



## WELFARE GRANTS

The Richmond Charities is able to award grants of up to £250 to people in the London Borough of Richmond upon Thames who are in need, hardship or distress. Examples of things which The Richmond Charities can fund include white goods, furniture, household items, help with utility costs, basic living expenses and special equipment. This list is not exhaustive. Please contact us to ask for advice if you wish to apply for other items. We do not fund carpets or floor coverings. We cannot award grants to individuals who have already received a grant from The Richmond Charities in the past.

All applications for welfare assistance received by The Richmond Charities on behalf of individuals must come through supporting bodies that will help their clients complete the application form. All grants are paid to the supporting bodies and it is their responsibility to ensure that the grant is spent on the items for which they applied. Along with this completed application form, supporting bodies must submit a covering letter or email to explain why their client is in need and how a grant would help them.

### **Applicant's Details**

Surname		First name	
Date of birth		Age	
Address			
Length of residence	<i>( please provide previous address if less than 3 years)</i>		
Owner Occupier	<input type="checkbox"/>		
Tenant	<input type="checkbox"/> If a tenant, please provide the name of the applicant's Landlord:		
Telephone			
Single <input type="checkbox"/>	Married/Civil Partner <input type="checkbox"/>	Divorced/Separated <input type="checkbox"/>	Widow/er <input type="checkbox"/> With Partner <input type="checkbox"/>
Occupation / Former Occupation			
If the applicant is an asylum seeker, what is their status?			

### Details of others living with the applicant at the above address

Full Name	Age	Relationship to applicant	Occupation / education ( <i>give details</i> )	Weekly contribution to household (£)

### Purpose of the requested grant

What item/assistance does the applicant need?

*Tell us in a covering letter or email how this item/assistance will improve the quality of the applicant's life.*

What is the total cost of the item(s)?	£	Amount requested from this Charity? <i>Only in exceptional cases is a grant of more than £250 awarded.</i>	£
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How will the rest of the funds required be raised?

All grant cheques are made payable to the sponsoring agency.  
If this application is successful, to whom should the cheque be made payable?  
What is the sponsoring agency address?

### Statutory Funding

*LBRUT offers grants for emergency/disaster related payments.*

Is the applicant eligible for a Local Assistance Scheme grant?  Yes  No

If not why not?

If yes, has an application been made?  Yes  No

If an application has been made, what was the decision?

**Please provide details of other charities approached**

Name of Charity	Date Applied	Amount Requested	Item Requested	Outcome (if known)

**Please describe the applicant's health issues**

*Please tick all boxes that apply.*

- |  |   |
|--|---|
| <input type="checkbox"/> Blind / Visual Impairment                 | <input type="checkbox"/> Mental Health Issue (including depressive illness)         |
| <input type="checkbox"/> Deaf / Hard of Hearing                    | <input type="checkbox"/> Terminal Health Condition                                  |
| <input type="checkbox"/> Chronic Health Condition (e.g. Arthritis) | <input type="checkbox"/> Unseen Condition (e.g. Diabetes, Epilepsy)                 |
| <input type="checkbox"/> Learning Difficulties (e.g. Autism)       | <input type="checkbox"/> Physical / Mobility Impairment (including wheelchair user) |
| <input type="checkbox"/> Other (please advise below)               |   |

*Other health issues*

**Details of benefits received by the applicant**

*Please tick all boxes that apply.*

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> Universal Credit            | <input type="checkbox"/> State Retirement Pension          | <input type="checkbox"/> Housing Benefit         |
| <input type="checkbox"/> Income Support              | <input type="checkbox"/> Pension Credit                    | <input type="checkbox"/> Local Housing Allowance |
| <input type="checkbox"/> Jobseeker's Allowance       | <input type="checkbox"/> Attendance Allowance              | <input type="checkbox"/> Council Tax Support     |
| <input type="checkbox"/> Incapacity Benefit/ESA      | <input type="checkbox"/> Physical / Mobility Impairment    | <input type="checkbox"/> Child Benefit           |
| <input type="checkbox"/> Disability Living Allowance | <input type="checkbox"/> Tax Credits (please advise below) | <input type="checkbox"/> Carer's Allowance       |
| <input type="checkbox"/> Industrial Injuries Benefit | <input type="checkbox"/> Personal Independence Payment     | <input type="checkbox"/> Other                   |

**Sponsoring Agency Declaration**

How long has the applicant been known to your agency?	
Have you visited the applicant at home? <i>If yes, please give the date of the last home visit</i>	

## Sponsoring Agency Details and Signature

Name		Organisation	
Address		Telephone	
		Email	
Signature		Date	

## Notice to applicant

By signing below I confirm that I understand:

- that all applications are determined on their merits and the Trustees' decision is final.
- that the Trustees reserve the right to seek additional information.
- that only forms which are fully completed will be considered by the Trustees.
- that payments will only be made to my sponsoring agency.

## Applicant's Signature

I declare that all the information on this form is correct in all respects.

Signature		Date	
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## Data Protection

*It is part of the Trustees' responsibilities to ensure that grant applicants qualify under the terms of the Charity's governing instrument. Therefore, Trustees need to investigate the personal circumstances of applicants. The personal data supplied on this form will be stored in the Charity's manual filing system and summarised on their computer system. Some details may be checked with relevant organisations but none will be disclosed for any inappropriate purpose.*

**Please return this form with supporting documents when complete by post to:**

**The Richmond Charities, 8 The Green, Richmond, Surrey, TW9 1PL**

**OR as a scanned .pdf document attached to an email to: [info@richmondcharities.org.uk](mailto:info@richmondcharities.org.uk)**

**Please complete the income and expenditure sheet and attach to this application.**

