

**Grant Application Form - Hardship**

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**SECTION 1: CONTACT DETAILS**

|  |  |
| --- | --- |
| Contact name |  |
| Organisation |  |
| Position |  |
| Address |  |
| Telephone number |  |
| Email |  |
| How did you hear about Stevenage Community Trust? |  |
|  |  |
| Name of person(s) to benefit |  |
| Address |  |
| Flat or house |  |
| Telephone number |  |
| Date of birth |  |
| Number of children and ages (under 18) |  |
| Is the beneficiary the primary carer? |  |
| What are the contributing factors for the applicant’s financial status? |  |
| Where possible, is the applicant taking steps to improve their situation? (please provide details) |  |

**SECTION 2: FUNDING REQUIREMENTS**

Please provide details of your request (include a detailed breakdown of costs and relevant estimates/quotes. For furniture and white goods, please include any size restrictions or specific considerations)

*Please be aware that where appropriate, items provided will be second-hand or reconditioned.*

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**SECTION 3: FINANCIAL INFORMATION**

|  |  |
| --- | --- |
| Amount of grant required | £ |
| Have you exhausted all other possible funding streams? |  |
| Have you requested funding from any other voluntary/statutory organisation? (please provide details) |  |

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| --- | --- | --- | --- | --- | --- |
| **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 benefit |  |
| State pension |  |
| Private pension |  |
| Pension credit |  |
| Other income: (please specify) |  |
|  |  |
| **TOTAL INCOME:** | **£** |
|  | |
| **Weekly expenditure** | **£ per week** |  | **Priority debts:** (please list) | **Total owed** | **£ weekly** |
| Mortgage |  |  |  |  |
| Rent |  |  |  |  |
| Council tax |  |  |  |  |
| Gas |  |  |  |  |
| Electricity |  |  |  |  |
| Water |  |  |  |  |
| TV licence |  |  |  |  |
| Satellite/cable |  |  |  |  |
| Mobile phone |  |  |  |  |
| Telephone – landline |  | **TOTAL PRIORITY DEBTS** | **£** | **£** |
| Broadband |  |  | | |
| Building/contents insurance |  | **Non-priority debts:** (please list) | **Total owed** | **£ weekly** |
| Food |  |  |  |  |
| Clothing |  |  |  |  |
| Nappies |  |  |  |  |
| Cigarettes/alcohol |  |  |  |  |
| Car costs – tax, petrol, MOT |  |  |  |  |
| Car insurance |  |  |  |  |
| Travel costs – other than car |  |  |  |  |
| Prescriptions/health costs |  |  |  |  |
| Recreation/leisure costs |  |  |  |  |
| Pets – insurance, food etc. |  |  |  |  |
| Other expenditure: (please specify) |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
| **TOTAL EXPENDITURE (excl.debts)** | **£** | **TOTAL NON-PRIORITY DEBTS** | **£** | **£** |

**SECTION 4: ANY OTHER INFORMATION**

Please use this space to provide any other information to support your application:

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**SECTION 5: DECLARATION**

Please use the checklist below to ensure the application is complete prior to submission. Failure to submit all relevant supporting documentation may result in the request being delayed or declined.

I enclose:

* the applicant’s recent bank statement(s) for a 1-month period detailing all income **YES / NO**
* quotes for equipment or services relating to the application **YES / NO**

Signature of supporting officer …………………………………………………….. Date ……………………………………………………

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 was intended, and 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 passed to other organisations for the sole purpose of fulfilling the grant request.

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

(Or their parent/guardian for under 18’s)

**Once complete, please return to: Stevenage Community Trust, Stewart House, Primett Road, Stevenage, Herts, SG1 3EE**

**or email to** [**grants@stevenagecommunitytrust.org**](mailto:grants@stevenagecommunitytrust.org)