



**Grant Application Form - COVID-19 FUND**

**­IMPORTANT: Please only use this form for urgent funding for people in crisis directly affected by the Coronavirus**

**SECTION 1: CONTACT DETAILS**

|  |  |
| --- | --- |
| Referrer’s name  |  |
| Organisation |  |
| Telephone number |  |
|  |  |
| Name of person(s) to benefit |  |
| Address (including postcode) |  |
| Over 60 years old? | Yes / No (please delete as appropriate) |
| Number of children (under 18) |  | Ages of children |  |
| Is the beneficiary the primary carer? |  |

**SECTION 2: FUNDING REQUIREMENTS**

|  |  |
| --- | --- |
| Amount of grant required | £ |

Please provide details of what is needed and why. Explain how the Coronavirus has affected the situation.

|  |
| --- |
|  |

**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:** | **£** |
| Discretionary housing payment |  |  |
| Council tax reduction |  |
| State pension |  |
| Private pension |  |
| Pension credit |  |
| Carers allowance |  |
| Attendance allowance |  |
| **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 |  |  |  |  |
| Nappies |  |  |  |  |
| Cigarettes/alcohol |  |  |  |  |
| Car costs – tax, petrol, MOT |  |  |  |  |
| Car insurance |  |  |  |  |
| Travel costs – other than car |  |  |  |  |
| Recreation/leisure costs |  |  |  |  |
| Pets – insurance, food etc. |  |  |  |  |
| Other: |  |  |  |  |
| **TOTAL EXPENDITURE (excl.debts)** | **£** | **TOTAL NON-PRIORITY DEBTS** | **£** | **£** |

**SECTION 4: DECLARATION**

I enclose a recent bank statement for the beneficiary covering a 1 month period **YES / NO**

I confirm that:

* I have permission from the beneficiary to submit this application and share their personal details.
* The information in this application is correct to the best of my knowledge.

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