

**Application Form – Heating Grant**

**­**

**Once complete, please email this form to** [**grants@stevenagecommunitytrust.org**](mailto:grants@stevenagecommunitytrust.org)

**SECTION 1: CONTACT DETAILS**

|  |  |  |  |
| --- | --- | --- | --- |
| Referring organisation |  | | |
| Referrers name |  | | |
| Referrers telephone number |  | | |
| Referrers email address |  | | |
|  |  | | |
| Name of person(s) to benefit |  | | |
| Date of birth |  | | |
| Address |  | | |
| Number of children under 18 |  | Ages of children |  |
| Is the beneficiary the children’s primary carer? |  | | |

**SECTION 2: ADDITIONAL INFORMATION**

|  |  |
| --- | --- |
| What are the contributing factors for the applicant’s financial status? |  |
| Please provide any other information to support your application (including any health issues, employment details): |  |
| Does the applicant have any outstanding debts with their current or previous energy provider? Please provide details. |  |

**SECTION 3: FINANCIAL INFORMATION**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Weekly household income** | **£ per week** |  | **Savings/investments:** | **£ in savings/investments** | |
| Wages/salary |  | Savings accounts |  | |
| Child maintenance payments |  | Stocks and shares |  | |
| Universal credit |  | Bonds |  | |
| Job seekers allowance |  | Property |  | |
| Employment support allowance |  | Other: (please specify) |  | |
| Disability living allowance/PIP |  |  |  | |
| Child benefit |  |  |  | |
| Child tax credit |  |  |  | |
| Working tax credit |  | **TOTAL SAVINGS:** | **£** | |
| Housing benefit |  |  | | | |
| Council tax relief |  |
| State pension |  |
| Private pension |  |
| Pension credit |  |
| Carers allowance |  |
| Attendance allowance |  |
| Other: |  |
|  |  |
| **TOTAL INCOME:** | **£** |
|  | |
| **Weekly expenditure** | **£ per week** |  | **Priority debts:** (please list) | **Total owed** | **£ weekly** |
| Mortgage |  |  |  |  |
| Rent |  |  |  |  |
| Council tax |  |  |  |  |
| Gas |  |  |  |  |
| Electricity |  |  |  |  |
| Water |  |  |  |  |
| TV licence |  |  |  |  |
| Satellite/cable/broadband |  |  |  |  |
| Mobile phone |  |  |  |  |
| Telephone – landline |  | **TOTAL PRIORITY DEBTS** | **£** | **£** |
| Building/contents insurance |  |  | | |
| Food and toiletries |  | **Non-priority debts:** (please list) | **Total owed** | **£ weekly** |
| Clothing |  |  |  |  |
| Cigarettes/alcohol |  |  |  |  |
| Travel costs |  |  |  |  |
| Recreation/leisure costs |  |  |  |  |
| Pets – insurance, food etc. |  |  |  |  |
| Other: |  |  |  |  |
|  |  |  |  |  |
| **TOTAL EXPENDITURE (excl.debts)** | **£** | **TOTAL NON-PRIORITY DEBTS** | **£** | **£** |

**SECTION 4: DECLARATION**

I confirm that the information in this application is correct to the best of my knowledge. I understand that any grant awarded must only be used for the purpose it is intended, and I agree to comply with any conditions that Stevenage Community Trust may attach to it. If a grant is awarded, I give consent for my personal information to be shared with other organisations for the sole purpose of fulfilling the grant request.

**IMPORTANT:** **Please attach a copy of a letter, statement or contract from your energy provider showing your name, address and account number.** Without proof of your account details we will be unable to make a payment.

Signature of beneficiary ……………………………………………………………………. Date …………………………………………………..