# Application for Household Support Grant

## PRIVACY STATEMENT

The information you provide on this form will be used by Guildford Borough Council for the purposes of processing your application

Your personal information will be processed in line with Data Protection legislation. It will not be disclosed to third parties for marketing purposes.

We may share your information and make any other necessary enquiries regarding your application with other departments and statutory organisations to help us manage properties and handle claims.

This authority is under a duty to protect the public funds it administers, and to this end may use the information you have provided on this form for the prevention and detection of fraud.

It may also share this information with other bodies responsible for auditing or administering public funds for these purposes.

We will retain your data for as long as it is required for our administrative usage. It will then be securely destroyed.

If you believe the data we process on you is incorrect you may request to see this information and, if necessary have it corrected or deleted. If you wish to raise a complaint you can contact our Data Protection Officer at the address below.

If you believe we are not processing your data lawfully you can complain to the Information Commissioner’s Office (https://ico.org.uk/).

Further details are available on our website - [https://www.guildford.gov.uk/dataprotection,](http://www.guildford.gov.uk/dataprotection) or from the Information Rights Officer, Guildford Borough Council, Millmead, Guildford, GU2 4BB (email: iro@guildford.gov.uk).

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

## Part 1 About you – MUST BE COMPLETED

Title:

Forename:

Surname:

Address:

Postcode:

Date of Birth:

Phone No:

Mobile No:

Email Address:

We will use these contact details if we need to contact you about your application.

Have you made a previous application to the Household Support Fund?

Yes [ ]  No [ ]

If yes, please confirm how much was awarded and what it was for. If it was unsuccessful, please tell us the reasons for this:

Please tick which one applies. Are you:

A household with children (under age 19 as of 30.09.2022) [ ]

A pensioner (reached state pension age by 30.09.2022) [ ]

A family with no children [ ]

## Part 2 Household Details – MUST BE COMPLETED

Do you have a partner?

Yes [ ]  No [ ]

If yes, what is their full name?

What is their date of birth?

Do you have anyone else that lives with you or in your property? Please include everyone, including children.

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| --- | --- | --- | --- | --- |
| **Forename(s)** | **Surname** | **Date of Birth** | **Relationship to the applicant** (i.e. child, parent, sibling, boarder) | **Circumstances** (i.e. Housebound/ School/ Unemployed & Income) |
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Please use a separate sheet of paper if you need to tell us about anyone else who lives with you.

## Part 3 What do you need and why you need it?

If you are struggling financially you can apply for help to purchase food, help to pay your utility bills - gas, electricity, or water rates. You can also apply for help with other essential items such as other household appliances.

For us to be able to consider your application you MUST tell us in detail about:

* The hardship you are experiencing
* Why you are not able to meet the expenses
* What will happen if you do not receive help with your electricity or gas expenses

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| --- | --- | --- |
| **Assistance with** | **Why it is needed** | **Amount requested (£)** |
| Food |  |  |
| Fridge/Freezer |  |  |
| Cooker |  |  |
| Washing machine |  |  |
| Help with utility payment. **You must provide current proof of your utility bills, this includes electric, gas and water.** We may be able to help you if you are struggling to pay them and if you are in arrears. **Please explain what will happen if you do not receive help with your electricity or gas expenses**. |  |  |

## Part 4 Financial Details – Your income

**You must provide proof of your household income.** We will reject applications where the necessary supporting evidence is not included

Do you or your partner work?

Yes [ ]  No [ ]

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| --- | --- | --- | --- | --- |
| **Name of person**  | **Self-employed/ employed (name of employer)/ OTHER INCOME INCLUDING BENEFITS** | **Amount paid** | **How often and last date of payment (weekly/monthly)** | **How many hours you work a week** |
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## Part 5 Financial Details – Bank accounts

Please provide details of all accounts you and your partner hold.

|  |  |  |  |
| --- | --- | --- | --- |
| **Name of account holder** | **Type of account (Current/Savings/ Investment)** | **Amount in account** | **Can you access this money?** |
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|  |  |  |  |

**Total:** £

Please provide details in the box below of the account that any funding awarded should be paid into:

## Part 6 Your Health details if applicable and any further details to support your application

## Part 7 Please complete this section, if you are completing the form on behalf of someone else

Are you requesting a grant on behalf of someone else? If yes, please provide your details below.

Yes [ ]  No [ ]

Title:

Forename:

Surname:

Address:

Postcode:

 What is the relationship to the applicant?

Phone No:

Email Address:

Please confirm if you have any of the following:

Power of attorney [ ]  Appointed by the 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 8. 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.

* 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 any other discretionary schemes within the Council.

Guildford Borough Council may use contact details in order to contact customers about Guildford Borough initiatives or to consult about its services, but only if consent has been given for us to do so. If you want us to contact you for these purposes please tick the box blow.

[ ] Full name:

Signature:

Date:

**Please email your completed application and associated documents to:** community.wellbeing@guildford.gov.uk