REF: _____

Office use only Date received:

Time received:

Please note if your application is for food, essential clothing, medication or special assistance these will be dealt with as priority within 5 working days. All other requests will be responded to within 1 week of receipt.

The information provided when you apply for an Emergency Assistance Grant for Food and Essential Supplies, and other information provided in support of your application, will be held by the London Borough of Hounslow in compliance with the Data Protection Act 1998. It will be used for the purpose of processing the request for an application for a crisis payment and verifying an application has not been made for assistance from another Local Authority.

The London Borough of Hounslow is under a duty to protect the public funds it administers, and to this end may use the information provided on your application for the prevention and detection of fraud. It may also share this information with other bodies responsible for auditing or administering public funds. Personal data will otherwise not be disclosed to third parties.

PLEASE BE AWARE YOU MAY NEED TO PROVIDE EVIDENCE OF DETAILS GIVEN IN YOUR APPLICATION

Part 1 About you

Name and address

Title:

Date of birth:

Forename:

NINO:

Other Names:

Contact details (at least one must be provided)

Surname:

Phone No:

Other names you may be known by:

Mobile No:

Address:

Email Address:

Postcode:

We will use these contact details if we need to contact you about your application. This may help us make our decision quickly.

How long have you lived at this address for?

Have you been placed into Hounslow by another Local Authority?

If yes, you will need to approach that Authority for assistance.

No Yes

Have you made a previous application for an Emergency Assistance Grant for food and essential supplies?

No Yes

If **yes**, what was this application for and who paid the grant to you? If unsuccessful please tell us the organisation who refused the application and reasons for refusal:

Are you, your partner, or any member of your household an asylum seeker or still waiting legal immigration status?

No Yes

If yes, please provide us with further details and supply evidence on submission of the application:

Part 2 Household Details

Do you have a partner? No Yes If yes, what is their full name?

NINO: Date of Birth:

Do you have anyone else that lives with you or in your property?

Forename(s)	Surname	Date of Birth	Relationship to the applicant i.e. child, parent, sibling, boarder	Circumstances i.e. Housebound/School/ Unemployed/Employed & Income

Please use a separate sheet of paper if you need to tell us about anyone else who lives with you.

Part 3 Please explain what you need and why you need it? Please also explain why you no longer have these items and the hardship you are now experiencing as a result of COVID19

Please list the items you require (such as the cost of food or other household supplies, cost of meeting health related special dietary needs, white goods/household equipment such as kitchen appliances, essential white goods. home utility payments, etc.). Please note we do not replace lost or stolen money. **You must** complete part 3, explaining your reasons in respect of the impact of COVID and **use a separate sheet if you need more space**

Assistance with	Why is it needed
Food	
Special dietary requirements	
Fridge/Freezer	
Cooker	
Washing machine	
Utility payment to assist with cooking of food	
Sanitisers and Hand Gels	

Part 4 Financial Details – Your income

You need to explain when your income reduced as a direct result of COVID19 and how long the reduction in your income is likely to last. Please use the additional space in **Part 6** for your explanation.

Do you or your partner work? No Yes

If yes, please supply details below:

Name of person working	Self-Employed/ Employed <small>(name of Employer)</small>	Amount paid	How often and last date of payment <small>(weekly/monthly)</small>	How many hours do you work a week

Part 5 Financial Details – Bank accounts, savings and investments

Please provide details of all accounts you and your partner hold. Please include any details of accounts held in a child's name:

Name of account holder	Type of Account <small>Current/Savings/Investment</small>	Amount in account	Can you access this money?
Total:		£	

Please provide details in the box below of any shares, bonds or investments you or your partner hold (this includes any property, apart from where you live)

Is there any other money you or your partner could use? No Yes

This could be credit card, loan or overdraft. If yes, please tell us about this:

Part 6 Your Health (only complete if you are requesting assistance with food and/or other essential items)

Do you, your partner or a member of your household suffer any health issues? No Yes

If yes, please supply details below:

Health issue	Person

Please use the space below to provide further explanation in respect of your application:

Part 7 If you are completing the form on behalf of someone else

Are you requesting a grant or loan on behalf of someone else?

No Yes

Please provide your details below:

Title:

Address:

Forename:

Other Names:

Surname:

Postcode:

What is the relationship to the applicant?

Phone Number:

Email Address:

Please confirm if you have any of the following:

Power of attorney

Appointed by Secretary of State to act on their behalf

If you have ticked any of the above two boxes, you can sign the declaration in Part 9, you may be requested to provide proof; otherwise the person named in Part 1 has to sign the declaration.

Part 8 Declaration

Please read this declaration carefully before you sign and date it.

- This is my claim for an Emergency Assistance Grant only.
- I declare that the information I have given on this form is correct and complete as far as I know.
- I understand that the Council is under a duty to protect the public funds it administers, and may use the information provided on this form for the prevention and detection of fraud. It may also share this information with other departments in the Council, other bodies responsible for auditing or administering public funds for these purposes.
- I understand that if I give misleading information or documents, I may be prosecuted under the Fraud Act 2006.
- I understand I must provide receipts for the items I have been awarded if I am asked to do so.
- I declare that if I am awarded a grant I will only spend it on the items that the award has been made for.
- I understand failing to follow all the points mentioned in the declaration, could affect any future claims I make for an Emergency Assistance Grant or other discretionary schemes within the Council.
- I understand that if the Council recognises that I may be entitled to or need further help, that they will contact other agencies and departments, including my landlord for further information where required. I will be notified and advised of the information the Council is seeking before any contact is made with another department, organisation or other third party.

The London Borough of Hounslow may use contact details in order to contact customers about London Borough of Hounslow initiatives or to consult about its services, but only if consent has been given for us to do so. If you do not want us to contact you for these purposes please tick the box.

Full Name:

Signature:

Date:

Please email your completed application form to: curevenues@hounslow.gov.uk

Part 1 Diversity Information Questions

The Council is committed to promoting equal opportunities. Please take a few moments to fill in the survey below. This information will be used anonymously and will not affect your application.

Ethnic Background

Our ethnic background describes how we think of ourselves. This may be based on many things, including, for example, our skin colour, language, culture, ancestry or family history. Ethnic background is not the same as nationality or country of birth.

Please read the list on the separate page and tick one box per category only to show your ethnic background and living circumstances. We will collect and assess this information separately to improve our work on planning service provision within the Borough.

S e x	Female	<input type="checkbox"/>	Sta tus	Single (Never married or registered Same-Sex Civil Partnership)	<input type="checkbox"/>
	Male	<input type="checkbox"/>		Married	<input type="checkbox"/>
Ag e R a n g e	16-17	<input type="checkbox"/>	M a r i t a l	Registered Same-Sex Civil Partnership	<input type="checkbox"/>
	18-19	<input type="checkbox"/>		Separated (still legally married or in Same-Sex Civil Partnership)	<input type="checkbox"/>
	20-24	<input type="checkbox"/>		Divorced or Formally in Same-Sex Civil Partnership	<input type="checkbox"/>
	25-29	<input type="checkbox"/>		Widowed or Surviving Partner from Same-Sex Civil Partnership	<input type="checkbox"/>
	30-44	<input type="checkbox"/>		Co-habiting	<input type="checkbox"/>
	45-59	<input type="checkbox"/>	R e l i g i o u s	None	<input type="checkbox"/>
	60-64	<input type="checkbox"/>		Christian	<input type="checkbox"/>
	65-74	<input type="checkbox"/>		Buddhist	<input type="checkbox"/>
	75-84	<input type="checkbox"/>		Hindu	<input type="checkbox"/>
	85-89	<input type="checkbox"/>		Muslim	<input type="checkbox"/>
90 and Over	<input type="checkbox"/>	Sikh	<input type="checkbox"/>		
C o m p o s i t i o	One person Household under 65	<input type="checkbox"/>	D i s a b i l i t y	Any other	<input type="checkbox"/>
	One person Household over 65	<input type="checkbox"/>		Please give detail:	<input type="checkbox"/>
	Lone Parent with dependant children	<input type="checkbox"/>		No	<input type="checkbox"/>
	Lone Parent with non- dependant children	<input type="checkbox"/>			
	Co-habiting with no children	<input type="checkbox"/>			
	Co-habiting with	<input type="checkbox"/>	Yes	<input type="checkbox"/>	
Co-habiting with non dependant children	<input type="checkbox"/>	<input type="text"/>			
Language other than English spoken at home:					<input type="text"/>

Please turn over to complete remaining questions

